

Testimony Prepared for:
House Select Committee on Mass Violence Prevention and Community Safety
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Dear Committee,

Thank you for giving me an opportunity to address these critically important questions. Representative Blanco asked about my recent study (enclosed), in which I found that access to firearms, and not symptoms of mental health, was the primary predictor of gun violence. Specifically, individuals who had access to guns, compared to those with no such access, were over 18 times more likely to have threatened someone with a gun, even after we accounted for a number of demographic variables, as well as prior treatment for and symptoms of several mental health variables. In contrast, other than hostility (anger), mental health symptoms were unrelated to gun violence. Taking all this information together, limiting access to guns, regardless of any other mental health status, demographics, or prior mental health treatment, is the key to reducing gun violence. Moreover, despite the narrative that mental health is at the root of gun violence, especially mass shootings, this study did not find it to be the case. So, what does this study and the broader literature on firearm violence mean on a practical level?

First, these findings do not indicate that we should move away from focusing on the social, mental, and behavioral health of children and adolescents. Indeed, we know that **all forms of violence can be prevented** by 1) promoting healthy relationships and behaviors, 2) teaching socio-emotional learning, and 3) changing social norms associated with toxic masculinity, misogyny, racism, sexism, and other forms of discrimination. For example, my team at UTMB's Center for Violence Prevention have been implementing and evaluating a school-based healthy relationship curriculum called *Fourth R* (Fourth R as in Reading, wRiting, aRithmetic, and Relationships). I describe *Fourth R* late in the testimony.

Second, and as I have previously testified, we should not be looking for strategies to identify the next school or mass shooter. Not only is this near impossible, but it potentially excludes individuals who need our help. The good news is that, by employing universal primary prevention programs (like *Fourth R*), we can reach both the potential mass shooter as well as the nonviolent but suffering folks who need our attention; all the while improving the health and wellbeing of everyone else.

That said, mass shooters do often share similar characteristics, including being **male** and having a **history of hatred or violence toward women** and other groups of people, including the Black (Charleston Emanuel church), Latinx (El Paso), Jewish (Pittsburgh Synagogue), and the LGBT+ community (Pulse Nightclub). Notably, even in some of the above examples, the perpetrator had a history of domestic violence. Indeed, mass shootings often begin as domestic disputes and, in a majority of them, the perpetrators also shot a former or current intimate partner or family member. Taken

together, this information emphasizes my initial points that we must promote healthy relationships, enhance socio-emotional learning, and change the culture of schools and communities away from racism and toxic masculinity to one of inclusivity and tolerance of differences.

Third, our evidence-informed suggestions, as detailed below, do not infringe on our second amendment rights. Instead, we can restrict access to firearms, even if temporarily, to those most in danger of perpetrating violence

Promote and Fund Evidence-Based Programs

Mass violence can be reduced by promoting programs that decreases anger and hostility, like mindfulness and cognitive control. Research suggests that changing social norms associated with masculinity may reduce sexual violence and intimate partner violence. School-based programs that teach healthy relationships to adolescents have also been shown to be a preventative measure for reducing interpersonal violence. As discussed above, our team at the Center for Violence Prevention implements and evaluates the evidence-based prevention program *Fourth R*, which is a series of best practice healthy relationship programs and strategies. *Fourth R* reduces the stigma surrounding mental health, utilizes a dose/response to impact both individual students and school climate, and focuses on positive youth development so that youth can move beyond avoiding negative situations to identifying and building what they want their relationships to look like. The *Fourth R* classroom-level component is a 26-lesson curriculum with complete lesson plans, role-play exercises, rubrics, and handouts. The curriculum is delivered by existing teachers in middle and high school health classes. Rather than addressing topics independently, an underlying theme of healthy, nonviolent relationship skills is woven throughout the units to increase generalization across risk situations and behaviors – thus, in addition to effectively reducing violence, *Fourth R* also targets substance use, risky sexual behavior, bullying, and other problematic behaviors. We currently serve multiple school districts in the southeast Texas region across middle and high schools to provide *Fourth R* programming.

Enforce Domestic Violence Laws

Many instances of “everyday” gun violence and mass shootings can be linked to misogyny and domestic violence. Domestic violence offenders are restricted from buying guns, but loopholes and inconsistent application of existing laws creates an environment where abusers are not forced to relinquish guns. Background checks should be enacted and enforced that prevent people with a history of violent behaviors from accessing firearms.

Restrict Firearm Access to Stalkers and Dating Violence Perpetrators

Current laws do not go far enough to protect unmarried partners, partners who are not cohabitating, and dating partners, creating what is known as “The Boyfriend Loophole.” As more mass violence occurs within a younger population, such as the recent Santa Fe High School shooting, restricting firearm access to this population may decrease mass violence.

