

Sent to SCRA-L List Serv 9/5/2019

**Subject line:** Toolkit for in-district Congressional visits on gun violence prevention

Dear SCRA members,

As you know, Congress is on summer recess through next week, and there is much speculation about what action they might take on gun violence prevention when they return. As more time passes and the news cycle refocuses from the recent incidents of violence, it will be important to keep the pressure on as they return to DC and throughout the fall work period.

To that end, the Public Policy Committee has put together a toolkit of resources to support those interested in meeting with their local (in-district) Congressional offices in the coming days and weeks. **Given the frequent misconceptions about links to mental health, psychologists' expert voices are especially powerful at this moment to counter myths and point towards effective legislation solutions.**

We are pleased to share that APA has just published a brand-new fact sheet entitled, "Correcting Misconceptions About Gun Violence." You may be aware that APA has been quite active on this topic during this Congressional session; this [website landing page](#) includes recommendations and a list of prior actions they've taken individually and in coalition with hundreds of other national organizations. In particular, SCRA joined APA in a [Call for Action to Prevent Gun Violence in the United States of America](#), by the Interdisciplinary Group on Preventing School and Community Violence.

Most recently, APA has issued a [Statement of in Response to Mass Shootings in Texas, Ohio](#) (8/4/2019) and a [Statement on Gun Violence and Mental Health](#) (8/5/2019). They've also worked with our committee member Chris Corbett to update his [article on Red Flag legislation this week](#), available on the website of the APA's Public Interest Directorate.

See below for our "**Easy Two-Link Toolkit**" to support your in-district visits, as well as other ways to connect with your Members of Congress (MoC) even if you can't get there in person. Please don't hesitate to let us know if you have questions or suggestions for how we can make this kind of resource even more user-friendly in future.

### **An Easy Two-Part Toolkit for Engaging your MoC on Gun Violence Prevention (appended)**

- 1. PROCESS: Tip Sheet for Visits and Outreach to Your Members of Congress (MoC):**
- 2. CONTENT: Compiled packet of handouts for Congressional visits (including new fact sheet):**  
12 pages, recommend double-sided, can be B&W or color – print pp. 4-15 of this packet

Thank you for all you do to spread the values of Community Psychology in your daily lives and work.

Best regards,

***The SCRA Public Policy Committee***

# Tip Sheet for Visits & Outreach to Members of Congress

## Setting Up In-District Meetings

- ▶ **Get the info for the local office of your Member of Congress (MoC).** First find their website:
  - ▶ **Senators:** [https://www.senate.gov/general/contact\\_information/senators\\_cfm.cfm](https://www.senate.gov/general/contact_information/senators_cfm.cfm)
  - ▶ **Representatives:** <https://www.house.gov/representatives/find-your-representative>
- ▶ The contact info for all offices should be easily visible on the home page or on a Contact Us page.
- ▶ **Call the local office you want to visit**, let the staffer or scheduler know who you are, and ask for an appointment to discuss issues and legislation related to [Your Topic].

## Can't get to a meeting? You can still connect and share your materials!!

- ▶ **Call the DC office phone number.**
- ▶ **Let them know you are a constituent and share your message first; they will record your position.**
  - **Suggested Generic Call Script:** *Hi, my name is [Your Name] and I'm a constituent calling from [Your City/Town]. I'm calling to urge [MoC Name] to listen to the American people and support [Insert Your "Ask" Here]. What is [MoC Name]'s position?*
- ▶ **Ask for the name of the legislative assistant who works on [Your Topic].** Be sure to get the spelling of their first and last name! Now you can translate into their e-mail address...
  - **For Senate staff emails:** FirstName\_LastName@SenatorLastName.Senate.gov
    - ▶ For example, if Megan Renner was a staff member in Senator Merkley's office, her e-mail would be Megan\_Renner@Merkley.senate.gov
  - **For House staff emails:** FirstName.LastName@mail.house.gov
    - ▶ So if Megan Renner was a staff member for a Representative, her e-mail would be Megan.Renner@mail.house.gov
- ▶ **Send an email message following up on your call:** Attach or link to the handouts you want to share. Include your "ask."
- ▶ **Try to avoid sending messages through website forms:** those may not be responded to as quickly.

