Commission *for* Behavioral Health

Stopping the Hurt:

Preventing the Harms of Firearm Violence via Public Behavioral Health

The Impacts of Firearm Violence Project Report

Commission *for* Behavioral Health

To the Honorable Governor Gavin Newsom and members of the Legislature:

Firearm violence is harming our state's physical, mental, and behavioral health and impacting how Californians live, learn, work, play, and connect with one another. Firearm violence affects all Californians, but it has ravaged some communities for generations. These impacts cause and deepen existing behavioral health challenges. Firearm injuries currently are the leading cause of death among children and youth. Firearm suicide rates are also spiking, paired with increases in firearm ownership rates. **As firearm violence continues to pose a far-reaching threat to population behavioral health, this report will guide California leadership in how to prevent further violence and heal existing trauma.**

The Behavioral Health Services Oversight and Accountability Commission embarked on an examination of the relationship between firearm violence and behavioral health. The attached report, based on key informant interviews, intensive community engagement, and a literature review revealed that, while a behavioral health diagnosis is a poor predictor of violence, there is indeed significant overlap between the two. The individual, social, and community-level factors that put a person at risk for behavioral health challenges are the very same factors that put them at risk for firearm violence.

To effectively address these issues there must be a deep understanding of both the behavioral health challenges that motivate firearm violence, and of the toll that firearm violence takes on our residents and communities.

In addition, the Commission found that exposure to firearm violence is broader than is widely understood. Like an earthquake, incidents of firearm violence can cause immense damage to those at the center, but the true extent of the damage is far greater. Harms radiate out from the epicenter, affecting survivors, witnesses, victims' families and loved ones, first responders and health care providers, and the broader communities in which violence occurs.

These harms are often traumatic and they commonly lead to negative mental health outcomes across communities and throughout generations.

Firearm violence is not inevitable; it is predictable and preventable. Like heart disease, traffic accidents, and smoking-related illnesses, there are well-known pathways, risk factors, and interventions to reduce firearm violence and mitigate its harms. In the attached report, you will read that the Commission identified three key findings and three recommendations to prevent firearm violence.

1. **Finding 1:** Firearm violence is a persistent threat to behavioral health, but California is not treating it that way.
   Recommendation 1: California must establish trauma-informed violence prevention as a public behavioral health priority.
2. **Finding 2:** California faces challenges for effective firearm violence prevention stemming from misconceptions, cultural tensions, and fear.
   Recommendation 2: California must deploy a public engagement initiative to regain trust and build relationships with firearm-owning communities and communities impacted by violence.
3. **Finding 3:** California's public investments have not been coordinated effectively to address the underlying causes of violence and other public health concerns.
   Recommendation 3: California must develop a unified statewide strategy, with an appointed leader, to guide a public health approach to firearm violence prevention that integrates data, resources, and partners from across sectors.

This report comes at a critical time. The current federal administration is moving away from the previous administration's prioritization of firearm violence, which included landmark legislation, significant investments in programs, data collection, and data dissemination. Firearm violence prevention currently hangs in the balance of looming federal cuts.

But California is ready to take the lead on preventing firearm violence. We are poised to save lives, improve messaging and education, and tackle the root causes of firearm violence. To do this, the Commission calls on State leadership to implement an integrated public health approach that addresses firearm violence and implements the above-listed recommendations. Such an approach should coordinate and align resources and efforts that utilize a wide array of

partners, including policy makers, public health professionals, law enforcement, the criminal justice system, health and behavioral health systems, community-based organizations, and, most importantly, the firearm-owning community.

The attached report provides promising strategies and a roadmap of ways to achieve transformational change in mitigating California's firearm violence. It provides concrete examples of how it can be done while respecting the rights of individuals across our vast geographic and political spectrum, fostering community, increasing feelings of safety, and improving wellbeing for all. Together we can address firearm violence and its devastating impacts and, in doing so, foster resilient, healthy communities. The time to act is now.

The Commission welcomes the opportunity to discuss these recommendations in detail.

Respectfully,

Mayra E. Alvarez
Commission Chair

Alfred Rowlett
Commission Vice Chair

About the Commission

The Behavioral Health Services Oversight and Accountability Commission, known as the Commission for Behavioral Health (CBH) and formerly the Mental Health Services Oversight and Accountability Commission, was initially established to oversee implementation of the Mental Health Services Act of 2004 and to drive innovation and accountability in California's behavioral health system.

The CBH champions wellbeing for all Californians through behavioral health prevention and intervention, including mental health and substance use disorders. By working with community partners, individuals with lived experience, family members, State agencies, and the Legislature, we help to increase public understanding, catalyze best practices, and inspire innovation. Our goal: accelerating transformational change.

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Contents

01 EXECUTIVE SUMMARY

With the recent news that firearms are the leading cause of death for children in the United States[1] accompanied by significant increases in firearm ownership[2] and spikes in mass shootings,[3] there is a clear need for a better understanding of the complicated relationship between mental health and firearm violence. It is also an opportune time for rethinking the violence prevention approach in general, in a country and a world that is still grappling with mental health, substance use, and other concerns exacerbated by the COVID-19 pandemic and the simmering racial tensions that bubbled over during this time.[4]

Against this backdrop of tension, uncertainty, and fear, the State of California's Behavioral Health Services Oversight and Accountability Commission embarked on an exploration of the relationship between firearm violence and mental health. The Commission's aim was to inform a new, evidence-based strategy to address these distinct but overlapping problems, and to identify gaps in understanding as well as areas of great opportunity for advancing the intersecting goals of violence prevention and mental health promotion simultaneously.

With the passage of Proposition 1 in March 2024, California is making a renewed commitment to mental and behavioral health, acknowledging the myriad factors that influence our wellbeing. California has been making great strides in understanding the integrated nature of our physical, mental, and behavioral health and investing in policies and programs that contribute to better overall health, but there is much more work to do – particularly on the impacts of firearm violence on Californians.

Under the Biden administration, the White House unveiled a new effort to address firearm violence through the federal Office of Gun Violence Prevention, with a call for collaboration across all levels of government to focus on evidence-based practices for preventing violence and its related negative outcomes.[5] Dr. Vivek Murthy, President Biden's surgeon general, released a public advisory on firearm violence in 2024, calling it a public health problem that should be addressed as such.[6] It remains to be seen how firearm violence will be addressed under the Trump administration, although the recent removal of this public advisory from the Surgeon General website

indicates that it will be treated with a different approach, if any. Regardless of the federal government's approach, there is momentum; several states have implemented targeted violence prevention plans in the last few years, indicating that it is recognized as a priority at the state and local levels.[7] Such momentum signals that it is an opportune time to tackle firearm violence with renewed energy.

Firearm violence leaves trauma, pain, and suffering in its wake, but it's not inevitable. Firearm violence is preventable, as are its associated negative outcomes. To address the complex and sensitive problem of firearm violence from a mental and behavioral health-informed perspective, California must develop a comprehensive and integrated public health strategy for firearm violence prevention statewide.

The strategy must be **integrated**, in that it is built in and implemented across systems. It must weave together the services and supports that are impactful for violence prevention, including housing supports, employment services and job training, food and nutrition, health care services, access to transportation, mental and behavioral health services, and peer support services. The most promising and impactful strategies are often those that provide wraparound support, addressing multiple needs and gaps in a cohesive way.

The strategy must also be **collaborative**, meaning that it brings together partners from public health, health care services, employment, education, housing, transportation, social services, law enforcement, criminal justice, and mental and behavioral health, among others. Effective violence prevention happens in all domains of life and all branches of government, and it happens throughout the community with public and private partners. Preventing firearm violence is not the job of one department – it is the job of all departments.

Finally, the strategy must be **trauma-informed**, because any solution must fit the problem it means to address for it to be effective. Underneath a significant portion of violence lies trauma, and trauma can be treated – but it requires tools, resources, and care, not punishment and separation from those who can best help people heal.

Fortunately, there are many trauma-informed tools and programs that are promising and feasible to implement. There are also many integrated and collaborative approaches that have been implemented effectively in local pockets in California as well as other states and countries. California must take steps to identify, prioritize, and sustainably adopt, adapt, and scale these approaches to foster peace and promote healing in struggling communities across the state.

To implement this integrated, collaborative, and trauma-informed approach, California can:

1. **Establish trauma-informed violence prevention** as a public behavioral health priority.
2. **Deploy a public engagement and awareness initiative** to regain trust and build relationships with firearm-owning communities and other communities impacted by violence.
3. **Develop a unified statewide strategy**, with an appointed leader to guide a public health approach to firearm violence prevention that integrates data, resources, and partners from across sectors.

Together, we can address firearm violence and its devastating impacts, halting the ripple effects of violence and fostering resilient, healthy communities.

02 INTRODUCTION

On May 24, 2022, Robb Elementary School in Uvalde, Texas experienced a mass shooting event. Twenty-one people – children and adults – lost their lives that day, and countless others experienced life-changing loss, grief, and trauma that followed the event.[8]

On that same day, four people were killed and nine people wounded by firearms in California.[9]

Around the same time, a teenage girl in Kansas was building her confidence and adjusting to life's recent challenges through the marksmanship and firearms safety training from her local 4-H shooting club.

Meanwhile, a firearms range in San Diego county was doing its part to prevent suicides by implementing a firearm storage program for people to use during times of crisis.

The history and cultural tapestry of the U.S. includes firearms – to a far greater degree than many other developed nations.[10,11] Firearms are deeply embedded in American culture and they are used in many ways and for many reasons, most of which do not cause harm.[12] Rather, for many people, using or owning a firearm can have a positive impact by helping them acquire skills, food, safety, and community.[13]

However, they are also sometimes used to cause harm. These incidences of firearm violence are examples of the broad spectrum of harms that result from firearms being used inappropriately. When the term "firearm violence" is used in this report, it refers to that broad spectrum of outcomes, including death, sustaining gunshot wounds, witnessing firearm violence, and what is being termed the "ripple effects" of firearm violence: the far-reaching physical, mental, and emotional impacts experienced by those who are directly and indirectly exposed, up to and including the broader national and international population.

There are a litany of theories around when, why, and by whom firearms are used to cause harm.[14, 15, 16] One of the most frequent theories – particularly salient in the politically charged discussions after mass shootings occur – is that mental illness is the cause.[17, 18, 19, 20]

The narrative says a serious mental illness is what drives an individual to commit violence, and therefore diagnosing and treating serious mental illness will solve the problem of firearm violence.

It can be tempting to buy into the popular narrative that mental health challenges are responsible for such types of violence, but it's not that simple. And though it is true that some mass shooters suffer from some type of mental health challenge[21] – evidence suggests that **20 - 30% of mass shootings are committed by someone with psychosis or a serious mental illness**[22,23,24] – research overwhelmingly demonstrates that mental health is not solely responsible for the vast majority of firearm violence nor is it a particularly significant predictive factor at the individual level among other, far more powerful factors, such as childhood exposure to violence, impulsivity, and substance misuse.[25,26,27,28,29,30,31,32]

There is a danger in overemphasizing the connection between mental health challenges and violence in that it can increase stigma against those with a diagnosis, leading to real and damaging impacts for patients, providers, and the public.[33] It also diverts attention from the factors that are not only more significant in predicting firearm violence, but also more changeable.[34]

Yet, it is undeniable that an intersection does exist between mental health and firearm violence. Because it's a topic plagued by stigma, fear, and tension, this intersection can be difficult to quantify and discuss. Beneath this tension lies the key reason why our society has continued to struggle with addressing firearm violence:

There is a fundamental misunderstanding of the drivers of firearm violence, and consequently a failure to adopt strategies that effectively address it.[35]

And, as long as these misunderstandings persist, there is little reason to expect significant reductions in firearm violence and its impacts. There are myths and misconceptions around what kinds of firearm violence are most common, where it most often happens, who it impacts, how it impacts them, and more.[36, 37] In order to truly implement effective solutions, these myths and misconceptions must be corrected and a cohesive, evidence-based narrative that promotes the reality of firearm violence must be realized.

The Impacts of Firearm Violence Project

In light of this nuanced and not widely understood relationship between mental health and firearm violence, the Behavioral Health Services Oversight and Accountability Commission took action.

The Commission was initially established to oversee implementation of Proposition 63 (the Mental Health Services Act of 2004) and to drive innovation and accountability in California's mental health system. The Commission champions wellbeing for all Californians through behavioral health prevention and intervention, including mental health and substance use disorders. By working with community partners, individuals with lived experience, family members, state agencies, and the Legislature, the Commission aims to increase public understanding, catalyze best practices, and inspire innovation with the overarching goal of accelerating transformational change in the mental and behavioral health landscape in California. This landscape includes service delivery systems, policies, investments, and organizations related to mental and behavioral health, including State and local agencies and community-based organizations.

In August 2022, the Commission established the Impacts of Firearm Violence (IFV) project to define the overlap of mental health and firearm violence, improve understanding of the underpinnings of firearm violence, and identify gaps and opportunities for effective violence prevention, with the collaboration of key public and partners. The project was carried out under the direction of the Impacts of Firearm Violence subcommittee, chaired by Commissioner and psychologist Dr. Keyondria Bunch with Commissioner and Santa Barbara County Sheriff Bill Brown as vice chair.

The goals of the IFV subcommittee were to:

- **Explore the impacts** of firearm violence on mental health using data and information from State and local programs, systems, and policies.
- **Collaborate with firearm violence prevention partners** to leverage existing efforts and consider policy recommendations that public health entities and others developed.
- **Develop an action agenda** with research, policy, and practice recommendations that show promise in addressing the impacts of firearm violence on mental health and wellbeing, while reducing mental health stigma and discrimination.

Like all Commission projects, the IFV project was conducted with meaningful community engagement as a guiding priority. The following methods were used to gather information:

- In-depth literature review
- Interviews with over 100 key informants
- Written testimonials
- Public engagement
  - Group engagement (including site visits, focus groups, listening sessions, town hall-style events, and Commission panels)
  - Conferences and other learning events

For more information on the methodology and project timeline, refer to Appendix 1: IFV Project Timeline and Appendix 2: IFV Project Methodology. The findings from these engagement activities are summarized in the Findings and Recommendations section of this report.

The goal of this report is to identify and lift up opportunities for effective violence prevention and outline the next steps forward for California to effectively capitalize on these opportunities on a systemic level. These next steps may occur in a wide range of domains, including policy changes, enhancements to the behavioral health care and violence prevention workforces, process changes in the way government agencies and private partners work together, and new or updated programming. However, perhaps the most important outcome from this report will be its contribution to a deeper understanding of the nuanced relationship between firearm violence and mental health and instilling confidence in the collective ability of public, private, and community partners to tackle this problem together.

To work toward the goal of a cohesive and evidence-based narrative on firearm violence, this report was written for the benefit of and with input from Californians across a broad spectrum of beliefs, cultures, and demographics, including people who legally own and use firearms. It aims to identify opportunities to address firearm violence that neither threaten the rights nor undermine the responsibilities of those who use firearms safely and sensibly.

Those who responsibly own firearms are key partners in this work, and their engagement is a vital part of the process of reducing firearm violence.

This report will tell the story of firearm violence, starting with death and injury rates within California, the United States, and similar countries before moving on to the more far-reaching ripple effects on the physical, mental, and behavioral health of all Californians. An important part of this story is the shared risk and protective factors that drive both firearm violence and other negative outcomes. It will also identify some of the key challenges in preventing firearm violence and its associated negative outcomes in California, along with outlining some key opportunities for harm prevention and mitigation, healing, and resilience-building.

03 BACKGROUND

Key Concepts and Definitions

Mental health is a state of wellbeing in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.[38]

Mental health challenges are circumstances in which a person's mental health needs negatively impact their daily life or functioning, including conditions characterized by cognitive and emotional disturbances, abnormal behaviors, or any combination of these that cause distress or impair functioning.[39] When mental health challenges are not supported or treated, people and their communities are at greater risk for experiencing negative outcomes.

