American Academy of Nursing on policy: Recommendations in response to mass shootings

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Background

When Americans gather in public places, schools, work, places of worship, and at home, they should feel safe and not afraid. The recent massacre at Marjory Stoneman Douglas High School in Parkland, Florida, where 17 individuals were murdered, has led to a public outcry for action by policymakers to address mass shootings. This call to action is similar to those made in response to the mass shootings in Columbine, Sandy Hook, Orlando, and Las Vegas, making a case for a lack of progress and apathy in addressing mass shootings. With the leadership and guidance from the Expert Panel on Violence, the American Academy of Nursing (Academy) calls for a public health approach to address mass shootings, including distinguishing key factors that contribute to mass shootings and identifying actionable solutions. The Academy also calls for the establishment of a nonpartisan National Commission on Mass Shootings, the funding for gun violence research, and the development and monitoring of policies to ensure gun safety, including restricting access to firearms by those known to pose a danger to others. Lastly, we call for support for programs and policies that identify and respond to individual, family, and community risk factors for mass shootings—intimate partner violence (IPV), toxic stress, bullying, and mental health problems—and address missed opportunities for individuals and systems to prevent this type of violence.

We use the definition of mass shooting used by the FBI and by other academic researchers: the murder of four or more people other than the shooter within one event, and in one or more locations in close proximity to each other (Krouse & Richardson, 2015). Mass public shootings can take place both in public spaces such as schools or shopping malls, and private spaces such as homes and workplaces. While mass public shootings attract substantial public notice, it is important to recognize that our best data on these cases suggest that more than 60% of mass shootings take place in or near a home (Everytown for Gun Safety, 2017). Women and children are disproportionately represented in mass shootings (75%) as compared to other types of gun violence. In fact, while women perpetrators account for about 15% of total firearm homicides, they are 50% of mass shooting victims. Children account for 8% of overall firearm homicides but 25% of mass shooting victims.

Access to Firearms

The most effective policies to reduce mortality from firearm homicide are laws that do not allow dangerous individuals to purchase firearms and laws that restrict access to the most dangerous kinds of firearms. Evaluation of existing laws show that limiting the sale of certain firearms and reducing access to firearms for high-risk individuals appear to have the most significant effects on reducing number of deaths and casualties from mass shootings (Koper, Johnson, Nichols, Ayers, & Mullins, 2017; Lee et al., 2017). However, emerging research also suggests that the use of hand guns, shot guns, and high-capacity magazines may also play an important role in mass shootings (Blau, Gorry, & Wade, 2016). Furthermore, 34% of individuals responsible for mass shootings were prohibited from possessing firearms (Everytown for Gun Safety, 2017), underscoring the need for policies such as universal background checks and affirmative removal laws requiring prohibited possessors to relinquish firearms. Funding for firearms-related research has been limited in the U.S. by Congress for the past 20 years, as a result of an amendment to the *1996 Omnibus Consolidated Appropriations Bill* largely known as the Dickey amendment (104th Congress, 1996). This ban on use of Centers for Disease Control and Prevention monies to "advocate or promote gun control" has limited the knowledge base, and therefore has also limited the ability to create and implement

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research-informed policies aimed at preventing mass shootings and other forms of gun violence.

Risk Factors

Identification of and interventions for factors that increase the risk for violence must be addressed when discussing mass shooting prevention. Individual and family risk factors, including IPV, toxic stress, bullying, and mental health, appear to be among the most relevant in addressing this public health problem.

Intimate Partner Violence

IPV, also known as domestic violence, includes physical, sexual, or psychological harm committed by a current or previous intimate partner (Institue of Medicine, 2011). IPV accounts for only about 10% of all gun violence but was a factor in 54% of mass shootings between 2009 and 2016 (Everytown for Gun Safety, 2017). The Academy has previously provided recommendations regarding development of healthy families (Pearson et al., 2014) and supporting screening and counseling for violence against women in primary care settings (Amar, Laughon, Sharps, & Campbell, 2013). However, considering IPV is so largely involved in mass shootings, attention to identifying and addressing dangerousness of IPV is also warranted.

Toxic Stress

Children who have persistent exposure to adverse childhood experiences (ACEs), such as abuse, neglect, death of a parent, family dysfunction (e.g., violence among parents), or living with someone who abuses alcohol or drugs, are at greater risk for committing acts of violence (National Center for Injury Prevention and Control, 2016). Toxic stress is the compounded effect of ACEs throughout early childhood with a recent U.S. study reporting one in five children ages birth to 17 experienced two or more ACEs and were significantly more likely to be at higher risk for developmental, behavioral, or social delays compared with children who had no exposures (Bethell, Newacheck, Hawes, & Halfon, 2014).

Bullying

Bullying has been associated with harmful short- and long-term consequences and is a risk factor for violence. Individuals who commit bullying and are targets of bullying both appear to be at greater risk for poor psychological and social outcomes as children and adults (National Academies of Science, 2016). Given that experiences of bullying and rejection of peers have been noted to contribute to mass shootings, addressing bullying in schools has been identified as a key strategy to prevention (Bjelopera, Bagalman, Caldwell, Finklea, & McCallion, 2013).

Mental Health

Mental health is an important part of wellness that is challenged by exposure to toxic stress, bullying, and IPV. These experiences induce a stress response among individuals and may contribute to traumatic symptoms, depression, substance abuse, antisocial behavior, and other negative mental and physical health consequences (e.g., changes in neuroplasticity and brain function) that can serve as risk factors for future violence (Campbell et al., 2002; Cook et al., 2017). Research on the psychology of mass shooters has described how exposure to adverse experiences, in combination with minimal bonding to people, not being involved in school, work or a community, and isolation, contribute to an internal psychological world filled with bitterness, resentment, rage, paranoia, and vengeance seeking (Dutton, White, & Fogarty, 2013; Reid Meloy, Hoffmann, & Guldimann, 2012). Repeated interpersonal failures, conflict, or frustration, accompanied by the inability to handle or resolve such situations, can precipitate violent events and lead to explosive behaviors. It is important to note, however, that although mental illness may be more likely in those who commit mass shootings, the vast majority of individuals diagnosed with a mental health disorder do not commit mass shootings (Metzl & MacLeish, 2015). Additionally, mass shootings themselves can contribute to poor mental health outcomes, particularly for the growing numbers of survivors of these incidents (Lowe & Galea, 2017).

Missed Opportunities to Intervene

As observed in the recent school mass shooting in Parkland, Florida, the shooter appeared to have had many "red flags." Investigations to date indicate that systems surrounding this child may have missed various opportunities to proactively intervene. Reports are that this young shooter had interactions with Child Protective Services, and was the subject of various 911 calls and tips to the Federal Bureau of Investigation. Additionally, he lost both parents, may have engaged in self-harm behaviors such as cutting, had a propensity to abuse animals, posted disturbing messages on social media that were at times concerning for his peers, and had been expelled from his high school for disciplinary reasons (Rose & Booker, 2018). If these initial findings are corroborated, multiple support systems around the shooter failed to take advantage of opportunities to identify his pain and stressors, to recognize his risk for committing violence, and to provide interventions that may have possibly prevented the mass shooting.

Safe, stable, and nurturing relationships and environments are needed to prevent, identify, and address violence (Centers for Disease Control and Prevention, 2014). Social supports, which can include informal and formal interactions with individuals and organizations such as peers, family, schools, parish or religious communities, health-care providers, social services, and law enforcement, among others, all have a responsibility