## Meeting Tips

- ▶ **Be patient, polite, on time, and BRIEF.**
- ▶ **Educate:** Use facts and statistics (sparingly).
- ▶ **Stress the local connection:** Learn about the relevance of the topic to your state or the specific Congressional district.
- ▶ **Use personal experiences:** Share any experiences you, a friend, relative, or colleague has had that illustrates the need for action.
- ▶ **Be a good listener:** Don't do all of the talking. Take note of the language they use and priorities they express.
- ▶ **Be well-informed:** Find out the current status of relevant bills in both houses at [www.congress.gov](http://www.congress.gov), and check out [www.thehill.com](http://www.thehill.com) before and on the day of your visit for any news updates.
- ▶ **Ask for something:** What do you need your legislator to do?
- ▶ **Be strategic:** Don't ask for something legislator has already done or doesn't have authority to do.
- ▶ **Follow-up:** Make this the first, not the only, conversation.



# Preventing Gun Violence

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Devastating incidents of gun violence have caused many in our nation to question the nexus between mental health and gun violence. Gun violence takes different forms, including but not limited to suicide, intimate partner violence, unintentional deaths and injuries, violent criminal activity, violent acts during periods of intense emotional distress, and acts committed while under the influence of alcohol or drugs or experiencing symptoms of psychosis.

**Guns are the most commonly used weapon in both homicides and suicides. Framing the conversation about gun violence solely in the context of mental illness goes against current scientific evidence.**

## Our nation is facing a gun violence epidemic.

- In 2017, gun deaths reached a 40-year high, with nearly 40,000 deaths (CDC, 2019\*).
- In the United States, about 12 people are killed with guns for every 100,000 US residents.
- The majority of gun fatalities in the U.S. are deaths by suicide (61%). Moreover, guns are used in just over half of the deaths by suicide in the U.S. (51%).

## Mass shootings are the exception, not the norm.

A large majority of adults in the United States experience stress associated with mass shootings, and a third of U.S. adults say that fear of mass shootings stops them from going to certain places and events (APA, 2019).

While over 36,383 Americans are killed each year with guns (CDC, 2019), mass fatality incidents account for less than 1% of all gun-related deaths in the U.S. (Wintemute, 2017).

According to a report released by the FBI and the Secret Service in 2010, campus attacks are most often motivated by an intimate relationship (34%) and are rarely related to psychosis (8%) (Drysdale, D., Modzeleski, W., and Simons, A., 2010).

## Mental illness by itself is not a predictor of firearm violence towards others.

Persons with mental illness account for a very small portion of gun violence (Webster & Vernick, 2013).

Where there is gun violence, persons with serious mental illness are significantly more likely to be the victims of violence than to perpetrate it (Insel, 2011) (Teplin, 2005).

Individuals who have a serious mental illness and who do go on to commit gun violence typically often do so at the time of their first episode of psychosis—before they are likely to encounter a mental health professional or have a preexisting record of mental health concerns (Swanson, 2012).

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**40,000**  
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**Suicide**  
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**Persons with**  
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## APA Recommendations

**Work to reduce stigma of mental illness.** Stigma against people with mental health concerns not only prevents people from seeking treatment, it has also been shown to affect treatment adherence (Kamaradova, 2016). **APA supports efforts to eradicate mental illness stigma** through public education campaigns and strongly discourages the use of inaccurate and harmful rhetoric that blames America's gun violence problem solely on mental illness.

**Fund gun violence prevention research at the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).** We must gather more evidence about the causes of gun violence. **APA supports \$50 million in dedicated gun violence research** appropriations to the CDC and NIH in FY2020.

**Expands background checks to all gun sales.** APA urges Congress to pass H.R. 8, *Bipartisan Background Checks Act of 2019*, to close loopholes in federal law and which will require a background check on every gun sale or transfer with carefully defined exceptions for gifts to family members, hunting, target shooting, and self-defense.