Negative mental health outcomes are the outcomes of experiencing mental health challenges without comprehensive and appropriate treatment or effective coping strategies. These negative outcomes can include a diagnosable mental illness (a disorder diagnosed based on criteria in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders)[40] and/or other negative outcomes, like school failure, unemployment, engaging in harmful behavior (including violence), and difficulty forming and sustaining meaningful relationships.[41]

Behavioral health is an umbrella term that refers to mental health, suicidal thoughts or suicide attempts, and substance use or substance use disorders.

Behavioral health systems facilitate access to resources and services to promote wellbeing, prevent mental distress, and treat behavioral health conditions.

Violence is the intentional use of (either threatened or actual) physical force or power against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, or other harms, including deprivation.[42]

Firearm violence is violence that involves the use of a firearm (e.g., a gun, pistol, or rifle) to threaten or cause harm to oneself, others, or both. This harm may be in the form of physical injury or death and/or in the form of harming one's mental health.

Intent refers to the motivation behind using a firearm to cause harm:

- **Homicide/assault:** the use of a firearm with the goal of harming another person.
- **Suicide/self-harm:** the use of a firearm with the goal of harming oneself.
- **Unintentional:** the use of a firearm without the goal of harming oneself or others.
- **Defense:** the use of a firearm with the primary goal of defending oneself or others.

Firearm injuries are injuries caused when a person is shot by a firearm, either by oneself or by others. They can be intentional or unintentional.

Firearm deaths are deaths that occur from the use of a firearm, either inflicted by oneself or by others. They can be intentional or unintentional.

Exposure to firearm violence includes being shot, threatened, or otherwise harmed with a firearm, including hearing gunshots in the neighborhood, knowing someone who has been shot, being a part of a group targeted by a mass violence incident, or even hearing about firearm violence that has affected one's friends, family, neighbors, or broader community.

Mass shooting: This definition is not settled, as the organizations that collect data on mass shootings use slightly different definitions,[43] but in this report it is used to refer to incidents in which a perpetrator(s) injures and/or kills at least four individuals in one episode.

In the last several years, there has been a sharp uptick in harm perpetrated with firearms in the United States.[44] The number of mass shootings has doubled nationwide since 2019,[45] but it's not just mass violence that has increased: domestic violence with a firearm[46] and firearm deaths overall[47] have also spiked in recent years, particularly since the start of the COVID-19 pandemic.[48] The increases in violence have also manifested in California.[49] Firearm violence increased overall in California in 2020 and 2021.[50] Firearm suicides in particular have also increased in recent years, with notable rate increases for some minority and disadvantaged groups, including people who identify as female or Black and young adults (although firearm suicide rates are still highest for men and older adults in general).[51]

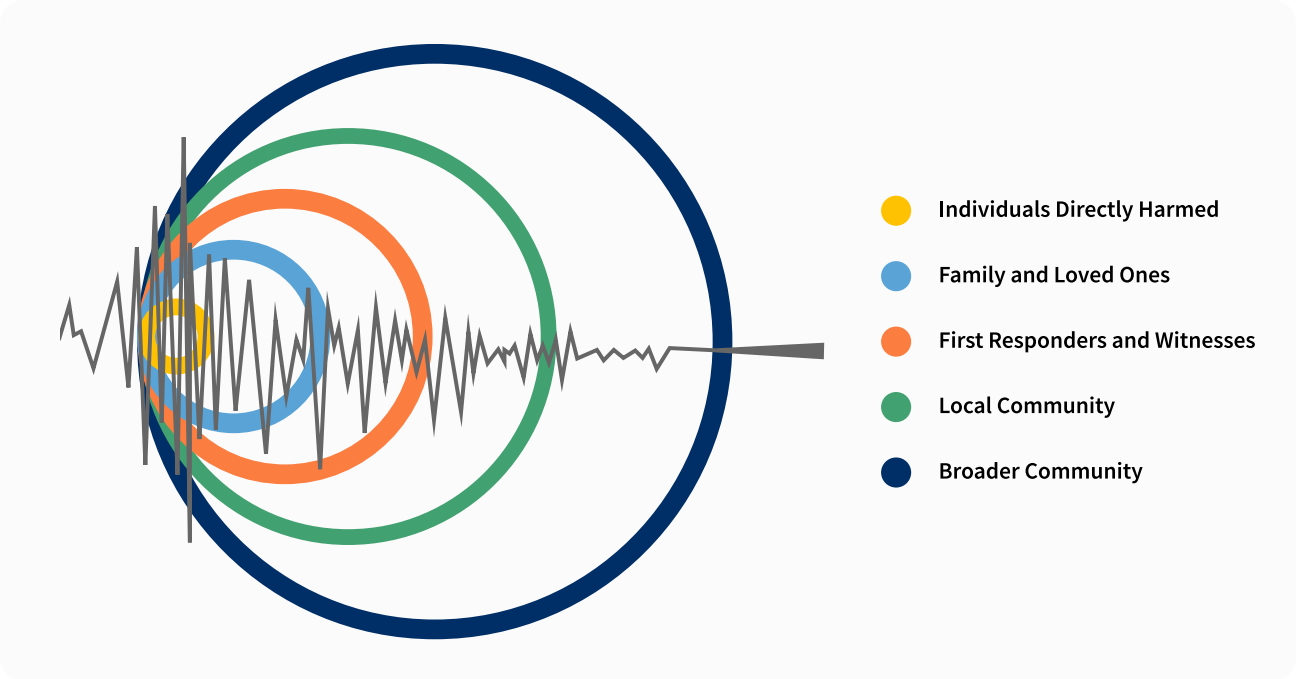
In the midst of the COVID-19 pandemic, firearm ownership in California spiked following periods of general unrest, fear, and racial tension.[52] With more firearms in circulation, there is greater potential for firearms to be used in unsafe ways.[53] During this same timeframe, mental illness and mental health challenges also increased markedly, largely driven by the disruption of the COVID-19 pandemic.[54]

This confluence of factors means the time is ripe for reconsidering the dominant narrative and approach on firearm violence and its intersection with mental health.

The Ripple Effect: Firearm Violence in California

While the damage caused by firearm violence is generally thought of as physical injury or death, it can also damage someone's mental health and wellbeing. Furthermore, although direct damage is debilitating for the individual harmed, a person does not have to be directly exposed to firearm violence to experience its associated negative effects. Firearm violence is like an earthquake, a violent and damaging event that causes immense damage at the epicenter but also creates outward ripples wounding victims, their loved ones, and the communities in which they live.

FIGURE 1. THE RIPPLE EFFECTS OF FIREARM VIOLENCE



The rest of this section will provide an overview of the harms associated with firearm violence, starting with the familiar outcomes of deaths and injuries, and ending with the more indirect but also devastating ripple effects on physical, mental, and emotional health.

Firearm Violence: Deaths, Injuries, and Intent

California's firearm death rate is significantly lower than that of many other states.

Each year in California, 3,250 people die from firearms. This equates to a firearm death rate of 8.8 per 100,000 people in 2023 (the last year for which full data are available), ranking the seventh lowest of all U.S. states.[55] The nationwide average is 13.6, with highs of 27.6 in Mississippi, 26.4 in Wyoming, and 25.5 in Louisiana. On the other end of the spectrum, the states with the lowest firearm death rates include Hawaii at 3.6, Massachusetts at 3.9, and New Jersey at 5.0.[56] To compare, California experienced 5,014 deaths from traffic accidents in 2023, a death rate of 12.9 per 100,000 Californians.[57]

As evidenced in Figure 2 (for specific data, reference Table 1), California hasn't always had such a low incidence of firearm violence compared to other states; in fact, California's firearm-related mortality rate used to closely mirror that of the rest of the country until around 2005. This is even more pronounced for firearm homicides, which dropped 30% in California from 2000 to 2015.[58] The decrease is likely due to a range of factors, but measures aimed at gang- and group-affiliated violence are certainly a significant factor.[59] Reductions in firearm deaths have also been linked to California's increased public health spending to address firearm violence in high-risk areas, even as criminal justice reforms dramatically reduced the number of people incarcerated.[60]

However, like in other U.S. states, this downward trend reversed in 2020 amidst the backdrop of COVID-19 pandemic fears, racial tensions, increasing political division, and other unrest.

FIGURE 2. FIREARM DEATH RATE PER 100,000 IN U.S. AND BY SELECTED STATES, 1999-2023

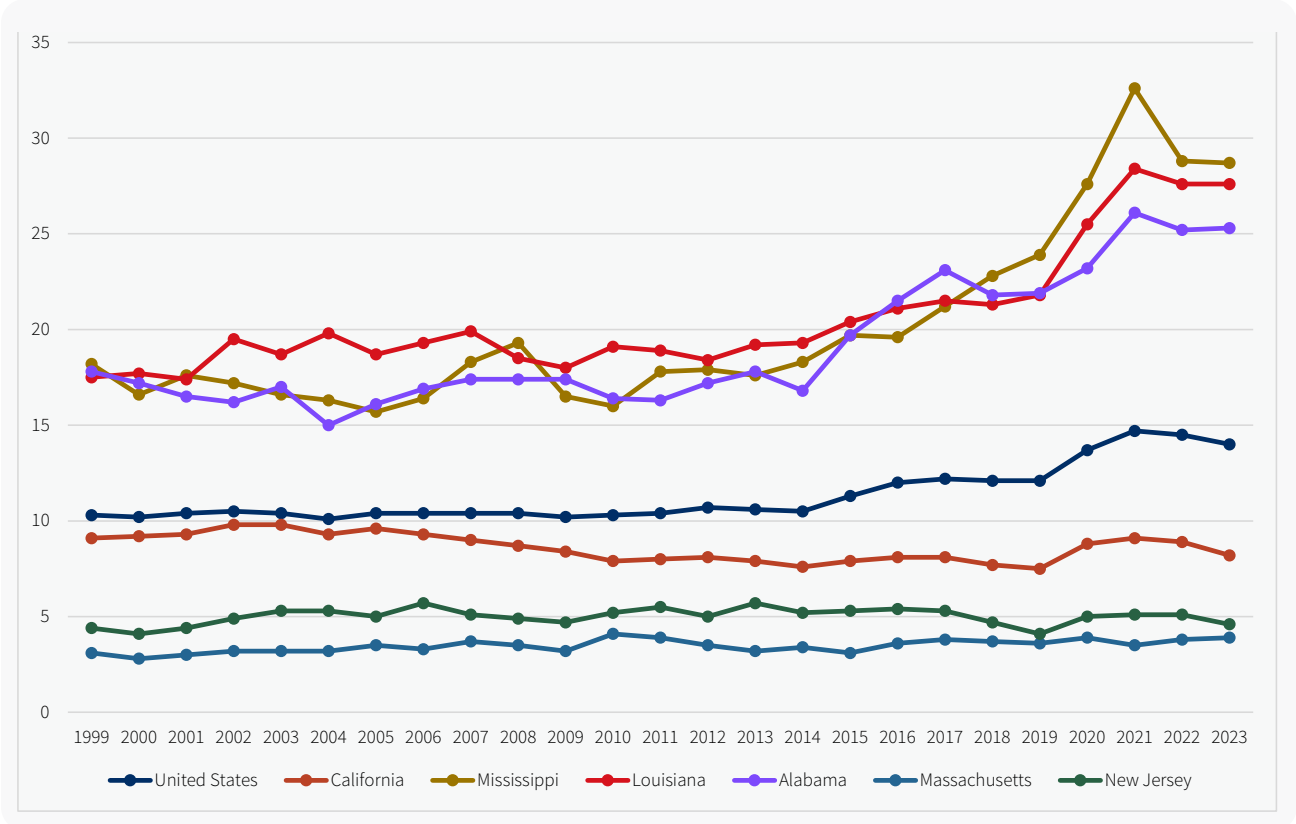
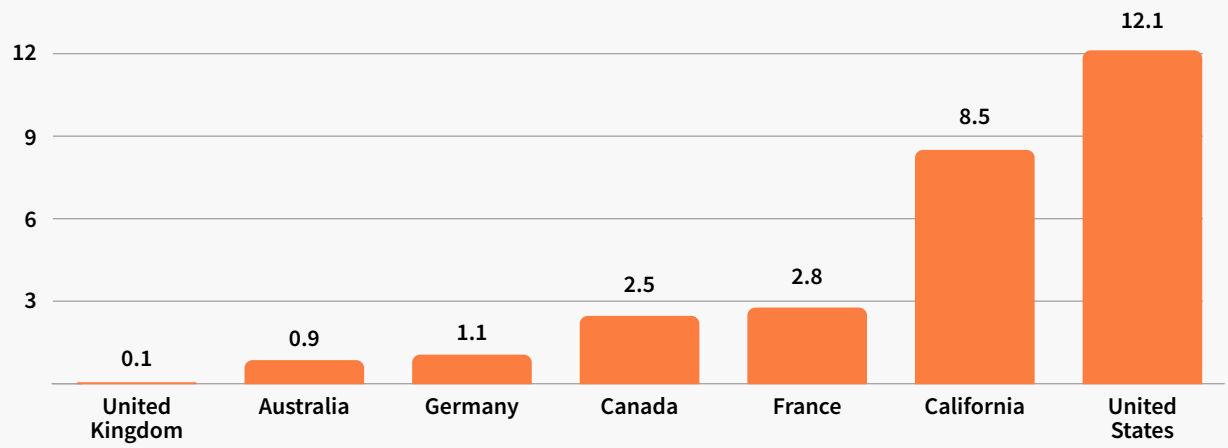


TABLE 1. FIREARM DEATH RATE PER 100,000 IN U.S. AND BY SELECTED STATES, 1999-2023[328]

YEAR	UNITED STATES	CALIFORNIA	MISSISSIPPI	LOUISIANA	ALABAMA	MASSACHUSETTS	NEW JERSEY
1999	10.3	9.1	18.2	17.5	17.8	3.1	4.4
2000	10.2	9.2	16.6	17.7	17.2	2.8	4.1
2001	10.4	9.3	17.6	17.4	16.5	3.0	4.4
2002	10.5	9.8	17.2	19.5	16.2	3.2	4.9
2003	10.4	9.8	16.6	18.7	17.0	3.2	5.3
2004	10.1	9.3	16.3	19.8	15.0	3.2	5.3
2005	10.4	9.6	15.7	18.7	16.1	3.5	5.0
2006	10.4	9.3	16.4	19.3	16.9	3.3	5.7
2007	10.4	9.0	18.3	19.9	17.4	3.7	5.1
2008	10.4	8.7	19.3	18.5	17.4	3.5	4.9
2009	10.2	8.4	16.5	18.0	17.4	3.2	4.7
2010	10.3	7.9	16.0	19.1	16.4	4.1	5.2
2011	10.4	8.0	17.8	18.9	16.3	3.9	5.5
2012	10.7	8.1	17.9	18.4	17.2	3.5	5
2013	10.6	7.9	17.6	19.2	17.8	3.2	5.7
2014	10.5	7.6	18.3	19.3	16.8	3.4	5.2
2015	11.3	7.9	19.7	20.4	19.7	3.1	5.3
2016	12.0	8.1	19.6	21.1	21.5	3.6	5.4
2017	12.2	8.1	21.2	21.5	23.1	3.8	5.3
2018	12.1	7.7	22.8	21.3	21.8	3.7	4.7
2019	12.1	7.5	23.9	21.8	21.9	3.6	4.1
2020	13.7	8.8	27.6	25.5	23.2	3.9	5.0
2021	14.7	9.1	32.6	28.4	26.1	3.5	5.1
2022	14.5	8.9	28.8	27.6	25.2	3.8	5.1
2023	14.0	8.2	28.7	27.6	25.3	3.9	4.6

