

EDITORIAL

The New Normal? Addressing Gun Violence in America

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It shocks us. It always shocks us. Particularly when it happens in the state where we live, the county where we live, the city where we live. . . . We tell one another how horrible it is. Because that's true, but we're not surprised. One of the worst things about news like this is that *horrible is the new normal* [emphasis added].

The *Arizona Republic* columnist E. J. Montini wrote these words following a shooting spree in Mesa, Arizona, in March, 2015. Six months prior, following a mass shooting at the Washington Navy Yard that left 12 people dead, President Obama also expressed the fear that mass shootings were becoming “the new normal.”

Prior to these events, in June 2014, the *Huffington Post* published a map of 74 school shootings that had occurred in the United States since the mass shooting in December 2012 in Newtown, Connecticut, that resulted in the deaths of 20 children and six adults. The map, which used figures released by Everytown for Gun Safety, a movement backed by former New York City Mayor Michael Bloomberg, went viral overnight. Commentators and readers expressed horror and shock that such events had become so commonplace and once again voiced that gun violence was “the new normal.”

These events have a significant impact on our individual and collective psyche, especially when they happen at schools. Despite the fact that children die *every day* from gun violence, school shootings upset us in ways that are difficult to comprehend. In our minds, schools serve as safe havens for children. When that image is shattered, the unpredictability and randomness of such heinous acts leave us wondering if anywhere is safe anymore. Thus, the shock and horror expressed upon seeing the map is not surprising. Unfortunately, our individual and communal response to such events is often knee-jerk. We react out of fear rather than thoughtful consideration of why such events occur and how our responses may prevent or accelerate reoccurrence. Without such understanding, we cannot develop effective solutions.

This issue of the *American Journal of Orthopsychiatry* includes a set of commentaries that seek to help us better understand responses to gun violence, challenge some of the typical policy

responses to such events, and seek to offer constructive strategies for preventing gun violence. In the first commentary, Kristin A. Goss addresses the frequently expressed sentiment that when it comes to guns, legislators are incapable of action. After detailing some of the challenges that have inhibited the passage of legislation, Goss highlights an exception: At the federal and state levels, laws have been enacted that were designed to regulate access to guns by people with mental illness and to support programs to reduce gun violence within that population. Goss found that from 2004 to 2014, nearly every provision enacted into state law had the effect of restricting access to firearms by persons with mental illness. This research raises grave concerns because of the resulting stigma and civil liberty issues it creates for people with mental illness.

Heath J. Hodges and Mario J. Scalora further challenge the presumptions that mental illness is causally tied to gun violence. Building on existing research, Hodges and Scalora offer scientifically grounded and practical policy- and practice-oriented strategies for preventing firearm violence. They offer government solutions (e.g., basing prohibitions on *dangerousness* instead of mental illness, extending regulation of firearm acquisition to private transactions and Internet sales) and clinical interventions, such as employing threat assessment strategies.

Dewey Cornell expounds upon the threat assessment strategy and provides a strong argument for the use of such an approach in schools. Indeed, an unfortunate consequence of the fear and concern resulting from recent mass shootings in schools has been an overestimation of the danger in schools and the application of ineffective (e.g., metal detectors) and exclusionary (e.g., zero tolerance) policies and practices. Cornell describes how the strategy of *behavioral threat assessments*—a process of evaluating individuals who threaten to harm others to determine whether their behavior demonstrates a serious intent to carry out a violent act—promotes the consideration of the context and meaning of the student's behavior. Indeed, it refocuses the conversation to creating supportive environments for children and youth. Cornell's argument is in keeping with a recent position statement released by the American Orthopsychiatric Association on school violence: “Ortho supports comprehensive approaches that address social contexts, prevent social isolation, and nurture child and youth development. Such environments can prevent violence and promote behavioral health in ways that security measures and harsh discipline do not.” (The statement can be found on the organization's website, <http://www.aoatoday.com>.)

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There Have Been 74 School Shootings Since Newtown

Since the Sandy Hook Elementary School shooting in December 2012, there have been at least 74 school shootings, according to the gun reform group Everytown for Gun Safety. Most of them happened at K-12 schools, not colleges or universities.



See the online article for the color version of this figure.

Carol W. Runyan, Talia Brown, and Ashely Brooks-Russell, also draw attention to the need for more proactive and preventive approaches to gun violence. They discuss how the debate on gun violence resulting from mass shootings in schools frequently omits the role of firearms in suicide, despite that mass shootings usually involve suicidal behaviors. After discussing the myths and biases that play into the inadequate attention afforded to suicide as a preventable public health issue, Runyan and colleagues propose a framework for the prevention of firearm suicides and call for greater recognition of behavioral health as part of health care.

The recent appointment of Vivek Murthy to the post of U.S. Surgeon General could mean that the federal government is moving toward a well-reasoned and scientifically grounded approach to gun violence consistent with the recommendations made by the authors of these commentaries. Despite a lengthy debate about his views on gun control and the National Rifle Association's threat to lobby against members supporting his nomination, the Senate confirmed Murthy in December 2014. The scrutiny of Murthy's views on guns resulted from a letter the organization he cofounded, Doctors for America, sent to Congress following the shooting at Sandy Hook Elementary School. The letter included the following statement: "As health care professionals who are confronted with the human cost of gun violence every day, we are unwavering in our belief that strong measures to reduce gun violence must be taken immediately."

As Murthy has stated, reducing gun violence requires taking a public health approach in the same way that motor vehicle deaths, drowning, and fire-related deaths have been addressed. Taking a public health approach includes creating community environments

conducive to the safety of its members. This is by no means an easy task. As David Hargrove and Roland Purdue state in their commentary, if we want to address gun violence, we need to address the fear and distrust that permeates society. Their commentary suggests that we need to invest in approaches that are preventive and that seek to build community, instead of policies and practices that further exclude and isolate individuals from communities.

The commentaries included in this issue detail the deleterious effects—real and potential—of policies implemented out of fear and without necessary knowledge and understanding. Many of these policies lack not only sound arguments in their favor but have actually made our communities less safe by further inducing fear and pushing people out of the mainstream of society. As Colin Goddard, who was injured in the 2007 Virginia Tech mass shooting and has since become involved in the Brady Campaign to Prevent Gun Violence, said to the *Associated Press* in 2012: "I refuse to believe this is something we have to accept as normal in this country. There has to be a way to change the culture of violence in our society." It is our hope that this set of commentaries will provide a strong basis for having a well-reasoned conversation about our civic and moral obligation to ensure "a new normal" whereby neighbors look out for one another, institutions promote relationships and belonging, and resources are available to individuals during times of distress and isolation. Indeed, once we begin to address the fear that is guiding the development of misinformed policy and weakening connections among individuals and communities, we begin to chip away at the culture of violence in our society.