**Federally Fund Extreme Risk Protection Order Laws.** APA urges federal efforts to support states in the implementation of extreme risk protection laws. These laws, which have been shown to help prevent suicides (Kivisto, A., & Phalen, P., 2018), should focus on identifying specific high-risk behaviors instead of solely concentrating on an individual's mental health diagnoses or behavioral history. These laws also can work to refer the respondents to services, supports and treatments.

**Provide funding and training for behavioral threat assessment programs.** Although there is no single way to predict or prevent gun violence, there have been promising results using behavioral threat assessment. This approach involves identifying those who have demonstrated some risk factors or intentions towards violence and intervening to reduce the risk of that individual (APA, 2013). Training school personnel in this method would likely prevent future targeted violence before it occurs.

**Increase collaboration across law enforcement, mental health professionals, schools, and communities.** Effective prevention and intervention rely on communities for healthy development of families and education, mental health professionals for direct services and preventative mental health counseling, and the criminal-legal system for appropriate intervention and resolution in crises.

## References

- American Psychological Association (APA) (2019). One-Third of US Adults Say Fear of Mass Shootings Prevents Them from Going to Certain Places or Events. Retrieved from: <https://www.apa.org/news/press/releases/2019/08/fear-mass-shooting>
- American Psychological Association. (2013). Gun violence: Prediction, prevention, and policy. Retrieved from <http://www.apa.org/pubs/info/reports/gun-violence-prevention.aspx>.
- Centers for Disease Control and Prevention (CDC 2019), Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Reports," last accessed Feb. 20, 2019, <https://www.cdc.gov/injury/wisqars>. Figures represent an average of the five years of most recently available data: 2013 to 2017.
- Centers for Disease Control and Prevention (CDC 2019\*), Web-based Injury Statistics Query and Reporting System (WISQARS), "Fatal Injury Reports," last accessed Feb. 20, 2019, <https://www.cdc.gov/injury/wisqars>. Represents the 2017 gun death rate, the most recently available year of data
- Centers for Disease Control and Prevention. (2008). School-associated student homicides—United States, 1992 – 2006. *MMWR Morbidity and Mortality Weekly Report*, 57(2), 33-36. Retrieved from <http://cdc.gov.mmwr/preview/mmwrhtml/mm5702a1.htm>.
- Drysdale, D., Modzeleski, W., and Simons, A. (2010). Campus Attacks: Targeted Violence Affecting Institutions of Higher Education. U.S. Secret Service, U.S. Department of Homeland Security, Office of Safe and Drug-Free Schools, U.S. Department of Education, and Federal Bureau of Investigation, U.S. Department of Justice. Washington, D.C., 2010.
- Insel, T. (2011, January 11). Understanding severe mental illness [Blog post]. Retrieved from Director's Blog: <http://www.nimh.nih.gov/about/director/2011/understanding-severe-mental-illness.shtml#ii>.
- Kamaradova, D., Latalova, K., Prasko, J., Kubinek, R., Vrbova, K., Mainerova, B., ... Tichackova, A. (2016). Connection between self-stigma, adherence to treatment, and discontinuation of medication. *Patient preference and adherence*, 10, 1289-1298. doi:10.2147/PPA.S99136
- Kivisto, A., & Phalen, P. (2018). Effects of risk-based firearm seizure laws in Connecticut and Indiana on suicide rates, 1981-2015. *Psychiatric Services*, 69(8)
- Swanson, J. (2012, July 25). Looking into the minds of killers. Retrieved December 5, 2013, from <http://www.cnn.com/2012/07/24/opinion/swanson-colorado-shooting/index.html?iref=allsearch>.
- Teplin, Linda A., ET AL., (2005). Crime Victimization in Adults with Severe Mental Illness, 62 ARCH. GEN. PSYCHIATRY 911, 914 (Aug. 2005)
- Webster, D.W., & Vernick, J.S. (2013). "Spurring responsible firearms sales practices through litigation: The impact of New York City's lawsuits against gun dealers on interstate gun trafficking". In D.W. Webster & J.S. Vernick (Eds.), *Reducing gun violence in America: Informing policy with evidence and analysis* (pp.123-132). Baltimore, MD: Johns Hopkins University Press.
- Wintemute, Garen (2017). "What You Can do to Stop Firearm Violence," *Annals of Internal Medicine* 167, no. 12: 886-887

## Call for Action to Prevent Gun Violence in the United States of America

Interdisciplinary Group on Preventing School and Community Violence

February 28, 2018

School shootings and widespread community gun violence are far greater in the United States than other nations. America cannot be great and realize its promise of life, liberty, and the pursuit of happiness if our children are not safe from gun violence.