While California was a national leader in reducing firearm deaths over the first two decades of the 21st century, Figure 3 illustrates that these rates are still far higher than those in similar countries.[329] Compared to countries with similar democratic systems of government and high average income (like Canada, Australia, and many large European countries), the U.S. has up to 10 or even 20 times more deaths per 100,000 people.[330]

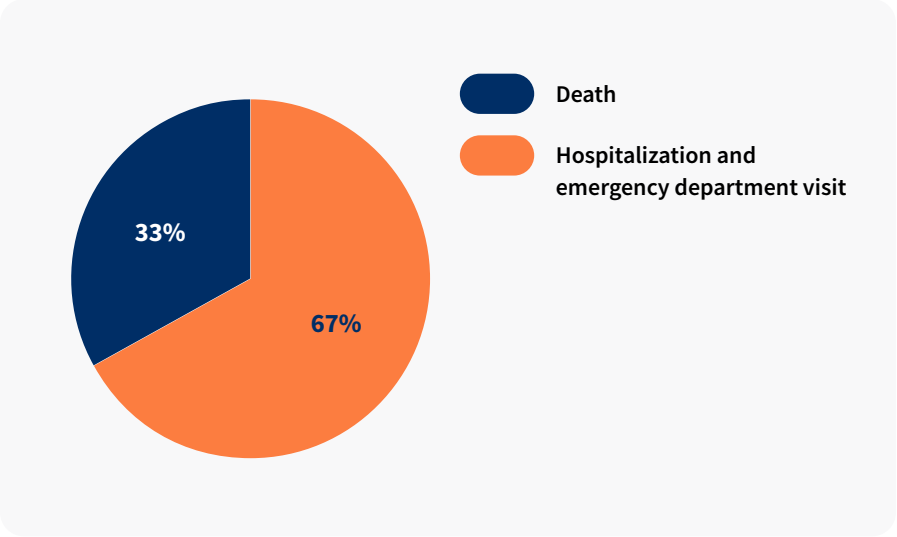
FIGURE 3. FIREARM DEATH RATES PER 100,000 IN SELECTED COUNTRIES, 2021



However, deaths alone tell only one part of the story. The broader story is about the ripple effects of firearm violence, which also happen through survivable injuries. Figure 4 displays the proportion of deaths and injuries by firearm in California for 2022, the most recent year for which data were available. Deaths make up only one-third of the firearm injuries in California each year, not including the unknown number of firearm injuries that don't show up in emergency departments.

Overall firearm deaths and injury rates are important context, but it's vital to understand how these rates vary by intent.[331]

FIGURE 4. FIREARM INJURIES BY TYPE IN CALIFORNIA, 2022



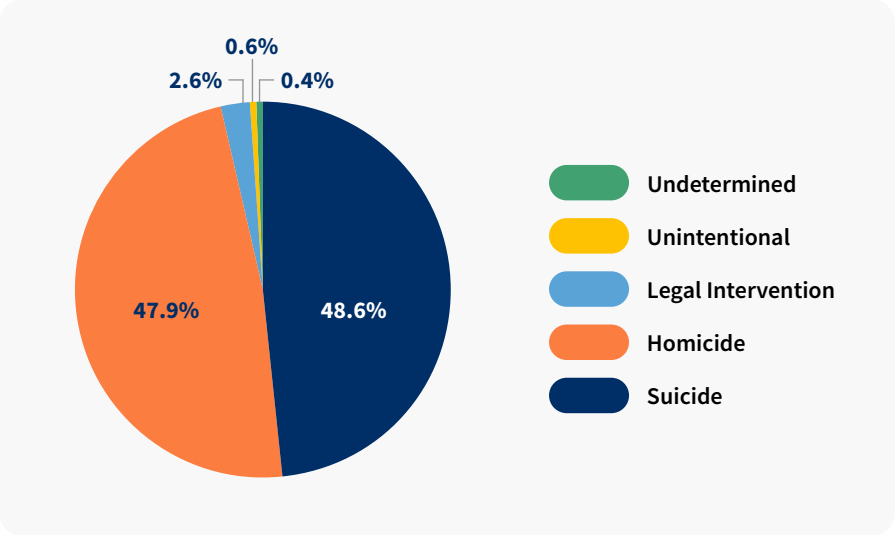
Intent of Firearm Use

Firearm violence varies widely between and within countries, across demographic groups and state, county, and city lines, and these variations are influenced by intent of firearm use. There is a familiar narrative that is popular on mainstream media that mass shootings and other homicides are the main drivers of firearm injury and death.[61]

Although mass shootings tend to get the bulk of media coverage, they make up about one percent of all firearm-related deaths in the United States.[62]

The truth is that the majority of firearm deaths in the U. S. do not occur in school shootings, mass shootings, or even community or group-affiliated shootings; the majority of firearm deaths are suicides. As illustrated in Figure 5, around half of all firearm deaths in California are the result of suicides.[63]

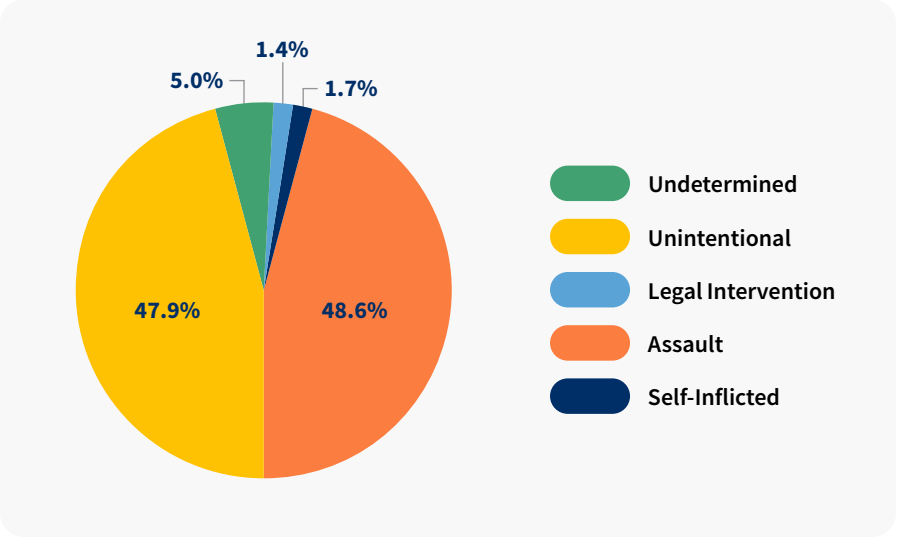
FIGURE 5. PERCENTAGE OF FIREARM DEATHS IN CALIFORNIA BY INTENT, 2022



In addition to the tragic loss of life, firearm violence causes life-changing harm for its survivors. There are around 7,000 nonfatal firearm injuries in California each year, leading to thousands of emergency department visits and hospitalizations.[64, 65]

In 2022, there were 5,281 Emergency Department (ED) visits, leading to 3,599 hospitalizations due to firearm-inflicted wounds.[66] Figure 6 displays the stark difference compared to firearm deaths: almost half of all injuries are assault (46.1%), another 46% are unintentional, and self-inflicted injuries make up only 1.7% of the ED visits and hospitalizations.[67,*] This change in ratios is due to the high lethality of firearms as a tool for self-harm; around 90% of suicide attempts using a firearm result in death, while assaults and unintentional injuries with a firearm are much more likely to be survivable and treatable.[68]

FIGURE 6. PERCENTAGE OF FIREARM INJURIES IN CALIFORNIA BY INTENT, 2022



* Additional categories include legal intervention (1.4%) and firearm injuries of undetermined intent (5%).

Although California's firearm death and injury rate is low compared to other states, the incidence of violence is not uniform throughout the state. California's counties experience sizable differences in deaths and injuries, particularly by intent. As Figure 7 shows, self-harm and suicide rates are low in southern California and the Bay Area, but spike in northern California and the Sierras.[332] Specific data for Figure 7 are available in Table 2.

FIGURE 7. FIREARM SELF-HARM AND SUICIDE RATES ACROSS CALIFORNIA COUNTIES

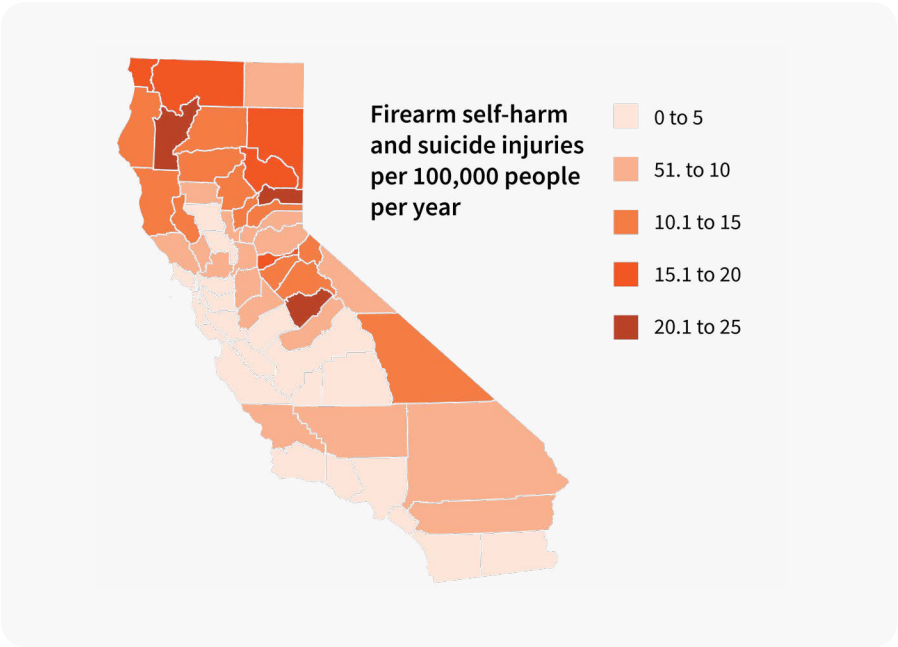


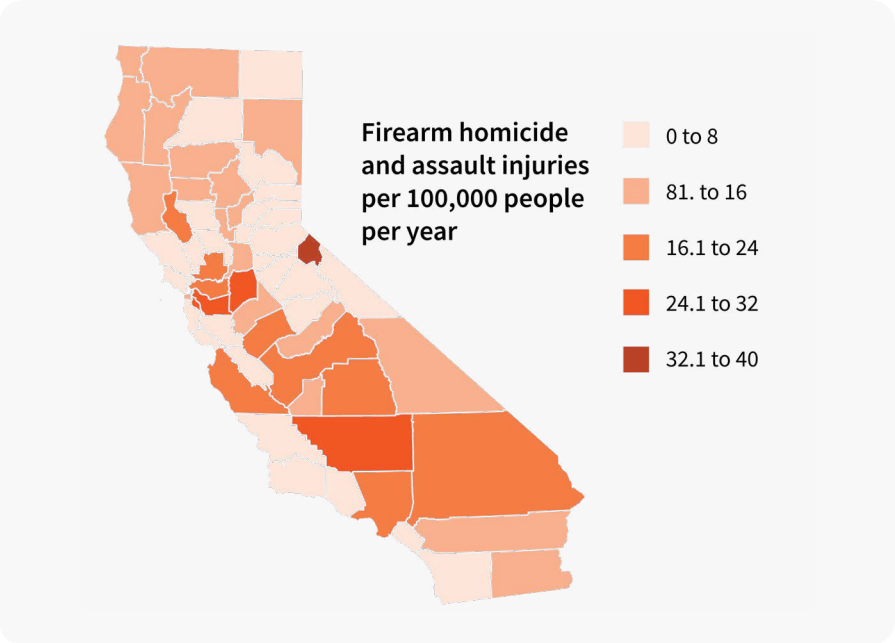
TABLE 2. FIREARM SELF-HARM AND SUICIDE RATES ACROSS CALIFORNIA COUNTIES[333]

COUNTY	FIREARM SELF-HARM AND SUICIDE INJURIES PER 100,000 PEOPLE PER YEAR
Alameda	2.8
Alpine	12.3
Amador	17.0
Butte	11.1
Calaveras	14.7
Colusa	3.9
Contra Costa	3.9
Del Norte	15.9
El Dorado	9.6
Fresno	4.4
Glenn	10.5
Humboldt	12.2
Imperial	3.2
Inyo	12.2
Kern	6.3
Kings	4.8
Lake	13.7
Lassen	15.7
Los Angeles	3.1
Madera	5.7
Marin	4.6
Mariposa	21.2
Mendocino	12.0
Merced	4.2
Modoc	7.8
Mono	7.4
Monterey	3.7
Napa	5.2
Nevada	11.1

COUNTY	FIREARM SELF-HARM AND SUICIDE INJURIES PER 100,000 PEOPLE PER YEAR
Orange	3.5
Placer	6.6
Plumas	16.6
Riverside	5.3
Sacramento	5.3
San Benito	4.6
San Bernadino	5.5
San Diego	4.9
San Francisco	1.9
San Joaquin	5.3
San Luis Obispo	8.6
San Mateo	2.7
Santa Barbara	5.0
Santa Clara	2.5
Santa Cruz	5.0
Shasta	14.7
Sierra	22.5
Siskiyou	17.2
Solano	5.8
Sonoma	6.2
Stanislaus	5.3
Sutter	6.4
Tehama	14.6
Trinity	24.6
Tulare	4.8
Tuolumne	13.1
Ventura	4.8
Yolo	3.8
Yuba	11.6

Figure 8 shows a strikingly different trend, with assault and homicide rates low in the northern counties but peaking in counties in the East Bay, Central Valley, and Inland Empire areas (with the exception of Alpine County; this outlier has the smallest population in the state).[69] Specific data for Figure 8 are available in Table 3.

FIGURE 8. FIREARM ASSAULT AND HOMICIDE RATES ACROSS CALIFORNIA COUNTIES



The stark variation in risk for firearm injury and death by county speaks to the nuance of firearm violence.

Although it occurs everywhere, its context and its impacts are not the same – and the solutions will not be the same.

The nature of the problem and the strengths and resources of the community to solve it vary according to many individual and community-level factors.