Family Empowerment Laws

Family members are often the first people to notice violent behaviors. Laws should be strategically implemented that empowers family members to prevent dangerous behaviors, such as laws that permit authorities to temporarily remove dangerous weapons from people who are a threat to themselves or others based on family reports. This will have the dual impact of preventing both suicide and homicide. Given that individuals with mental illness are rarely violent, this policy should not be sweepingly applied to people suffering from mental illness.

Fund Research on Mass Violence and Domestic Violence

Researchers should be given the freedom and funding to understand the risk factors associated with firearm violence. Scholars need good data to rigorously analyze the causes of mass violence, which will inform future policies and laws. Dedicated state funding to researchers, research centers, and multi-state consortiums will help to develop evidence-based solutions and better inform the public. More research needs to be conducted in this area to prevent future mass violence and to support a safe and prosperous community.

Active Shooter Drills

As frightening as school shootings are, they're exceedingly rare. Thus, active shooter drills – especially those that include actual simulation – expose a generation of students to stress that they would not otherwise experience. At best, these drills take away from time and resources that can be better used to enhance student education and wellbeing. At worst, these drills can cause significant physiological and psychological reactions with short- and long-term health consequences. Resources used for these drills should be re-allocated to evidence-based healthy relationship programs that can reduce the need for these drills to exist.

Mental Health Professionals Education & Training

For the most part, mental health professionals agree that mental illness is not a cause of firearm violence. In fact, claiming that mental health is responsible is not only inaccurate, but further stigmatizes mental illness, creating another barrier to people accessing needed care. While it is true that some mass shooters have had diagnosable mental health disorders, they are not representative of the population of individuals with mental illness. Indeed, disorders like depression, anxiety, and ADHD have zero connection to violence; and people with schizophrenia are far more likely to be victims than perpetrators of violence. Thus, limiting gun access to people in danger of harming themselves will reduce suicide; but targeting and registering individuals with mental illness will do little to prevent gun-related homicides.

Workforce Needs

I am in full agreement with the Texas Psychological Association's testimony on workforce needs. In order to have my agreement on record, I am including (verbatim) their primary points:

“Under Texas law, medical and mental health providers must keep all patient communications and records confidential. However, there are exceptions to this confidentiality requirement. Specifically, providers may disclose confidential information to law enforcement if they determine that there is a probability of imminent injury to the patient or others. The legislature assumedly created the exception with the intent of preventing such harm.

Shortly after the acts of violence in El Paso and Midland-Odessa, Governor Abbott tasked relevant licensure agencies with reminding providers that this exception exists. Providers are aware that they are statutorily authorized to disclose confidential information when there is a probability of imminent injury, yet the threat of costly litigation, even if the provider is ultimately successful, continues to have a chilling effect on reporting.

In the last legislative session, Representative Senfronia Thompson authored a bill that would have resolved the concerns that psychologists and other providers have. House Bill 461 would have provided express immunity from civil liability for a provider who reports in good faith. The bill made it through House Public Health and both House floor votes without a single dissenting vote. Unfortunately, the bill moved too slowly through the process, and it did not make it out of Senate Health and Human Services.”

I am also in full agreement with the testimony jointly submitted by the Texas Psychological Association, National Association of Social Workers – Texas Chapter, Texas Association for Marriage and Family Therapists, Texas Counseling Association, and Texas Society for Clinical Social Work. In order to have my agreement on record, I am including (verbatim) their primary points:

“A robust mental health workforce is needed to keep communities free of violence. Mental health professionals are trained to alleviate risk factors, decreasing the likelihood of future violence. Violence is more than just mass shootings, but also includes suicide, domestic violence, and community violence, which each deserve attention. Mental health professionals are here to help. However, the state needs to take steps to support and encourage the mental health workforce to ensure Texans are able to access services before a violent act occurs. Texas ranks second in the nation for the highest number of Mental Health Professional Shortage Areas.

One way to strengthen the state’s mental health workforce is to continue funding the Mental Health Loan Repayment Program, which was created in the 84th legislative session by Senator Schwertner and Representative Zerwas. The program offers loan repayments to licensed mental health professionals working in an MHPSA.

New data collected by the Texas Higher Education Coordinating Board shows that it is currently incentivizing about 230 mental health professionals to work in

shortage areas and correctional facilities. The Texas legislature has historically allocated 2.7 million dollars to THECB per biennium for the program. In 2018, THECB was awarded federal match dollars at \$750,000 per year for four years. With minor costs but major impact, we implore you to keep the program at its current state to better meet the needs of Texans, keeping communities healthy and safe.”

Thank you so much for your time and for considering this critically important issue.

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