Although security measures are important, a focus on simply preparing for shootings is insufficient. We need a change in mindset and policy from reaction to prevention. Prevention entails more than security measures and begins long before a gunman comes to school. We need a comprehensive public health approach to gun violence that is informed by scientific evidence and free from partisan politics.

A public health approach to protecting children as well as adults from gun violence involves three levels of prevention: (1) universal approaches promoting safety and well-being for everyone; (2) practices for reducing risk and promoting protective factors for persons experiencing difficulties; and (3) interventions for individuals where violence is present or appears imminent.

On the first level we need:

1. A national requirement for all schools to assess school climate and maintain physically and emotionally safe conditions and positive school environments that protect all students and adults from bullying, discrimination, harassment, and assault;
2. A ban on assault-style weapons, high-capacity ammunition clips, and products that modify semi-automatic firearms to enable them to function like automatic firearms.

On the second level we need:

3. Adequate staffing (such as counselors, psychiatrists, psychologists, and social workers) of coordinated school- and community-based mental health services for individuals with risk factors for violence, recognizing that violence is not intrinsically a product of mental illness;
4. Reform of school discipline to reduce exclusionary practices and foster positive social, behavioral, emotional, and academic success for students;
5. Universal background checks to screen out violent offenders, persons who have been hospitalized for violence towards self or others, and persons on no-fly, terrorist watch lists.

On the third level we need:

6. A national program to train and maintain school- and community-based threat assessment teams that include mental health and law enforcement partners. Threat assessment programs should include practical channels of communication for persons to report potential threats as well as interventions to resolve conflicts and assist troubled individuals;
7. Removal of legal barriers to sharing safety-related information among educational, mental health, and law enforcement agencies in cases where a person has threatened violence;
8. Laws establishing Gun Violence Protection Orders that allow courts to issue time-limited restraining orders requiring that firearms be recovered by law enforcement when there is evidence that an individual is planning to carry out acts against others or against themselves.

Congress and the executive branch must remove barriers to gun violence research and institute a program of scientific research on gun violence that encompasses all levels of prevention. We contend that well-executed laws can reduce gun violence while protecting all Constitutional rights.

It's time for federal and state authorities to take immediate action to enact these proposals and provide adequate resources for effective implementation. We call on law enforcement, mental health, and educational agencies to begin actions supporting these prevention efforts. We ask all parents and youth to join efforts advocating for these changes, and we urge voters to elect representatives who will take effective action to prevent gun violence in our nation.

**Interdisciplinary Group on Preventing School and Community Violence**  
(in alphabetical order)

Ron Avi Astor, Ph.D., University of Southern California  
George G. Bear, Ph.D., University of Delaware  
Catherine P. Bradshaw, Ph.D., University of Virginia  
Dewey G. Cornell, Ph.D., University of Virginia  
Dorothy L. Espelage, Ph.D., University of Florida  
Daniel Flannery, Ph.D., Case Western Reserve University  
Michael J. Furlong, Ph.D., University of California, Santa Barbara  
Nancy Guerra, Ed.D., University of California, Irvine  
Robert Jagers, Ph.D., University of Michigan  
Shane R. Jimerson, Ph.D., University of California, Santa Barbara  
Matthew J. Mayer, Ph.D., Rutgers, the State University of New Jersey, New Brunswick  
Maury Nation, Ph.D., Vanderbilt University  
Amanda B. Nickerson, Ph.D., University at Buffalo, State University of New York  
Pedro Noguera, Ph.D., University of California, Los Angeles  
David Osher, Ph.D., Takoma Park, MD  
Russell Skiba, Ph.D., Indiana University  
George Sugai, Ph.D., University of Connecticut  
Daniel W. Webster, Sc.D., Johns Hopkins University  
Mark D. Weist, Ph.D., University of South Carolina