TABLE 3. FIREARM ASSAULT AND HOMICIDE RATES ACROSS CALIFORNIA COUNTIES[70]

COUNTY	FIREARM HOMICIDE AND ASSAULT INJURIES PER 100,000 PEOPLE PER YEAR
Alameda	26.5
Alpine	37.0
Amador	7.8
Butte	9.4
Calaveras	5.7
Colusa	4.6
Contra Costa	17.0
Del Norte	9.5
El Dorado	1.9
Fresno	22.9
Glenn	10.5
Humboldt	10.8
Imperial	8.4
Inyo	8.4
Kern	26.2
Kings	16.0
Lake	18.9
Lassen	8.6
Los Angeles	18.3
Madera	13.9
Marin	2.9
Mariposa	0.8
Mendocino	9.8
Merced	20.4
Modoc	4.7
Mono	4.2
Monterey	16.3
Napa	4.2
Nevada	2.7

COUNTY	FIREARM HOMICIDE AND ASSAULT INJURIES PER 100,000 PEOPLE PER YEAR
Orange	4.3
Placer	2.5
Plumas	0.8
Riverside	10.7
Sacramento	15.6
San Benito	6.4
San Bernadino	18.5
San Diego	5.3
San Francisco	12.7
San Joaquin	29.6
San Luis Obispo	1.8
San Mateo	3.9
Santa Barbara	7.4
Santa Clara	3.6
Santa Cruz	7.2
Shasta	8.0
Sierra	0.0
Siskiyou	8.8
Solano	22.5
Sonoma	5.0
Stanislaus	15.7
Sutter	12.2
Tehama	11.0
Trinity	11.8
Tulare	18.9
Tuolumne	4.5
Ventura	6.7
Yolo	6.6
Yuba	12.5

Disparate Impacts: Demographic and Community Factors

Beyond the numbers on injuries and intent, there are additional important factors for understanding firearm violence. Even in California, where average injury and death rates are significantly lower than in many other states,[71] a person's risk of being harmed by firearm violence depends greatly on a variety of factors, including their age, veteran status, their neighborhood, income, education level, and – in particular – gender identity and racial or ethnic identity.[72]

GENDER IDENTITY

Gender identity plays a substantial role in perpetration of firearm violence. People who identify as male are far more likely to be involved in firearm violence (as perpetrators or as victims) than people who identify as female, which holds across all racial and ethnic groups.[73] Firearm violence is one facet of the larger trend, where men and boys are more likely to be perpetrators of all types of violent crimes.[74] In 2023, people who identified as male made up over 88% of the firearm-related deaths in California.[75]

Those who identify as transgender are at higher risk for experiencing firearm violence than those who are cisgender; compared to 1% of all Californians experiencing direct firearm violence in the past year, 6% of transgender Californians faced firearm violence.[76]

RACE/ETHNICITY

Firearm death rates vary drastically by race and ethnicity as well. From 2000 to 2020, California's Black and Hispanic men died by firearm homicide at a rate nearly six times greater than that of white men and about 15 times greater than that of Asian or Pacific Islander men.[77] In 2020, Black men in California died by firearm at a rate of 43.1 per 100,000, compared to an overall rate of 8.8 per 100,000.[78] Black men accounted for about 29% of all firearm homicides in 2020, although they make up less than 3% of the population.[79] Hispanic and Latino men account for 31% of all firearm homicide deaths but make up just 13% of the population.[80]

AGE

Recent research by the Centers for Disease Control and Prevention have highlighted another important piece of context: age.[81] Over the last few years, firearms have been the leading cause of death among children and teens age one to nineteen in the U.S., and this holds true for California as well.[82, 83] This finding is even more alarming for young Black men and boys, who are twenty times more likely to die by firearm than their white counterparts.[84]

However, the rates on age must be considered with the context of intent. In general, children and young adults are at the highest risk for dying by firearm homicide, while older adults are at the highest risk for dying by firearm suicide.[85] While firearm suicide has traditionally been associated with older white men, that may be changing; from 2017 to 2021 in California, firearm suicide increased among women, young people, and people identifying as Black.[86] his is occurring against a backdrop of suicide decreasing overall, but firearm suicide is increasingly taking up a larger share of all suicides.

VETERAN STATUS

Another group that experiences disproportionately high firearm suicides is veterans. While suicides have been decreasing in recent years, suicides among California veterans increased by 2% in 2022.[87] Suicides by veterans made up 14% of all suicide deaths for those over 18 in California,[88] compared to their 4% share of the population.[89] Overall, suicide is one of the leading causes of death for veterans and the method of completion is overwhelmingly a firearm.[90]

SOCIAL AND ECONOMIC INEQUALITY

Income inequality (how evenly income or income growth is distributed across the population)[91] has also been found to correlate with firearm violence. Areas with greater income inequality have higher firearm homicide rates, even after controlling for contextual factors like age, gender, race and ethnicity, crime rate, neighborhood deprivation (a multidimensional variable measuring a neighborhood's income, employment, health, education, and crime levels, among other variables),[92] social capital (the sense of community and

reciprocity that leads to the cooperation of residents for mutual benefit in a neighborhood),[93] urbanicity, and firearm ownership.[94]

Community instability can also lead to social disintegration and reduced social capital. Social capital is associated with rates of firearm violence; areas with lower social capital have higher firearm violence, even when controlling for poverty and firearm access.[95] Further, higher rates of community economic distress is a significant predictor of firearm violence in youth.[96]

Similarly, economic disadvantage has been associated with greater firearm violence. Those living in public housing are over twice as likely to suffer from firearm-related violence as those living in other communities.[97] Areas with higher food insecurity are significantly more likely to experience gunshot injuries.[98] Increased economic distress also contributes to increased rates of firearm violence through unemployment.[99] Continuing the cycle, areas that experience firearm violence often lose job opportunities as a result, leaving its residents with fewer legal options to meet their basic survival needs.[100]

The Price Californians Pay

Every act of firearm violence comes with a price.

The most recent analysis estimates that firearm violence costs Californians $37 billion each year.[101]

The portion of financial costs that is due to directly measurable costs – including healthcare, police and criminal justice, employer, and lost income costs – add up to $6.5 billion per year.[102]

> "We need to invest in prevention because it's expensive to have homicides in your community… in terms of investigation, hospitalization, prosecution, devaluation of homes, impact on businesses."
>
> **Refujio "Cuco" Rodriguez**
> *Chief Strategist and Equity Officer at the Hope and Heal Fund*
> **May 25, 2023**

But the financial toll is only one part of the burden of firearm violence. Like the after-effects of an earthquake, the impacts ripple through the lives of individuals, families, communities, and society, causing wounds that are often invisible yet lasting.[103]

Nearly 3,500 Californians lose their lives to firearms each year and thousands more are wounded.[104, 105] In addition to physical injuries, survivors of firearm violence often face deep wounds to their mental and emotional health. Many report feelings of persistent fear, paranoia, insomnia, hypervigilance, post-traumatic stress disorder (PTSD), and thoughts of suicide.[106] Chronic physical health issues are also common among survivors.[107]

> "The impact isn't just the direct survivor. There are reverberations for their immediate family, for their community, and beyond."
>
> **Dr. Sarah Metz, Psy.D.**
> *Director of the UCSF Division of Trauma Recovery Services*
> **May 25, 2023**

The direct effects can be debilitating for those harmed, but the subsequent effects of these incidents ripple out even farther, and they are not limited to any person, group, or generation. They affect all Californians. Public survey data show that 1 in 4 people consider gunshots and shootings to be a problem in their neighborhood.[108] Even more striking, roughly 1 in 5 Californians know someone who has been shot on purpose.[109]

Indirect firearm violence impacts a broad range of people, including those who witness a shooting, people living in the neighborhood where it occurs, people who have lost a loved one to violence, and those belonging to a group targeted by mass violence.[110] Nearly half of Californians who are exposed to violence in their neighborhood experience social functioning problems, including issues with their job, school, or interacting with their friends and family.[111] People helping victims of violence, such as first responders, hospital workers, and behavioral health providers, are also impacted.[112, 113] These and other forms of indirect exposure to firearm violence can cause anxiety, fear, depression, difficulty focusing, and a host of other trauma- and anxiety-related symptoms.[114, 115]

> "Community violence doesn't involve the entire community, [but] the entire community is involved in the aftereffects."
>
> **Sam Vaughn**
> *Deputy Director of Community Services in Richmond's Office of Neighborhood Safety*
> **October 26, 2023**

Firearm violence also harms people in their communities by creating fear and diminishing their sense of overall safety.[116] Those living in a high-crime neighborhood suffer from social isolation and loneliness.[117] People from all areas are impacted when they fear going to a mall or shopping center. Parents and children are affected when they are afraid to go to school. Community members are impacted when they feel anxiety over gathering in public places. People of faith are impacted by concerns over attending a worship service or a religious gathering. Media can also exacerbate the effects of trauma. For example, media coverage of mass violence has been linked to trauma and stress, even for those who were not part of the impacted community.[118]

Although mass shootings are statistically rare, the possibility of a mass shooting is a very real concern for most Californians.[119] Such fears are having a disproportionate impact on both youth and adults, making it harder for community members to feel safe as they live, learn, work, and play.

> "Our mental health challenges in Oakland are not new. It's been passed down from generation to generation… We've never had a space for healing."
>
> **Janiesha Grisham**
> *Violence Prevention Educator*
> **October 26, 2023**[120]

When these negative outcomes are experienced by multiple generations and entire communities, they create a self-perpetuating cycle from which it is exceedingly difficult to escape. This cycle disproportionally affects those who are already at a disadvantage, including people of color, young people, and people living in poverty.[121]

THE CYCLE OF VIOLENCE IN DETAINED YOUTH

The ripple effects of this self-perpetuating cycle of violence and the context of firearms were clear when speaking with youth detained at the Youth Detention Facility in Sacramento.

Residents in this facility came of age in communities and homes where nearly everyone around them owned a firearm, and in many ways, firearms were just part of the culture. But, in contrast to the sportsmanship and community associated with firearms in many firearm-owning communities, detained youth said firearms in their neighborhoods were not considered recreational, but as tools necessary for survival: as a way to make ends meet, to settle conflict, and for protection from others using firearms.

Detained youth reported that they often picked up firearms from family members or friends. They did not receive any training or mentorship from adults on firearm use, and they learned about firearms through their peers and/or social media. The use of firearms to resolve conflict was common, with one youth stating that he had not even heard about other methods for solving conflicts or disagreements until he arrived at the detention facility. Many only received "opportunities" after committing a crime with a firearm. As one detained youth reflected:

> **"[It] sucks that I have to commit a crime to qualify for these resources. Once you come in here, that's when the ultimate opportunity comes in. Housing, school … all these doors open up to you."**

The disproportionate impacts of firearm violence on the most disadvantaged Californians is not a coincidence. It's part of a larger systemic problem of inequity, disinvestment, and cyclical negative outcomes driven by shared root causes.

The (Shared) Root Causes of Violence and Mental Health Challenges

As noted earlier, mental health is often invoked as an explanation – or scapegoat – for shocking incidents of violence.[122] While a mental health diagnosis does not inevitably lead to violence, and exposure to firearm violence will not inevitably lead to mental illness, there is undeniable overlap between violence and mental health challenges.[123]

Mental health challenges and involvement in violence share underlying factors, also known as risk factors.

There are certain individual-level factors that are strongly associated with mental health challenges, like traumatic experiences, stressful life situations, substance misuse, adverse childhood experiences (ACEs), and ongoing medical conditions.[124,125]

Someone who faces challenges in these areas is more likely than others to experience persistent challenges with their mental and emotional state. The same is true for factors that are associated with greater risk for firearm violence.

The reality is that the risk factors for firearm violence have considerable overlap with the risk factors for mental health challenges.[126,127,128,129,130]

In other words, the individual, social, and environmental factors that put a person at risk for picking up a firearm to cause harm are often the very same factors that put them at risk of developing or exacerbating behavioral health challenges (see Table 4).[131]

TABLE 4. RISK FACTORS FOR BEHAVIORAL HEALTH CHALLENGES AND VIOLENCE

LEVEL	RISK FACTORS FOR BOTH BEHAVIORAL HEALTH CHALLENGES AND VIOLENCE
Individual	Being a member of a marginalized group (including racial or ethnic minority groups)[132, 133]
	Living in a single-parent household[134, 135]
	Childhood abuse and neglect[136, 137]
	Isolation or "profound estrangement"[138, 139]
	Feelings of grief and loneliness[140, 141, 142]
	Substance use[143, 144]
Family	Family stress and parental trauma experiences or mental illness[145]
	Low family cohesion (low emotional connection amongst family members)[146]
	Substance abuse in the family[147, 148, 149]
	Growing up with socioeconomic disadvantage[150, 151, 152]
Community & Environmental	Living in a neighborhood with high levels of distress, disadvantage, or instability[153, 154, 155]
	Living in an area with high poverty (particularly high child poverty)[156, 157, 158]
	Living in an area with little economic opportunity and high-income inequality[159, 160, 161]
	Living in a high-crime neighborhood[162, 163]
	Intergenerational mobility (the likelihood of a change in social status between generations)[164, 165]

Not only is there considerable overlap between risk factors for developing behavioral health challenges and involvement with violence, but these very same factors are also at play in recovery, hindering healing from violence and other traumatic events and threatening to entrench survivors in a cycle of suffering and violence.[166]

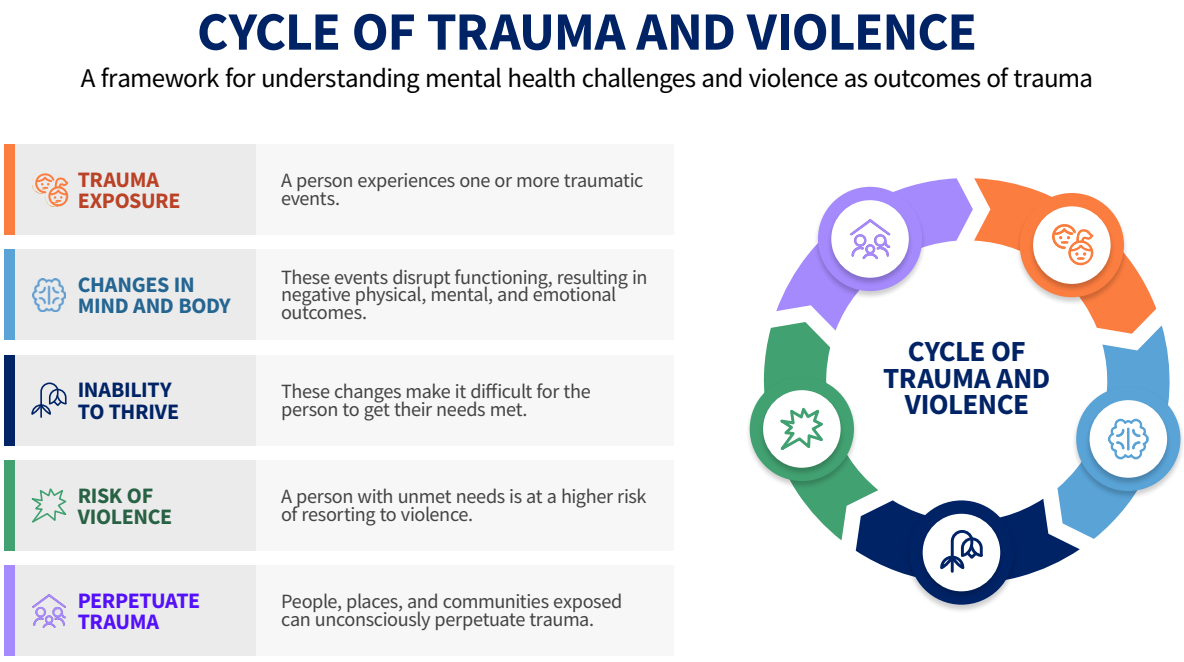
Unhealed trauma is the mechanism that overwhelmingly contributes to continuing the cycle of violence.

The Cycle of Trauma and Violence

While it may seem like firearm violence happens spontaneously – when someone "just snaps" – this is almost never the case.[167] According to internationally renowned trauma expert J. Kevin Cameron, people nearly always show signs before an episode of violence. Violence, Cameron explains, is not an inscrutable event; it's an evolutionary process that is grounded in pain and unmet needs.[168]

The increased risk for both victimization and perpetration of violence after experiencing violent trauma makes sense when understood within the **cycle of trauma and violence** (see Figure 9).

FIGURE 9. THE CYCLE OF TRAUMA AND VIOLENCE



The cycle plays out as follows:

1. **TRAUMA EXPOSURE**
   A person experiences one or more traumatic events (e.g., the unexpected death of a loved one, an experience of violence or sexual assault, witnessing or participating in combat, childhood abuse or neglect, or living through a natural disaster).
2. **CHANGES IN MIND AND BODY**
   Without intervention, the traumatic event(s) disrupt the person's mental and physical functioning which can result in negative outcomes (like physical and mental health disorders and changes in thinking, feeling, and behaving).
3. **INABILITY TO THRIVE**
   These changes in mind and mood (along with a lack of protective factors) are often not understood by the individual as trauma-generated and can make it difficult for the person to fully understand what their basic needs are and how to get them met.
4. **RISK OF VIOLENCE**
   Untreated depression, anxiety and PTSD often leave the person feeling mentally and emotionally isolated from others (even if surrounded by others) where their unmet needs place them at a greater risk of resorting to violence, suicide or a combination of both to meet their needs or end their pain.
5. **PERPETUATING TRAUMA**
   People, places, and communities exposed to ongoing violence can unconsciously become part of this self-perpetuating trauma-violence cycle.