**National Organizations Endorsing This Statement**

Alliance for Excellent Education  
American Art Therapy Association  
American Association for Psychoanalysis in Clinical Social Work  
American Dance Therapy Association  
American Federation of Teachers (AFT)  
American Psychoanalytic Association  
American Psychological Association (APA)  
American Psychological Association Teachers of Psychology in Secondary Schools  
Association for Ambulatory Behavioral Healthcare  
Association for Positive Behavior Support  
Association of Educational Service Agencies (AESA)  
Association of School Psychologists of Pennsylvania  
Campaign for Trauma-Informed Policy and Practice  
Center for MH in Schools & Student/Learning Supports  
Children's Mental Health Network  
Clinical Social Work Association  
Coalition for Juvenile Justice  
Coalition for the Advancement and Application of Psychological Science  
Collaborative for Academic, Social, and Emotional Learning (CASEL)  
Committee for Children  
Council for Children with Behavioral Disorders (CCBD)  
Council of Administrators of Special Education (CASE)  
Council of Directors of School Psychology Programs  
Council of University Directors of Clinical Psychology  
Divisions for Social Justice, American Psychological Association  
GLSEN  
International Bullying Prevention Association  
Justice and Serious Mental Illness  
Learning Disabilities Association of America  
National Association for Children's Behavioral Health  
National Association for Family, School, and Community Engagement (NAFSCE)

National Association for Professional Development Schools (NAPDS)  
National Association of County Behavioral Health and Developmental Disability Directors  
National Association of School Psychologists (NASP)  
National Association of Secondary School Principals  
National Association of State Directors of Special Education (NASDSE)  
National Association of State Head Injury Administrators  
National Center for School Mental Health  
National Council of Schools and Programs of Professional Psychology (NCSPP)  
National Education Association (NEA)  
National Federation of Families for Children's Mental Health  
National Juvenile Justice Network  
National Latina/o Psychological Association  
National PTA  
National Register of Health Service Psychologists  
National School Climate Center (NCSS)  
Sandy Hook Promise  
School Psychology, Division 16 of the American Psychological Association  
School Social Work Association of America  
School-Based Health Alliance  
Society for Community Research and Action  
Society for Prevention Research (SPR)  
Society of Clinical Child and Adolescent Psychology  
Society of Counseling Psychology, Division 17, American Psychological Association  
The Child and Family Evidence Based Practice Consortium  
The Mental Health-Education Integration Consortium  
The National Behavioral Intervention Team Association (NaBITA)  
Trainers of School Psychologists

#### **Additional Organizations Endorsing This Statement**

Adler University  
Alberti Center for the Prevention of Bullying Abuse and School Violence, University at Buffalo  
Arizona Association of School Psychologists  
Asociación de Psicología Escolar de Puerto Rico (APEP)  
Association for University and College Counseling Center Directors  
Association of School Psychologists of Pennsylvania  
Atlanta Behavioral Health Advocates, Emory University School of Medicine Department of Psychiatry and Behavioral Sciences  
Baltimore City Association of School Psychologists  
Baltimore County School Psychologists' Association  
Begun Center for Violence Prevention Research and Education (Case Western Reserve University)  
Bullying Research Network  
California Association of School Psychologists  
Center for Behavioral Education and Research  
Central Michigan University School Psychology Program  
Clover Educational Consulting Group  
Cognitive Health Solutions, LLC  
College of Education and Human Development, University of Maine  
Colorado Society of School Psychologists  
Connecticut Association for Marriage and Family Therapy  
Connecticut Association of School Psychologists  
Connecticut Psychological Association  
Danville Area School District  
Delaware Association of School Psychologist  
Department of Educational Psychology, Baylor University  
Department of Teaching and Learning, School of Education and Human Development, University of Southern Maine  
Family Services Network  
Family Therapy Center of Boulder