This is how exposure to childhood trauma and adversity can increase risk for **both victimization and perpetration of violence,** within that person's lifetime and across generations.[169, 170, 171] Prior victimization does not necessarily lead to future perpetration, but it does act as a risk factor.[172]

Addressing the underlying causes of mental health challenges and violence is critical from a primary prevention perspective, including addressing the demographic and geographic factors known as the social determinants of health.

But trauma, the "low-hanging fruit," is the factor with the most immediate potential for preventing firearm violence and its associated harms.

The way that this cycle plays out in cyclical community violence is as follows: Children are exposed to violence early and often, and they grow up with fear and self-preservation as their main drivers, leading to struggles in school, work, and relating to others – sometimes receiving a mental health diagnosis along the way, but often living with undiagnosed and unaddressed mental health challenges.[173, 174, 175] They emulate those around them, using familiar violent strategies in an effort to meet their needs.

This reinforces the default of violence as a way of life, and they end up caught in the same domestic struggles, group-affiliated conflict, and violent problem-solving that caused their initial trauma as children.[176, 177]

> "It is not very palatable to look at perpetrators of gun violence and try to give them what they need, but we [violence interrupters] have always understood that every perpetrator of gun violence was first a victim."
>
> **Sam Vaughn**
> *Deputy Director of Community Services in Richmond's Office of Neighborhood Safety*
> **October 26, 2023**

Furthermore, participating in this way of life embeds them deeper into this cycle, as they experience additional trauma by causing harm to others.

> "Some of the greatest trauma that I have endured… is the trauma that happened to me when I inflicted violence upon other human beings."
>
> **Jose Osuna**
> *Loss survivor, past perpetrator of violence, and violence intervention expert*
> **May 25, 2023**

This cycle can also play out in other areas, like intimate partner violence, other domestic violence, and self-harm.[178] Survivors of family violence and suicide loss struggle with lasting negative impacts that can become risk factors for future violence against oneself or others.[179, 180, 181] This cycle can also be applied to perpetrators of mass violence; those who have experienced bullying can suffer from toxic stress and subsequent mental health challenges that can become risk factors for perpetrating violence in some circumstances.[182]

This information on the effects of trauma is not new. The devastating impacts of the trauma that violence causes have been known for over a century, going as far back as "shell shock" in soldiers coming home from World War I, "battle fatigue" after World War II, and post-traumatic stress disorder (PTSD) after the Vietnam War ended – but soldiers' struggles did not.[183] However, it is only in the last few decades that trauma-informed perspective has gone mainstream.[184] A new understanding of the contextual relationship between trauma and further violence is also gaining ground.[185, 186]

Violence as Contextual

The existence of this cycle of trauma and violence underpins the idea that violence is a widespread human experience that nearly anyone could perpetrate under the right circumstances. The contextual nature of violence is foundational in the field of risk assessment, which has moved from an antiquated understanding of the risk of violence as "dispositional (residing within the individual), static (not subject to change) and dichotomous (either present or not present)" to the current understanding of risk as "contextual (highly dependent on situations and circumstances), dynamic (subject to change) and continuous (varying along a continuum of probability)."[187]

This reframing underpins the optimistic truth that **the cycle of trauma and violence is not inevitable but can be broken**. Effective violence prevention (like violence intervention or interruption programming) breaks the cycle by meeting people where they are and helping them get their current needs fulfilled. Good violence prevention strategies intervene within the cycle to break the cycle, bolstering mental health and supporting the surviving and thriving of those affected.

Effective violence prevention does not impose strict penalties or harsh punishments for resorting to violence, it removes the need to resort to violence.

Intervening at any point in this cycle will avoid significant negative outcomes, but the earlier the intervention, the greater its potential for impact. Behavioral health services are one such intervention, as those with lived experience can attest.

> "I was a perpetrator of gun violence, (but) from the moment I received mental health services, picking up a gun has never been an option in my head. Prior to that, it was always the first instinct."
>
> **Jose Osuna**
> *Loss survivor, past perpetrator of violence, and violence intervention expert*
> **May 25, 2023**

Seeing the cycle of trauma and violence that underpins a significant portion of firearm violence and understanding that the cycle can be broken fuels an optimistic outlook on the twin problems of firearm violence and mental health challenges. The two are related and intertwined, meaning that solutions can also address both at the same time – they just need to be designed with the intersection in mind.

With this understanding, the Commission has identified three main findings and recommendations to move toward the goal of reducing firearm violence and its negative health and mental health impacts.

04 FINDINGS AND RECOMMENDATIONS

The Commission has identified three main findings and a set of corresponding recommendations to guide an integrated, trauma-informed public health approach to firearm violence prevention in California (see Table 5). These findings arose from an intensive research and engagement process conducted in partnership with public officials, advocates, researchers, and other experts from communities across California and the United States. Special consideration was given to those with lived experience as victims and/or perpetrators of firearm violence and to those from law-abiding firearm-owning communities.

TABLE 5. PROJECT FINDINGS AND RECOMMENDATIONS

FINDINGS	RECOMMENDATIONS
FINDING 1 Firearm violence is a persistent threat to behavioral health, but California is not treating it that way.	**RECOMMENDATION 1** California must establish trauma-informed violence prevention as a public behavioral health priority.
FINDING 2 California faces challenges for effective firearm violence prevention stemming from misconceptions, cultural tensions, and fear.	**RECOMMENDATION 2** California must deploy a public engagement and awareness initiative to regain trust and build relationships with firearm-owning communities and communities impacted by violence.
FINDING 3 California's public investments have not been coordinated effectively to address the underlying causes of violence and other public health concerns.	**RECOMMENDATION 3** Under an appointed central leader, California must develop a unified strategy to guide a public health approach to firearm violence prevention that integrates data, resources, and partners from across sectors.

While not exhaustive, these findings and proposed solutions serve as a starting place for advocates, providers, lawmakers, and other change agents working at the epicenter of firearm violence and behavioral health, with a focus on mitigating the ripple effects.

When implementing these promising strategies, the most important feature to consider is the return on investment. Federal funding for firearm violence research was blocked from the early 1990s up until 2019, and very limited funding has been set aside for it relative to funding for research on other common causes of death, like motor vehicle accidents.[188] With the scarce firearm violence prevention funding that exists, funds must be invested in a thoughtful and intentional way to realize the greatest impact. Most often, the greatest impact is made by focusing on the small portion of the population that is at highest risk for perpetrating firearm violence – to the self, others, or both.

FIREARM VIOLENCE AND THE PREVENTION SPECTRUM

Prevention efforts are categorized by the stage in which they aim to intervene. Related to firearm violence, the categories are:

1. PRIMARY PREVENTION
Efforts to reduce risk factors for firearm violence in an entire population through a focus on improving social and environmental conditions to prevent firearm violence from ever occurring.

2. SECONDARY PREVENTION
Efforts aimed at a susceptible population or individual to reduce the likelihood of firearm violence in high-risk groups.

3. TERTIARY PREVENTION
Efforts to intervene, prevent further harm, and promote recovery after firearm violence has occurred.

On the spectrum of prevention, secondary and tertiary prevention are the levels at which such investments have the greatest return. This is not to say that primary prevention methods are not also effective – they can be highly effective at a population level – but that interrupting the cycle of trauma and violence is most impactful when it intervenes at the moments with the highest stakes. Primary prevention work can happen in tandem with other, existing funding aimed to prevent other, related negative outcomes.

However, when funding is limited to tackle the specific problem of firearm violence, it is the immediate and crisis intervention programs and policies that must be prioritized funding.

Although there is an artificial separation between primary, secondary, and tertiary strategies, the reality is that they are not mutually exclusive. The greatest return on investment is when they function harmoniously.

Findings

Each finding combines relevant literature, data, and testimony to describe the following:

- A formulation of the problem with key definitions and concepts.
- How it impacts Californians with attention on needs, gaps, and opportunities for prevention.
- Examples of promising strategies in effective firearm violence prevention and harm mitigation. The key features (listed in Table 6) are identified in each of the promising strategies.

TABLE 6. KEY FEATURES OF PROMISING STRATEGIES FOR FIREARM VIOLENCE PREVENTION AND HARM MITIGATION

KEY FEATURE	DESCRIPTION
Collaboration	Partners from multiple sectors, disciplines, and organizations work together on violence prevention.
Community engagement	Actively involving and collecting information from the population(s) being served, ensuring solutions reflect community needs and values.
Community-driven	Initiatives designed, embraced, and/or implemented by the communities they aim to serve, ensuring solutions are not imposed from outside.
Coordination	Conducting a comprehensive approach that coordinates and aligns resources and initiatives into one consistent effort.
Credible messengers	Employing people with similar lived experiences to those being served to build trust and deliver supports.
Education	Strategies aimed at providing new information to target population(s) with the goal of sparking intrinsically motivated behavioral changes.
Empowerment	Strategies that recognize and reaffirm the capacity of those most impacted by a problem to affect positive change in their lives and communities; often paired with education to build skills.
Evidence-based practices	Practices that have research- or science-based evidence for their effectiveness.
Flexible funding	Offers supports that attend to a community's unique needs, rather than being restricted to set programs or activities.
High-risk individuals	Efforts and supports focus on intervening with the people who are at highest risk for causing harm to themselves, others, or both.
Infrastructure	Physical spaces, systems, policies, and technology with adequate capacity to address large-scale problems.
Leadership	Using expertise from high-level leaders who will drive efforts and guide implementation.
Leveraging other funding	Some violence prevention efforts can be funded by leveraging existing funds in other areas, including Medi-Cal and public health sources.
Long-term support	Ongoing support that extends beyond brief interventions, designed to address the enduring effects of violence with sustained care over time.
Mentorship	Mentors (more experienced, and often older, adults) provide a positive role model, guidance, and advice to adolescents and young adults.

Continues on next page →

TABLE 6. KEY FEATURES OF PROMISING STRATEGIES FOR FIREARM VIOLENCE PREVENTION AND HARM MITIGATION (CONTINUED)

KEY FEATURE	DESCRIPTION
Peer support	Support offered by people who share similar demographics and lived experiences with those served.
Person-centered	These strategies provide supportive environments that emphasize the unique experiences of the person served, focusing on their needs, priorities, and values.
Place-based	Making changes to the physical environment to produce desired outcomes.
Public health approach	An evidence-based framework that addresses violence by defining and monitoring the problem, identifying risk and protective factors, developing and testing prevention strategies, and ensuring widespread implementation.
Research	Strategies that leverage planned, systematic information-gathering to inform understanding.
Stigma reduction	Strategies that normalize mental health challenges and their treatment.
Targeted violence prevention	Efforts to prevent violence that is pre-meditated and directed at a specific individual, group, or location.
Timely data	Effective solutions depend on data that are shared and available for prevention and intervention efforts in real time or shortly after being collected.
Training and development	Includes job training, skills training, and other personal development that builds skills and offers feasible paths to a productive future.
Trauma-informed approach	An approach that recognizes how past traumatic experiences shape functioning, and uses strategies designed to address these impacts while promoting healing.
Voluntary	Strategies that provide community members with freely chosen options rather than mandated interventions; often paired with education to foster informed decision-making.
Wraparound supports	Offer comprehensive and coordinated assistance such as cash allowances, food assistance, shelter or housing subsidies, job training, transportation, or other basic necessities.

Finding 1

Firearm violence is a persistent threat to behavioral health, but California is not treating it that way.

A wealth of evidence has shown the profound effects trauma can have on a person's physical and mental health.[189, 190] Cumulative traumatic experiences can initiate a chronic stress response, known as toxic stress, that may disrupt a person's social, emotional, and cognitive functioning long after the events that caused them.[191, 192, 193]

Firearm violence is one form of trauma that profoundly affects the mental health of individuals, families, and communities.[194] Victims and witnesses are at risk of post-traumatic stress disorder (PTSD), anxiety, and depression as they grapple with the fear and pain associated with violent encounters.[195, 196] Children exposed to firearm violence are particularly vulnerable, and may experience emotional dysregulation, academic challenges, and difficulty forming relationships – all of which can contribute to behavioral health challenges later in life.[197, 198, 199]

Beyond individuals, communities affected by firearm violence face collective trauma, leading to fear, mistrust, and social fragmentation.[200] High-violence neighborhoods often experience economic decline, reduced community engagement, and strained resources, reinforcing instability and distress across generations.[201, 202, 203, 204, 205]

As noted earlier in this report, the individual and community effects of trauma are the same conditions that lead to violence.[206] Without intervention, the cycle of violence and trauma will continue.[207] There is a great need for effective strategies to disrupt these cycles, not only to prevent violence, but also to improve behavioral health outcomes. When people are pulled out of the cycle, it doesn't just improve their wellbeing – it also has positive ripple effects on those around them, replacing the violence and trauma cycle with a new cycle of safety, wellbeing, and mental health promotion.

> "The first step […] is funding. These programs have been chronically underinvested in, undervalued, underpaid to do difficult and dangerous work that is vital to reduce violence."
>
> **Ari Freilich**
> *Director of California's Office of Gun Violence Prevention*
> **October 23, 2023**

Violence Prevention is Missing from California's Behavioral Health Strategy

Through recent investments in service delivery, workforce, infrastructure, and public awareness, California has committed to improving mental and behavioral health care access and outcomes across the state. Advancing this effort, California voters passed the Behavioral Health Services Act (BHSA) in March 2024 which ensures ongoing funding to support Californians living with the most significant behavioral health needs.[208] This funding prioritizes services for people at risk of homelessness, incarceration, or hospitalization. It also prioritizes youth and emphasizes prevention and early intervention to prevent the incidence and consequence of behavioral health challenges.

Parallel short-term investments have been made, such as California' Children and Youth Behavioral Health Initiative (CYBHI), a multi-year, $4+ billion investment to enhance workforce, services, infrastructure, and public awareness for youth behavioral health.[209] The State is also building capacity in service delivery systems as demonstrated in its Behavioral Health Continuum Infrastructure Program (BHCIP), which funds projects to increase treatment capacity.[210]

While these investments are key to bolstering the behavioral health of California's population, they make virtually no mention of violence as a related outcome. Despite the established relationship between violence, trauma, and behavioral health, California's behavioral health funding and programs have not been leveraged to promote trauma-informed violence prevention strategies. Embracing such strategies through the behavioral health system would not only provide a welcome opportunity to address high rates of violence for certain unserved and under-served populations, these strategies would also protect against the development of future behavioral health challenges and foster individual and community resilience.

Opportunity: Prioritize Violence Prevention as Behavioral Health Promotion

Prioritization of firearm violence within the state's mental and behavioral health strategy would require implementing approaches that intervene within the cycle of trauma and violence to prevent violence and its negative impacts on mental health, prioritizing communities who are most vulnerable or at risk. To be most effective, these strategies would 1) center the person and their needs within the strategy, rather than systems, 2) intervene early in the cycle of trauma and violence, and 3) promote recovery after firearm violence occurs.

Person-Centered Strategies

Violence happens within and between individuals, and the solutions need to fit within this space. As mentioned earlier, the most up-to-date understanding of violence is that anyone has the potential for committing violent acts if the conditions are ripe for it. Community violence intervention strategies are designed to address the contextual factors that lead individuals to use a firearm to cause harm. Usually, these programs are operated by community-based organizations and may struggle to maintain consistent funding. In Richmond, CA, one such strategy is embedded within the local city government.