Florida Association of School Psychologists  
Full Circle Community and Wellness  
Futures Without Violence  
Illinois Chapter of American Dance Therapy Association  
Illinois School Counselor Association  
Illinois School Counselor Association  
Indivisible CD 19  
Institute on Violence, Abuse and Trauma  
Instructional Research Group  
Iowa School Psychologists Association  
Journal of Applied School Psychology  
Judge Baker Children's Center  
Literacy, Language, and Culture Department, University of Southern Maine  
Louisiana School Psychological Association  
Loyola Marymount University  
Maryland School Psychologists Association  
Massachusetts School Psychologists Association  
Metamorphosis Life Revitalizing Center, LLC  
Michigan Association of School Psychologists  
Michigan Psychological Association  
Midwest PBIS Network  
Midwest Symposium for Leadership in Behavior Disorders (MSLBD)  
Minnesota School Psychologists Association  
Minnesota School Psychology Association  
Missouri Association of School Psychologists  
Missouri Prevention Center; University of Missouri  
Montana Association of School Psychologists  
Montgomery County School Psychologists' Association (MCSPA)  
Move Forward New York - Gun Control Task Force  
National Shattering Silence Coalition  
Nebraska School Psychologists Association  
Nevada Association of School Psychologists  
New Directions Counseling Services  
New Hampshire Association of School Psychologists  
New Jersey Association of School Psychologists  
New Leaders  
New York Association of School Psychologists  
Office of Psychological Services, Baltimore County Public Schools  
Ohio Psychological Association  
Ohio School Psychologists Association  
Oregon School Psychologists Association  
Paris Union School District No. 95  
Philadelphia Society of Clinical Psychologists (PSCP): The Psychology Network  
Pine Forge Farms Therapy Center  
Prevention Section of the Society of Counseling Psychology, American Psychological Association.  
Program on Problem Behavior and Positive Youth Development, Institute of Behavioral Science, University of Colorado Boulder  
Public Advocacy for Kids  
Rainstorms to Rainbows  
Rhode Island School Psychologists Association  
Safe & Humane Schools within the Institute on Family & Neighborhood Life, Clemson University  
School Psychologists Association of Anne Arundel County  
South Carolina Association of School Psychologists  
Strategies for Youth, Inc.  
Team Up for Families  
Texas Association of School Psychologists

The Connecticut Association for Marriage and Family Therapy  
The Melissa Institute for Violence Prevention and Treatment  
The South Carolina Education Association  
Tufts University  
University of Kentucky School Psychology Program  
University of North Carolina, Chapel Hill  
Utah Association of School Psychologists  
Violence Prevention Initiative, Children's Hospital of Philadelphia  
Washington State Association of School Psychologists (WSASP)  
Wayne State University--School & Community Psychology program  
Wheelock College  
Wisconsin School Psychologists Association

### **Excerpts from List of Individuals Endorsing This Statement**

(A [complete list of over 1,400 individuals endorsing this document](#) is available)

Barbara J. Burns, Ph.D.	Duke University School of Medicine
Ayse Ciftci, Ph.D.	Purdue University
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George J. DuPaul, Ph.D.	Lehigh University
Tanya L. Eckert, Ph.D.	Syracuse University
Katie Eklund, Ph.D.	University of Missouri
Scott Frank, M.D., M.S.	Case Western Reserve University School of Medicine
Nicholas A. Gage, Ph.D.	University of Florida
Felipe Gonzalez Castro, Ph.D., MSW	Arizona State University College of Nursing and Health Innovation
Frank M. Gresham, Ph.D.	Louisiana State University
William L. Heward, Ed.D., BCBA-D	The Ohio State University
Stephen P. Hinshaw, Ph.D.	University of California, Berkeley; University of California, San Francisco
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John E. Lochman, Ph.D., ABPP	The University of Alabama
Celeste Malone, Ph.D., MS	Howard University
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William Modzeleski	Sigma Threat Management Associates
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Susan M. Swearer, Ph.D., LP	University of Nebraska - Lincoln
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Carol Ann Tomlinson, Ed.D.	University of Virginia
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Roger P. Weissberg, Ph.D.	Collaborative for Academic, Social, and Emotional Learning (CASEL)
Marleen Wong, Ph.D.	University of Southern California
James E. Ysseldyke, Ph.D.	University of Minnesota
Robert A. Zucker, Ph.D.	University of Michigan





AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

March 15, 2018

The Honorable Paul D. Ryan  
Speaker of the House  
H-232 The Capitol  
Washington, DC 20515

The Honorable Mitch McConnell  
Senate Majority Leader  
S-230 The Capitol  
Washington, DC 20515

The Honorable Nancy Pelosi  
House Minority Leader  
H-204 The Capitol  
Washington, DC 20515

The Honorable Charles E. Schumer  
Senate Minority Leader  
S-221 The Capitol  
Washington, DC 20515

Dear Speaker Ryan and Leaders McConnell, Schumer, and Pelosi,

Thank you for your national leadership on gun violence prevention. We believe that gun violence is preventable, and on behalf of the 117,500 members and affiliates of the American Psychological Association (APA), we encourage you to propose sensible policies and programs that are supported by scientific evidence. As you move forward with bipartisan legislation to address gun violence, we ask you to consider the following key policy proposals that are grounded in psychological science:

1. Adopt common sense restrictions on firearm access to reduce the harm caused by violence.
2. Invest in greater support for individuals in crisis, who are at risk for violence.
3. Prioritize the development of effective preventive interventions by increasing funding for gun violence research.
4. Strengthen support for school, family, and community-based prevention efforts, which can reduce the risk of violence by targeting structural inequalities and increasing resilience.

These policy proposals represent approaches supported by the strongest body of evidence. We share specific recommendations based upon these four principles in the attached document. These principles reflect our recognition that a complex set of social and emotional factors contribute to violence.

APA is the largest scientific and professional organization representing psychology in the United States. Comprising researchers, educators, clinicians, consultants, and students, our association works to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives. We strongly support the growing consensus among health professionals and scientists that, to reduce the deaths and injuries associated with firearms, our nation must take a public health approach to violence prevention, which entails rigorous research to define the problem,

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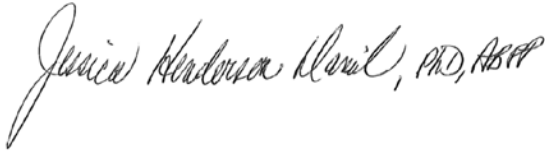
[www.apa.org](http://www.apa.org)

identify factors that increase or decrease the risk, and develop, implement, and evaluate prevention strategies.

Guns are the weapons used in roughly 70% of homicides in this country and in 51% of suicides and are more lethal than other weapons. They are often used impulsively, meaning that an individual in crisis will likely succeed on their first attempt to harm themselves or others. For this reason, we urge you to strengthen restrictions on access to firearms, but those restrictions alone will not solve the problem; they must be implemented alongside legislation that addresses the causes of violence in our society.

APA appreciates your consideration of our input. We look forward to working with you to secure passage of life-saving legislation. If you have any questions regarding our recommendations, please contact Amalia Corby, Senior Legislative and Federal Affairs Officer, with APA's Public Interest Directorate, at (202) 336-6068 or [acorby-edwards@apa.org](mailto:acorby-edwards@apa.org).

Sincerely,



Jessica Henderson Daniel, PhD, ABPP  
President



Arthur C. Evans, Jr., PhD  
Chief Executive Officer

## ATTACHMENT

Gun violence is a complex problem that requires evidence-based, multifaceted solutions. In 2013, following the tragedy at Sandy Hook, the American Psychological Association (APA) published a report summarizing the scientific research on gun violence, entitled [Gun Violence: Prediction, Prevention and Policy](#), and in 2014 adopted a [Resolution on Firearm Violence Research and Prevention](#). In both our report and resolution, we strongly support the growing consensus among health professionals and scientists that, to reduce the deaths and injuries associated with firearms, the nation must take a public health approach to violence prevention.

APA recommends that the 115<sup>th</sup> Congress consider a public health approach to gun violence using the following evidence-based prevention strategies:

1) Pass common sense restrictions on firearm access to reduce the harm caused by violence.