PROMISING STRATEGY #1

The Operation Peacemaker Fellowship: Embedded Youth Intervention

Intervention | Secondary Prevention | Tertiary Prevention

The Peacemaker Fellowship is a program offered to youth in Richmond, CA who are currently involved in or at high risk of involvement in group-affiliated violence. It offers a "fellowship," which includes wraparound support, mentorship, skills and job training, mental/behavioral health supports, and other services to turn youth toward safe, legal, and empowering life choices. Unlike other intensive, youth-focused intervention programs, it is funded through and implemented by the city in which it operates, making it one-of-a-kind in California.

Director Sam Vaughn knows how to support these fellows because he draws from his own experiences growing up in a neighborhood plagued by violence. From his perspective, it's clear what they need: people who love them, meet them where they are, and hold them accountable.

This model is intensive, requiring significant investment in the fellows who participate. Thus, it is only appropriate to recruit individuals who have been identified as being at high risk for involvement in group-affiliated violence. But for these fellows, it can change everything.

The change happens through meeting fellows where they are. The heart of this model is care and compassion for the fellow, seeing the young men as human beings instead of lost causes. Most of these youth live in a community where violence is seen as the ultimate problem-solver.

> "We slowly chip away at that [belief], providing resources with no ulterior motive except we want their life to be better."
>
> **Sam Vaughn**
> *Deputy Director of Community Services in Richmond's Office of Neighborhood Safety*
> **October 26, 2023**[211]

The fellowship program offers wraparound, customized supports to fellows, guided by mentors who put in the time necessary to get to know their mentees and their unique needs. Mentors must have similar life experiences to be effective, as the transformation is highly relationship-driven. But once the trust is built, mentors can guide fellows into job training, attending sessions with a therapist, seeing a doctor for health care, or even going on trips with members from rival communities in a strategy that simultaneously builds empathy and expands the fellow's horizon of what is possible (called "transformational travel").

These efforts have been enormously successful, as Richmond's homicides have decreased from a total of 120 over the period of 2007-2009 (as the fellowship program was being established) to 66 over 2010-2012 (once the program was fully up and running), a decrease of 45%.[212] The Peacemaker Fellowship is one of several programs implemented throughout the country that show huge promise in reducing community violence, including READI Chicago, Advance Peace, Safe Streets, and Cure Violence.[213]

Key Features: credible messengers, high-risk individuals, flexible funding, wraparound supports, mentorship, training and development

Person-centered strategies are not only effective with adults; they are also successful with addressing the challenges and needs of youth. Behavioral Threat Assessment and Management (BTAM) is a powerful person-centered strategy that wraps around youth to pave the path to a better future.

PROMISING STRATEGY #2

Behavioral Threat Assessment and Management: Behavioral Health Approaches to Violence Intervention

Secondary Prevention

When a person – particularly a young person – shows signs of potential impending violence, the message is "if you see something, say something." The work that happens after a concerned person says something is called Behavioral Threat Assessment and Management (BTAM), and it can change lives.

Dr. Melissa A. Reeves, a leading national expert in BTAM in schools, explained that BTAM is a systematic process designed to 1) identify persons or situations of concern, 2) inquire and gather information, 3) assess the situation, and 4) manage the situation or mitigate risk.[214] It is collaborative process comprised of a multidisciplinary BTAM team to include teachers/educators, school administrators, mental health professionals, and law enforcement (usually a school resource officer), at a minimum. Other professionals with expertise may also be included (i.e., behavior interventionist, special education professional, community mental health, etc.,). This team focuses on conducting an inquiry to verify concerns and identify the contributing factors to potential targeted violence considering the background and needs of the person(s) of concern and the dynamic life factors impacting their behavior. The BTAM team also distinguishes between making a threat (the result of temporary dysregulation, a misunderstanding or something taken out of context, mimicking others' behaviors without understanding of the implications, etc.,) and posing a threat (actual intent to harm). This distinction is critical to determining if consequences are appropriate and necessary. If they are, it helps decide whether alternatives to discipline could be used or whether a comprehensive intervention and management plan is needed to address stressors and/or actual intent to harm.

The first three steps are typical of any risk or threat assessment model, in which a situation of concern is brought to the attention of school or law enforcement authorities who undertake a process of information-gathering. The BTAM team also engages parents and caregivers as partners to better understand the situation and to work collaboratively to mitigate risk.

Dr. Reeves describes BTAM as an intervention process, not a disciplinary process. This means that, rather than defaulting to punitive measures like suspension or alternative placements, the BTAM process aims to engage interventions and supports. Once the situation is assessed and immediate safety is secured, BTAM leverages individual, family, educational, and external supports to develop an intervention and support plan. This plan includes interventions to reduce stressors while also meeting the student's (and sometimes family's) needs. Intervention considerations include educational, behavioral, family, and social supports; mental health interventions; behavior management strategies; building connections and relationships; and addressing school climate and culture. The ultimate goal of BTAM is to help youth off the path of violence and onto a more positive pathway.

The person-centered approach and multidisciplinary and collaborative nature of BTAM makes it a highly effective tool for not only neutralizing the threat of violence, but for intervening to create a more positive cycle of resilience and safety within families and schools. BTAM also helps to mitigate disproportionality within disciplinary and legal systems, as the available evidence shows that punishment alone does not change behavior. Rather, it is building skills and relationships that move the individual away from violence and toward being a contributing member of society.

Key Features: high-risk individuals, wraparound supports, collaboration, person-centered, targeted violence prevention

Many schools and school districts currently use some type of BTAM process, but there is currently no consistent standard for BTAM in California, within schools or elsewhere. This process can be applied successfully in a wide array of settings and for a broad range of populations, including in workplaces and other organizations.

> "Systems work [...] no one has died in Santa Barbara because of a [wildland] fire in 30 years. [The wildfire prevention and firefighting system] is effective [...] we don't have that in terms of a mass shooting."
>
> **Refujio "Cuco" Rodriguez**
> *Chief Strategist and Equity Officer at the Hope and Heal Fund*
> **May 25, 2023**

Early Intervention

When it comes to firearm violence, supporting a person's mental health isn't just important for recovery – it's also important for the prevention of future violence.

Understanding the underpinnings of firearm violence, which often lie in trauma and unmet needs, the link between firearm violence and mental health is clear. Having unmet needs – physical, mental, and emotional – is a known risk factor for both perpetrating and being victimized by firearm violence, which in turn is associated with negative physical, mental, and emotional outcomes.[215, 216] This creates an often self-perpetuating cycle that can easily trap people within and inhibit their recovery and rehabilitation. Violence prevention efforts must break this cycle.

To do this, initiatives need to intervene at opportune moments in the cycle – the earlier the intervention, the greater the impact. Intervening early not only mitigates harm for a person caught within that cycle, it also interrupts the trajectory of violence and prevents future harm.

One such early intervention program is the REACH Team in Los Angeles.

PROMISING STRATEGY #3

The REACH Team: Early Intervention to Break the Cycle of Trauma and Violence

Secondary Prevention | Tertiary Prevention

The REACH Team is a collaborative effort of the Los Angeles City Attorney's Office, the Children's Institute, Inc.; the Los Angeles Police Department's Community Safety Partnership Bureau (CSPB); Tessie Cleveland Community Service Corporation; Bryant Temple Community Development Corporation; and other community partners and schools. The team mobilizes in cases where children have been exposed to violence with a goal of providing immediate, trauma-informed, crisis response services – including counseling – to mitigate the impact of trauma and promote healing and resilience.

> "My priority is protecting children and addressing childhood trauma in the moment is the most effective way to achieve better outcomes. The REACH Team is a model that works as a prevention and violence intervention approach."
>
> **Hydee Feldstein Soto**
> *Los Angeles City Attorney*

After the REACH Team is alerted to a child being exposed to violence, a counselor and a case manager are deployed to meet with the child and their family where they are – both literally and figuratively. Counseling services are offered upfront, although families are often hesitant to accept them. Knowing this, the team also comes with other offers and supports, including a care package for each child residing in the home to help build trust and rapport. The team might also offer supports like vouchers or money for a hotel if the home was the site of the violence or if retaliation is expected, groceries or diapers, and linkages to services for the health, mental health, food benefits, or employment of other family members.

Los Angeles Deputy City Attorney Lara Drino established the program after years of working as a prosecutor revealed the insidious cycle of trauma and violence: children witnessing trauma, struggling with its aftermath and generally not receiving the support they need to heal, and often continuing the cycle or suffering other negative outcomes later in life. She saw the chance for intervention that such a tragic situation can create and built the REACH Team to fit perfectly into this window of opportunity.

Drino explained, "I want the crisis counseling right there. Not a phone call, not a referral, (but) a person. A person that holds that family's hand, a person that works with that kid right when it happened."

The REACH Team is both secondary and tertiary prevention, as it addresses both the immediate aftermath when violence has already occurred (tertiary prevention) and also works to mitigate the risk factors of future violence in those who were exposed (secondary prevention). It is a strategy that also promotes healing and resilience, as it links individuals and families to services for long-term recovery.

The REACH Team thrives due to their dedicated staff and connections within the community. The team is alerted to incidents through a partnership with the Community Safety Partnership (CSP), a bureau of the Los Angeles Police Department that focuses more on building community relationships and offering support than on citing or detaining community members. Families are referred to local services through the team's rich network of community organizations. Collaboration is the key ingredient in the REACH Team's work.

Key Features: collaboration, trauma-informed approach, flexible funding, wraparound supports

As with all prevention strategies, the earlier an intervention happens within the cycle of violence, the larger its potential impact. However, there is also vital need for tertiary prevention and recovery strategies that intervene later in the cycle.

Strategies Promoting Recovery and Resilience

Another opportune place to intervene in the cycle is after violence has occurred. Those who are directly or indirectly harmed by violence are at higher risk for continuing health and mental health challenges if their trauma is not addressed. The necessary ingredients for healing this trauma vary by person, but one of the most evidence-based factors for healing is community. The Rebels Project was built on this understanding, and it's been helping people heal from mass violence for over a decade.

PROMISING STRATEGY #4

The Rebels Project: Long-Term Trauma and the Healing Power of Community

Healing and Recovery

The Rebels Project was formed by Columbine survivors who banded together to provide outreach and support to survivors of the 2012 Aurora, CO movie theater shooting. Having experienced their own traumatic and life-altering mass shooting, they knew that survivors would need a level of support that would not be offered to them through official channels.

Missy Mendo, one of the founders of the Rebels Project, noted that with the high rates of death in the survivor community, she's been to more funerals than birthday parties. Survivors of mass violence are at a far greater risk of premature death than the general population – many of them due to suicide.

Mendo described peer support programs as "astronomically helpful." She referred to the cartoon Care Bears as a metaphor for survivors meeting one another, with their hearts "lighting up" as they connect.

Peer support is absolutely vital for survivors to heal, but peer support alone is not enough. It takes an entire community to help survivors heal and build resilience for long-term wellbeing. Mendo noted that survivors need flexible support for their mental health, not just mental health services; the Rebels Project tries to offer alternative supports, such as money for groceries, a creative outlet for self-expression, a pen pal program, or funding for acupuncture or massage therapy. Healing doesn't happen entirely in a therapist's office; for many, that's only one part of the journey.

Support also needs to be long-term. Most resources for survivors of mass violence are only offered for the first 6 to 12 months. Both Mendo and Clare Senchyna – a member of Everytown Survivors, a similar group of survivors and advocates – noted that experiencing violence or loss has ripple effects throughout a person's life. They have continuing needs, sometimes for years or decades. Approaches that operate in the long term like the Rebels Project are necessary to provide continuing support and help survivors heal, recover, and hopefully thrive.

Key Features: community-driven, peer support, wraparound supports, long-term support

The overlap between firearm violence and mental health is nuanced, but it's clear that the cycle of trauma and violence is entrenched in California's people and communities, particularly those who are already disadvantaged. Addressing firearm-related harms to California's physical, mental, and behavioral health requires an understanding of the complexity of this relationship to create strategies that intervene effectively in the cycle. Fortunately, there are many such strategies that work to effectively intervene, including those that aim to break the cycle in its early stages and those that focus on recovery and resilience after violence occurs. Prioritizing these strategies will likely have the biggest return on investment for bolstering Californian's mental health and wellbeing in the face of firearm violence, and with a relatively small investment compared to the larger and more sweeping reforms to address the poverty, structural inequality, and unmet needs that are also fueling the cycle.[217, 218] However, making forward-thinking investments like these has been difficult to do in the current political and cultural climate of divisiveness and tension.

Finding 2

California faces challenges for effective firearm violence prevention stemming from misconceptions, cultural tensions, and fear.

Firearm violence is a hot topic, but one that is not well understood. Myths and misconceptions abound, most notably about the "who," "where," and "why" of firearm violence.[219] It is often considered something that mainly affects specific groups of nefarious people, or something that is limited to specific depleted communities or blighted neighborhoods, which results in firearm violence being considered a niche problem that can be sidestepped by avoiding those groups or those locations. But the reality is that – while firearm violence does impact some groups more than others – it happens everywhere across the state, to a wide swath of individuals, and for many different reasons.

Some of the most common and damaging myths include:

1. A common myth is that the **majority of firearm violence is urban**, occurring in city centers; while urban areas have a high share of injuries and many deaths, the reality is that firearm deaths occur more often in rural areas in the U.S.[220] This is true in California as well; in fact, the data show that the highest rates of firearm injury and death in California over the last five years are found in Alpine, San Joaquin, Kern, Lake, Solano, and Lassen counties – nearly all rural or suburban counties.[221]

> "… the risk of gun suicides in the most rural U.S. counties exceeds the risk of gun homicides in the most urban U.S. counties."[222]
>
> **Reeping et al., 2023**

2. That leads to another common misconception, that **firearm homicides drive the firearm mortality rates**; however, suicides by firearm are slightly more common than homicides by firearm, both in the United States overall and in California.[223, 224] Older people are the group with the highest risk for firearm suicide (particularly those who identify as male), although veterans and people who identify as American Indian or Alaska Native are also at higher risk than the general population.[225]

3. A third misconception is that firearm violence is **mainly a mental health problem**. As noted earlier, mental health has an important role to play, but it is still only one piece of the puzzle.[226] Expanding and improving access to mental health care will likely have a positive effect on violence (and other negative outcomes), but there is no evidence that it will solve all or even a majority of cases.

> "After mass shootings, we frequently hear that mental health treatment is paramount. [...] But as Elliot [Rodger]'s case makes evident, conventional therapy and counseling are no magic solution when it comes to detecting and preventing planned violence."[227]
>
> **Mark Follman**
> *Investigative journalist*

4. Finally, a particularly pernicious myth about firearm violence is that **effective solutions are limited to firearm access policies**; however, access policies alone miss some of the key considerations of violence prevention, including the immense value of primary prevention, the role of trauma and unmet needs in violence, and the reality of easy access to firearms from other states or alternative sources.[228]

These myths and misconceptions feed into a highly politicized perspective on firearm violence that not only hampers understanding, but also acts as a barrier for even discussing effective prevention.

Taking misconceptions like these into account, the need is clear for a reframing of the conversation around firearm violence. A conversation that is focused only on preventing assault and homicide will lack the nuance that comes from understanding the many different experiences that lead to the use of a firearm to cause

harm – to oneself, to others, or both. Additionally, the reality that behavioral health is only one piece of a larger, more comprehensive solution means that an approach of simply increasing referrals for psychiatric prescriptions and therapy may help, but it will not solve the broader problem of firearm violence. Approaches must be comprehensive to achieve maximum impact, but most importantly, they must be understood and embraced by the communities they affect – particularly members of the firearm-owning community.

Ownership, Safety, and Access

Compared to countries with similar democratic systems of government and high average income, the United States is an outlier in its people's unique relationship with firearms.[229] With significant links between access to firearms and incidence of violence by firearms,[230, 231] it's tempting to assume that simply reducing access to firearms will solve the problem of firearm violence. For some Californians, the answer seems clear: to double down on restricting access to firearms.

Indeed, California has been a leader in firearm violence reduction, transforming from a state with one of the highest rates of gun violence to a state with one of the lowest in the past 30 years,[232] and California's leadership in adopting new firearm access legislation is largely responsible for these transformations.[233, 234] Just as there is a logical understanding that owning a car increases the likelihood of causing a driving accident, there is no denying that owning or having access to a firearm increases the likelihood of a person being involved in firearm violence.[235] Firearm access significantly escalates the likelihood of violence in circumstances with existing risk factors.[236] A male partner with elevated risk for violence who has access to a firearm is 10 times more likely to kill their female partner than those without access to a firearm.[237] Strong data suggest that legislative mandates barring perpetrators from gun ownership offer crucial protection for domestic violence survivors.[238]

In a context of funding scarcity, maintaining these targeted mandates that protect those at the highest risk of being harmed by or involved in violence is necessary to prevent immediate violence and save lives.

Yet, the reality is that most people who own a firearm will never use it to perpetrate violence.[239] In addition, imposing any new restrictions or mandates related to firearms is a contentious subject. While limiting access may seem like a straightforward solution to the high rates of firearm deaths in the United States, it's a complicated strategy for three reasons:

1. For many people in the United States, firearms play an important cultural role to bond and build community, grow and learn, feed their families, and defend and protect. Removing firearms and hampering the positive ways they can impact a community could result in significant negative effects.
2. Limiting firearm access does not solve the problem of all firearm violence, as even countries with far stricter access policies still experience firearm injuries and deaths.[240] (It should also be noted that although economically and culturally similar countries with more restrictive firearm laws and fewer firearms per capita experience far fewer firearm deaths, they have been experiencing an increase in knife-related homicides over the last decade that is reminiscent of the United States' increase in firearm homicides.[241, 242])
3. Firearm access limitations don't address the higher rates of violent crime in the United States, regardless of the weapon used.[243]

While policies that aim to limit access can be effective – and many of them are already implemented in California[244] – there are certain considerations that must be weighed before implementation: 1) they must be constitutional, 2) they must appropriately serve the populations that are most impacted by firearm violence, and 3) they must be implemented according to plan. This has proven difficult to do.

Resistance to access limitations is often viewed as political, but it is not necessarily due to partisan beliefs.[245] The vast majority of voices in the firearm debate want the same thing: to see reductions in firearm violence.

The conflict emerges not from differing goals, but from disagreement over the effectiveness of specific gun policies.[246]

RESPONSIBLE FIREARM OWNERSHIP AND THE IMPORTANCE OF CONTEXT

The Commission visited Lassen County in November 2023 to tour the local gunsmithing program and hear from residents in a town hall-style engagement. Community members shared their insights on the culture of safety, recreation, and utility related to firearms. They were strong in their perspective on firearms as primarily tools rather than weapons. Residents believe the real cause of firearm violence is not the firearm itself, but that which leads up to the use of a firearm as a weapon: things like economic insecurity, feeling lost and left behind, a diminished sense of community, ineffective or insufficient coping mechanisms, and a dearth of mental health services and supports in the area.

These are all things community members are struggling with in Lassen County. Economic insecurity has amplified in recent years after the deactivation of Susanville's California Correctional Center in June 2023, a closure which left many local residents in the small rural town without jobs. Representatives from a local mental health organization reported that they could no longer provide services to youth free of charge due to budget concerns, which echoed residents' concerns about the availability of mental health services. As one resident noted, in a place with little hope and high firearm ownership, it's not surprising that firearm suicide is high – but the hopelessness cannot be blamed on firearm ownership rates.

Although it's tempting for some lawmakers and advocates to focus on restricting access to firearms as the central tactic for reducing firearm violence, engagements like these point to the reality that it is an insufficient strategy on its own. Furthermore, restriction strategies that are not well-designed can even inhibit or impede upon some of the benefits of firearm usage, such as youth development and teaching personal responsibility.

Dissatisfaction over firearm access policies has been bubbling in some firearm-focused communities.[247,248] Law-abiding firearm owners often feel targeted in firearm violence prevention efforts, through stricter rules, more sweeping mandates, and specific firearm bans, many of which firearm owners find frustratingly out of touch with the realities of firearm ownership.[249] Tensions around firearm owners – particularly between firearm owners and firearm violence prevention advocates – have created barriers for effective prevention.[250] Often, the conversation derails into group-based confrontation, and this adversarial atmosphere takes away from a little known truth: that most firearm owners actually agree on many firearm safety policies.[251, 252] Even with disagreement over specific strategies, there has been significant agreement – along with some compromises, presumably – in the form of federal policies pertaining to prohibitions against firearm ownership for certain domestic violence or mental health issues, background checks before purchase, minimum age requirements, mandatory waiting periods, and more.[253] These restrictions have been effective in barring the purchase of firearms by those who may use them to do harm. However, once the firearms have been purchased, much of the responsibility for continued safety has rested in the voluntary actions of firearm owners, relying on them to choose safe storage and transport options.

Unfortunately, with recent spikes in firearm ownership rates, there have not been accompanying increases in firearm safety habits.[254]

Californians purchased just over 800,000 firearms in 2019, a number which leapt to 1.25 million in 2020 amidst COVID-19 pandemic-era fears and unrest over rioting.[255] Results from the 2020 California Safety and Wellbeing Survey show that 110,000 California adults reported acquiring firearms in response to the COVID-19 pandemic that year, and 43% of them were first-time buyers.[256] Along with increases in firearm sales, unsafe storage practices increased; of those surveyed, 18% stored at least one firearm in the least safe way – loaded and unlocked.[257]

As firearm ownership has risen, so have firearm deaths – both homicide and suicide.[258] This relationship is not coincidental; the presence of a firearm in a home drastically increases the likelihood of a person within that home dying from a gunshot wound.[259,260] Furthermore, living in a home with a firearm – particularly one that is stored unsafely – greatly increases the risk of suicide by firearm.[261] While the vast majority of firearms in the U.S. are never used to cause harm,[262] the increase in availability of such an effective tool for causing bodily harm necessitates renewed efforts in promoting awareness about precautions and strategies for safety, particularly for new firearm owners.

Taking the common misconceptions and tensions around firearm violence into account, the need is clear for a reframing of the conversation.

California has some of the strongest firearm access laws in the nation, and the relatively low rates of firearm injury and death point to the overall success of these efforts. However, it remains a significant and controversial issue affecting Californians, and it will require an updated understanding to address. Importantly, efforts that focus on limiting access alone will be controversial, difficult to implement, and will likely have limited success.

A conversation that is focused only on preventing assault and homicide will lack the nuance that comes from understanding the many different experiences that lead to the use of a firearm to cause harm – to oneself, to others, or both. Additionally, the reality that mental health is only one piece of the larger puzzle means that an approach of simply increasing referrals for psychiatric prescriptions and therapy may help, but it will not solve the firearm violence problem on its own.

California needs a new, community-driven strategy for firearm violence prevention. Solutions must have the buy-in of the communities they will affect. This will require engagement and collaboration from across the broad range of beliefs and backgrounds that exist in California, leveraging the lived experience of California's communities to collectively problem-solve.

> "If we're serious about creating change, we must uplift and support community-led programs that take a holistic approach to reducing gun violence. That's the best way to save more lives."
>
> **Josiah Bates**
> *Author and former TIME magazine reporter*[263]

Opportunity: Implementing a Whole-Community Approach

Violence happens within the context of communities, and that is where the solutions also exist. This is especially true for firearm violence, which manifests in disparate ways in different communities, meaning that there is truly no "one-size-fits-all" approach; instead, firearm violence requires a whole-community approach.

A whole-community approach is one that is led by the community. It leverages the strengths of the entire community to solve problems, rather than delegating responsibility to one group (often law enforcement or criminal justice in the case of firearm violence).[264] Solving community problems requires intentional investment throughout the community and, most importantly, from community members themselves. Designing these solutions can be achieved through methods like participatory action research, which brings experts, changemakers, and community members together to create the most promising strategies for that particular community.[265]

The whole-community approach to firearm violence combines community-driven strategies, education and awareness strategies, empowerment strategies, and place-based strategies enacted in the physical space where they hope to foster change. This comprehensive approach surrounds the problem from all sides and engages and empowers those who have the most at stake.

Community-Driven Strategies

To create strategies that are thoughtful, effective, and embraced by the community, they must be designed with meaningful engagement from those they are intended to impact. Community voice is vital in building public trust and reducing tension and aggression. When people feel connected to and embraced and supported by their community, the risk of firearm violence is reduced.[266, 267]

In the case of firearm violence, this means the involvement of the firearm-owning communities, rural communities where firearm suicide rates are high, neighborhoods with the highest rates of firearm assault and homicide, community-based organizations serving these groups, first responders, behavioral health professionals who treat those exposed to firearm violence, law enforcement, gun shop and gun range owners and operators, and more. The voices of these groups are indispensable for designing solutions that work, because they will be the ones most impacted by those solutions.

In a promising strategy that succeeds in largely rural areas across the country, youth and firearms are brought together with positive youth development and community-building in mind.

PROMISING STRATEGY #5

4-H Shooting Sports: The Positive Youth Development Model

Primary Prevention

After a difficult intrastate move, a teen found herself struggling to adjust, and began turning toward questionable peer groups and self-destructive behavior. When her mother noticed the normally happy and scholastically-minded youth starting to change, she intervened by giving her daughter a choice: she had to select an extracurricular activity that she could use to focus her time and energy. The youth chose the 4-H shooting sports. Within a few months, things were turning around; she found community, built relationships with other teens in the program, and discovered that she not only enjoyed practicing marksmanship – she was good at it. After her positive experiences with the program, she improved her grades and found balance, much to her mother's relief. She is now one of the most promising 4-H shooting sports youth in the country.

This story is familiar to youth in the 4-H shooting sports, as many of them found similar benefits from participating. Focus groups conducted with the teens revealed that, while youth enjoy practicing with firearms, it's about much more than having fun: it's about sharpening their focus, building mastery, improving their discipline and self-control, and enhancing their communication skills with peers and adults alike.

The 4-H shooting sports offers a time-tested firearms safety and marksmanship curriculum to youth, delivered from trusted adults in a safe setting with peers. Although the 4-H shooting sports program mixes teens – an age group with one of the highest firearm violence rates – with firearms, there has never been a single death throughout the decades that the program has been active, and they boast a drastically lower injury rate than any other 4-H program.[268] But the 4-H shooting sports program does more than keep kids safe around firearms; they use firearms as a tool to teach discipline, focus, self-control, self-confidence, responsibility, and leadership.

This strategy is promising because it is driven by the community, it involves peer support and mentorship from trusted adults, and it encourages self-development and skill-building along with safety and responsibility.

Key Features: peer support, community-driven, mentorship

Often, firearm owners are confused and frustrated by legislation related to firearm access that was not created by or in consultation with people who use firearms.[269] Including this population in the development of solutions is critical for the success of those solutions.

A promising example of involving firearm owners can be seen in gun ranges within California.

PROMISING STRATEGY #6

Voluntary Firearm Storage in Times of Crisis: Suicide Prevention at the Gun Range

Secondary Prevention

Unsurprisingly, firearm owners are the group at highest risk for firearm suicide.[270] This means that any strategies implemented to reduce firearm suicide need to be understood and embraced by firearm owners to be effective. According to firearm owners, many of the policies sponsored by lawmakers are not designed with the reality of firearm ownership in mind.

One strategy that is not only designed with firearm ownership in mind, but truly championed by firearm owners across the country, is voluntary firearm storage in times of crisis. Danielle Jaymes, operator of the Sacramento Gun Range in Sacramento, CA, and the Poway Weapons and Gear Range in Poway, CA, has instituted one such program at these gun ranges. Jaymes gave an overview of the firearm storage program during the Commission's site visit in May 2023, highlighting the customer-centered program.

If someone who owns a firearm (or someone else who may have access to their firearm(s)) is experiencing a mental health crisis, they can bring any number of firearms into the gun range for temporary safe storage, all for a fixed cost that is substantially lower than the usual per-firearm rate for storage. Jaymes says the range takes a voluntary loss on this program, because it's not about the money – it's about helping people stay safe, while also respecting their fundamental rights as Americans.

Firearm owners may be hesitant about access policies that they see as slippery slopes to losing their gun rights,[271] but they are open to strategies that respect their beliefs and are designed with their needs and values in mind.[272] Firearm owners and Second Amendment advocates promote temporary safe storage outside the home in times of crisis, as long as it's voluntary and reversible once the crisis has passed.[273, 274]

However, these strategies must respect the privacy of firearm owners, or they will not be utilized. Any policy that requires reporting of the voluntary safe storage to authorities will be met with mistrust, and often the firearm owner will opt not to use the program. Currently, dealers with a federal firearm license (FFLs) in California are required to report the voluntary storage of firearms to the Department of Justice under such a temporary storage program, which Jaymes says has curtailed use of the program with her customers. Changing the regulations to remove the need for FFLs to report temporary storage under the crisis exception to the DOJ would likely improve the confidence of firearm owners in using these programs.

Key Features: high-risk individuals, education, empowerment, community-driven, voluntary

To create and implement a comprehensive, impactful strategy to address firearm violence, it is vital to build it with meaningful engagement of the communities most impacted by violence and by efforts to address it.

Education and Awareness Strategies

To get buy-in from community members on firearm violence prevention strategies, the community needs to first possess a good understanding of the problem of firearm violence. With the common misconceptions and myths on the subject mentioned earlier, a good place to start is in promoting awareness and education, correcting myths, and building a better foundation of understanding.

This can start with education and awareness campaigns on the reality of firearm violence, correcting common myths and misconceptions. It also looks like education on the warning signs of impending firearm violence (both assault and self-harm) and who to contact if these warning signs are spotted. It also includes education

on lethal means safety, providing resources on how to reduce and mitigate risks when someone in a firearm-owning household is in crisis.[275]

Other promising education and awareness strategies include normalizing the discussion of firearm safety as a standard practice in health and mental health care.

PROMISING STRATEGY #7

Medicaid Funding for Firearm Counseling: A Practical and Empowering Approach

Secondary Prevention

In 2024, the Biden administration released guidance allowing providers to bill Medicaid (Medi-Cal in California) when they counseled their patients who have children and firearms in their home on the topic of firearm safety. This was a departure from current norms, in which firearms are rarely mentioned in a health care facility unless the patient is brought in with gunshot wounds. It's also a practical strategy, grounded in the public health approach of educating the public, and treating violence as a preventable outcome.

This strategy paves the way for a reframing of firearm violence to effectively address the problem. It chips away at the stigma of discussing firearms in everyday settings, normalizing frank discussions that focus on outlining risks and mitigating actions rather than more controversial – and often heated – political arguments. It also emphasizes where the responsibility for firearm safety lies: with owners. Instead of questioning the right to own firearms, it encourages safety-minded practices with those who already own them. Rather than relying on access control and mandates, the strategy underscores awareness and education, which are far more likely to be embraced by a population that often feels unfairly burdened with regulations that were not designed with the practicalities of firearm ownership in mind.

Finally, it also expands the boundaries of what is considered feasible in terms of funding for firearm violence prevention, pulling dollars from an unconventional source. When firearm violence becomes more broadly considered as the public health issue that it is, there will be more opportunities to leverage funding from a wider range of sources.