Access to firearms is the common denominator in firearm violence, and policies limiting access to firearms for certain populations to prevent gun violence are strongly supported by scientific research. However, ready access to military-style weapons and loopholes in our current gun laws have limited the effectiveness of those policies, and research has shown that absent rigorous military or law enforcement training, the presence of a gun does not make people safer (and may not under those conditions either). For this reason, we urge Congress to pass legislation that:

- *Expands background checks to all gun sales.*
- *Incentivizes state reporting to the National Instant Criminal Background Check System.*
- *Bans assault-style weapons and high-capacity ammunition clips.*
- *Resists calls to arm teachers or school personnel.*

2) Invest in greater support for individuals in crisis, who are at risk for violence.

Contrary to the current widespread narrative, the most significant risk factor for violence is a history of violence, not a history of severe mental illness. People with mental illness are much more likely to be victims of violence than perpetrators; thus, the problem of gun violence will not be solved by efforts solely focused on serious mental illness. We do know that suicide accounts for nearly two-thirds of all gun deaths in the United States, and while depression underlies many of those deaths, the role of job loss, romantic entanglements, and other crises cannot be overlooked. Given that people in crisis are at a much higher risk of violence, we must improve the services available to those in need. This includes interventions for both individuals at risk of harming themselves and those at risk of harming others. Prevention efforts aimed at high-risk individuals can also reduce the rare occasions when severe mental illness contributes to homicide, or more commonly, when depression or other mental illness contributes to suicide. APA recommends that Congress:

- *Enact legislation to improve the National Suicide Prevention Hotline.*
- *Invest in Crisis Intervention Training.*
- *Establish federal support and technical assistance for states to implement Gun Violence Restraining Orders.*
- *Support school- and community-based behavioral threat assessment teams that include mental health and law enforcement partners.*

- *Fully fund Garret Lee Smith Suicide Prevention Programs through the Substance Abuse and Mental Health Services Administration. These funds support suicide prevention initiatives for states, tribes, and college campuses.*
- 3) Prioritize the development of effective preventive interventions by increasing funding for gun violence research.

APA has consistently advocated for federal funding for gun violence research and for violent death reporting as crucial components of the public health framework. The evidence generated by a public health approach will enable the development of sound policies that support both the rights and the responsibilities central to gun ownership in the United States. Without ongoing scientific research into the causes and prevention of all types of violence, policy makers will be left to debate controversial policies without information about their potential effects. APA calls on Congress to:

- *Affirm the authority of the Centers for Disease Control and Prevention (CDC) to carry out research into the causes and prevention of gun violence.*
  - *Support research on self- and other-directed violence at the CDC, the National Institutes of Health, the Veterans Health Administration, and the Department of Justice.*
  - *Fund ongoing evaluations of state and local efforts in implementing cross-sector, coordinated approaches to violence prevention.*
- 4) Strengthen support for school, family, and community-based prevention efforts, which can reduce the risk of violence by targeting structural inequalities and increasing resilience.

Research shows that childhood experiences, both positive and negative, have an impact on the lifelong health and opportunity of individuals. Adverse childhood experiences (ACEs) have been associated with risky health behaviors, chronic health conditions, low life potential, and early death. Prevention efforts guided by research on developmental risk can reduce the likelihood that firearms will be introduced into community and family conflicts or criminal activity.

There is evidence showing that targeting structural inequalities, such as poverty and access to health and social services, can decrease violence and increase resilience. At the population level, research has found that women's ability to resist violence is strongly connected to their access to economic and social resources, and that diminished opportunities and poor neighborhood cohesion are risk factors for child maltreatment, intimate partner violence, youth violence, and suicide. Conversely, strong connections to school, access to health, mental health, and substance abuse treatment and coordinated social services serve as protective factors. Research also points to interventions that support family connectedness, and increased access to mental health and substance use services as protective factors for violence victimization and perpetration. APA recommends that Congress:

- *Foster positive school climates and fund school-based mental health and anti-bullying programs.*
- *Address adverse childhood experiences (ACEs) through early intervention and prevention.*
- *Increase access to evidence-based behavioral health care and treatment for substance use disorders and provide broader access to these services under Medicaid.*
- *Increase access to evidence-based integrated care models in primary care settings.*
- *Adequately fund federal safety net programs that support low-income people's access to food, healthcare, housing, education, and income supports.*