Key Features: education, empowerment, stigma reduction, leveraging other funding, public health approach

Education and awareness strategies must be designed in accessible and culturally appropriate ways if they are to be successful. There are several resources available to guide discussions on safe and responsible firearm ownership (such as resources from the Bullet Points project on health care providers talking to their patients about their firearms)[276] and advocating for effective violence prevention strategies (such as a guide from the Berkeley Media Studies Group and the Hope and Heal Fund).[277]

These strategies also need to make sense for firearm owners and address their key concerns. Another effective firearm owner-driven strategy comes from a trusted messenger in the firearm space: the National Shooting Sports Foundation.

PROMISING STRATEGY #8

Project ChildSafe: Restricting Access Through Responsible Firearm Storage

Secondary Prevention

The National Shooting Sports Foundation (NSSF) is a leader in the firearm industry, sponsoring the largest annual firearm industry trade show and providing education and awareness on firearm-related topics.

In 1999, the NSSF launched Project ChildSafe, a program to promote safe and responsible firearm ownership. Project ChildSafe contributes to safety in many ways. The project provides safety education for firearm owners, young adults, and children on how to safely transport and store firearms. Project ChildSafe also works with local law enforcement agencies nationwide to distribute free firearm safety kits to firearm owners across the U.S. – and have already distributed over 41 million in total. These safety kits can include lock boxes or cable locks (also called trigger locks), which run through the barrel or action of a firearm to prevent it from being fired by anyone who doesn't have the key or combination to unlock it.

This strategy's voluntary nature and focus on education and choice is what makes it so successful with firearm owners. Instead of a mandate, it provides information and options so the owner can make an informed and responsible decision on how to maintain safety while also respecting the original reasons driving their decision to own firearms, like defense of the home.

> "With our collective voice, we are amplifying the following message to gun owners: 'Store firearms responsibly.'"
>
> National Shooting Sports Foundation

Strategies like these engage the firearm-owning community and can foster trust and increase credibility instead of straining an already tense relationship between those who own firearms and the lawmakers that may not understand their culture. Further education and empowerment strategies can expand on this type of education and responsible ownership promotion to get the buy-in of firearm-owning communities.

Key Features: education, empowerment, voluntary

Education and awareness campaigns around firearm safety build understanding among those who have the most power to affect community safety: communities who have access to firearms.

Empowerment Strategies

Education is a powerful tool for promoting positive change, and it pairs well with strategies that recognize and foster empowerment. Empowerment strategies build on education, emphasizing the agency of people over their own lives and wellbeing.

Empowerment strategies are key to firearm violence prevention. When implemented well, firearm owners feel respected. Empowerment strategies can also mobilize community members to take charge of their own safety and wellness. In areas with the greatest risk of firearm injury and death, they can critically drive community engagement and wellbeing.[278, 279]

One such promising example of an empowerment strategy comes from Donna's Law, a law that originated in Washington State but has since spread to several other states.

PROMISING STRATEGY #9

Donna's Law: Safety Through Empowerment

Secondary Prevention

Donna's Law allows people who perceive themselves to be at risk for suicide to place their names on a voluntary "do not sell" list, suspending their ability to purchase a firearm. It was first passed in Washington State in 2019 and now exists in four states. At least 132 people have invoked the law for their own protection in Washington State alone.

When a person who has placed their name on the "do not sell" list attempts to purchase a firearm, they are blocked from doing so and, in some states, friends or family (chosen by the individual) are alerted to the attempted purchase. This creates a branching point in the path that might lead to suicide, offering a chance for intervention and support.

The promise of this strategy lies in its person-centered approach and voluntary nature. It leaves control in the hands of those who are best suited to make decisions about their capacity: the individual. It's also reversible; individuals can take their own name off the list with a few straightforward steps.

This strategy has been used on a small scale so far and, though it is not far-reaching from a population-level viewpoint, it has likely already saved lives. And, even more importantly, it exemplifies voluntary, person-centered approaches that are both effective and have garnered broad bipartisan support.

California is currently considering this as a legislative opportunity in the form of Senate Bill 320, which would create a voluntary "do not sell" list in the same vein as Donna's Law.

Key Features: high-risk individuals, person-centered, voluntary, empowerment

Strategies with bipartisan support are especially promising, as they provide politically viable examples of paths forward.

Place-Based Strategies

As mentioned earlier, the most up-to-date understanding of violence is that anyone has the potential for committing violent acts under specific circumstances. In addition to implementing person-based strategies to address individuals' needs, place-based strategies also work by addressing the conditions that lead to violence. These strategies operate within the immediate environment where violence tends to occur, changing the conditions to make violence a less likely occurrence.

These strategies are surprisingly effective at reducing violence and other crime and are particularly valuable strategies because they can lead to a host of other positive downstream benefits.[280, 281] Such potential outcomes include: increasing social connectedness, boosting property values, and decreasing negative mental health symptoms in residents.[282]

PROMISING STRATEGY #10

Greening: Reducing Violence by Enhancing the Physical Environment

Primary Prevention

Greening is gaining traction as an effective violence prevention tool in governments across the nation. City neighborhoods with higher levels of firearm violence tend to lack green spaces, disproportionately affecting residents that identify as low-income and Black or Latino.[283] Greening is the remediation of vacant lots and the creation of green spaces in urban areas, including efforts like removal of trash and debris, grading the land, planting new grass and trees, installing low wooden perimeter fences, and maintaining newly treated lots.[284] Studies find that greening is significantly associated with decreases in firearm violence.[285, 286, 287]

While further studies are needed to better understand the relationship between greening and violence prevention, scholars find that green spaces mitigate many of the precipitating factors of gun violence, producing reduced stress, better mental health outcomes, and improved perceptions of public safety.[288, 289] Green spaces are also believed to improve social cohesion in a neighborhood, and reduce violence through "busy streets"[290] or more foot traffic and opportunities for communities to monitor illicit activities and less opportunities for perpetrators to hide these activities.[291] By modifying the physical and social environment, greening thus creates conditions for community-level protection.[292]

Greening is not just effective, it's also cost-effective. According to one study in Philadelphia, PA, greening vacant lots yielded significant savings for the criminal justice system: approximately $43,000 in savings per lot.[293] Taxpayer and social returns on investment for gun violence amounted to $26 and $333 for every dollar spent.[294]

Key Features: place-based

There are multiple barriers and challenges to implement effective firearm violence prevention, and many of them stem from misunderstandings and tensions between community members, firearm violence prevention advocates, and lawmakers. Working together, California can implement a whole-community approach that builds awareness, educates, and empowers community members along the way. The best solutions are those with the understanding and buy-in from those they are intended to serve.

There are some community-driven strategies already in place, improving conditions in local pockets throughout the state. However, they need to be aligned and coordinated efficiently to maximize their impact.

Finding 3

California's public investments have not been coordinated effectively to address the underlying causes of violence and other public health concerns.

California's investment into its citizens' health, safety, and wellbeing outpaces that of most other states.[295] However, problems in public health and wellbeing persist, along with downstream problems like violence, homelessness, substance use disorders, and prolonged suffering. These problems persist in part not because of a dearth of funding, but because the available funding has largely been designed and deployed one at a time to address the downstream problems one by one, rather than adopting a unified approach to addressing upstream factors, including poverty, inequality, and trauma.

Among California's current large public behavioral health funding initiatives, firearm violence (and violence in general) is largely absent. While these resources are made available for addressing some of the upstream drivers of violence, the missed opportunity is in offering them piecemeal instead of coordinating these funding sources into a comprehensive package of violence prevention services and supports that focuses on the real root causes of firearm violence.

Firearm Violence Prevention in California

Credit must be given where it is due: California has already established key instances of violence prevention leadership that offer key opportunities for coordinated approaches. The California Department of Public Health's (CDPH) Injury and Violence Prevention (IVP) Branch leads epidemiological investigations and program implementation for a public health-oriented violence prevention approach.[296] CDPH launched the Violence Prevention Initiative in 2015 to reduce violence and create safer and healthier communities for all Californians. They are looking for opportunities to highlight public health-oriented, community-led strategies, that could reduce and prevent violence.[297] CDPH's Office of Suicide Prevention coordinates and aligns statewide suicide prevention efforts and resources.[298]

The California Department of Justice's (DOJ) Office of Gun Violence Prevention (OGVP) expanded a holistic approach to reduce gun violence, launched with its first Director and only staff member in May 2023.[299] The OVGP leverages collaboration across federal agencies, California state agencies, local government partners, and non-profit organizations through multiple channels, including data and research. As directed by AB 1252 (Wicks) enacted in 2024, the OGVP must leverage collaboration to produce a report identifying recommendations and priorities from across California's many communities. This report, due by July 1, 2026, must outline a strategic plan and recommendations for the legislature and other stakeholders to reduce gun violence. CDPH is a key data provider for OGVP publications, and both agencies regularly exchange information and resources.

The OGVP also coordinates prevention efforts with a variety of California offices. The OVGP and CPDH hold regular meetings to identify opportunities for synergy that could support violence prevention efforts in California. Multiple California DOJ teams meet regularly and collaborate closely with the Judicial Council of California to implement protection orders for survivors and targets of gun violence, involving joint policy recommendations to the Legislature and training court staff and law enforcement agencies. Legislative mandates also require coordination in grant-making and development, including the California Violence the Intervention and Prevention (CalVIP) Grant, requiring close collaboration between the OGVP and the Board for State and Community Corrections (BSCC).

These are all promising steps towards designing and deploying a firearm violence prevention strategy that will require a multidisciplinary, multisystem, public health approach.

Opportunity: Advancing a Comprehensive Public Health Approach to Firearm Violence

The public health approach is the most effective tool that exists for addressing large-scale health problems. This approach tackles broad social issues that once seemed insurmountable – such as the high rates of death from car crashes and tobacco use through the middle of the 20th century – and has led to significant declines in injuries and death.[300, 301] The public health approach aims to enhance the health and wellbeing of entire populations, employing both universal strategies and targeted approaches design to close the disparities gap in underserved and vulnerable populations.[302]

> "Gun violence is a public health problem. Not just in terms of the toll it takes on death and injury […] but also the impact on trauma and behavioral health of those that are immediately affected and the community that's affected by this trauma."
>
> **Rita Nguyen**
> *Assistant Health Officer at the California Department of Public Health*
> **October 26, 2023**

Tackling firearm violence from a public health approach aims to systematically address the contributing factors to firearm injury and death through a broad spectrum of interventions aimed at reducing and mitigating risk factors while building and enhancing protective factors at multiple levels (individual, community, and state).[303] The approach must address the root causes, and strategies must be implemented across systems rather than limited to jurisdictions traditionally considered to have purview over violence (e.g., law enforcement and the justice system). Currently, most government systems have a separate violence prevention initiative or division – if they have any dedicated violence prevention program at all. Moreover, while there have been recent efforts to apply a public health approach to address firearm violence, these efforts often lack the key component of behavioral health.

To transform California's firearm violence, prevention efforts must be prioritized and coordinated to tackle the root causes that drive not only violence, but most negative social outcomes: poverty, inequality, limited social mobility, limited access to high-quality education, housing instability, unemployment, and trauma.[304,305,306,307,308,309,310]

> "The [REACH Team] model is working, but we need funding across systems."
>
> **Lara Drino**
> *Deputy City Attorney for the City of Los Angeles and Director of the REACH Team in south Los Angeles*

Tackling such broad statewide (and nationwide) problems does not happen through narrow investments or in local pockets. Effectively addressing such problems requires a coordinated, data-driven approach that aligns key partners into one cohesive front. This will require establishing leadership, building out the infrastructure, and expanding collaboration, coordination, and data capacity statewide.

Leadership and Coordination

The most important part of building a cohesive, upstream approach to addressing the shared risk factors of firearm violence and other negative outcomes is establishing leadership and coordinating efforts. As noted earlier, violence is a contextual problem that is influenced by a variety of factors spanning multiple domains of public and private life. Effective violence prevention must operate from a central hub, bringing together partners and coordinating resources in all these areas to build and implement a holistic approach.

While most states are still operating on the assumption that violence is a law enforcement and justice system issue, there are some places where a coordinated approach is being implemented. One such example is the Building Blocks program in Washington, D.C.

PROMISING STRATEGY #11

Building Blocks, D.C.: Leadership and Coordination for Firearm Violence Prevention

Leadership

This is a whole-government, public health approach to firearm violence prevention that is person-centered and place-based, leveraging collaboration and coordination across the District of Columbia government to address firearm violence through a comprehensive approach that spans the prevention and intervention spectrum.

It started with research, using crime data to identify the 151 blocks in Washington D.C. with the most firearm violence. Next, Building Blocks, D.C. took a place-based approach by assessing environmental and infrastructure issues that could contribute to public safety threats in the community. They implemented a person-centered approach through identifying the individuals in the community who were at the highest risk of involvement with firearm violence and offering them education, mental health support, employment services, financial and legal support, along with – and this is perhaps the most impactful piece – fostering a sense of community and belonging.

In addition, community engagement is an important piece of Building Blocks, D.C.'s strategy, including:

- Awarding mini-grants to members of the community who take an active role in addressing firearm violence.
- Dispatching Safety Go Teams during holiday weekends and when large crowds are anticipated to provide support and implement de-escalation strategies when necessary.
- Facilitating 202forPeace, a District-wide firearm violence awareness campaign that brings together community leaders, youth, and agencies across the city.

The key factor in this strategy is centralized leadership and coordination of efforts. The cross-government coalition was established to be a one-stop shop on firearm violence. It leverages resources and knowledge from law enforcement, public health, behavioral health, transportation, schools, public works, and other areas of government to build a multi-pronged approach to providing services and supports to "reverse troubling trends, save lives, and better support residents and communities most impacted by gun violence."[311]

Key Features: leadership, research, coordination, collaboration, community engagement, person-centered approach, place-based

Data-Based Strategies

Like any public health approach, collecting the right data to help inform firearm violence prevention efforts is critical to 1) define the problem; 2) identify the factors that increase or lower risk; 3) develop and evaluate prevention interventions; and 4) implement interventions and disseminating results to increase the use of effective interventions.

The National Violent Death Reporting System (NVDRS) and California's Department of Public Health Firearm Injury Dashboard represent examples of such national state-level systems. However, state-level surveillance is not as useful for tribal or county jurisdictions trying to target violence happening in smaller geographic sections. Additionally, because data are at least two years old when published, they do little to inform violence response strategies.

Investing in State and local data infrastructure would greatly improve the collection of meaningful, timely data to guide action around both firearm homicide and suicide prevention.

PROMISING STRATEGY #12

Suicide Fatality Review Process: Using Suicide Data to Build Prevention Strategies

Secondary Prevention | Tertiary Prevention

Some counties are working to strengthen local suicide prevention initiatives through the the Suicide Risk Factor Surveillance System (SRFSS). The SRFSS is a nationally recognized suicide surveillance system that allows communities to track near real-time trends, determine who in the community is most at risk, and consider systemic changes that could potentially prevent future suicides.

The SFRSS involves a unique collaboration between various branches of county government, specifically county medicolegal death investigators (MDIs), coroners, and epidemiologists. This system contains a Suicide Fatality Review (SFR) process, which gathers information regarding the circumstances surrounding a suicide death to inform local suicide prevention activities. At the population-level, SRFSS facilitates detection of suicide clusters, trend identification, and robust prevention planning based on the fastest, most reliable, and granular data possible. Combining the information in SRFSS with the system-level interventions found in SFR, provides a county with highly actionable data for little financial effort that can demonstrably save lives. Strategies like this could be used statewide, with investment in data infrastructure, building collaborations, and technical assistance to guide implementation.

This strategy has been promoted as a promising practice through the State's Department of Public Health, Office of Suicide Prevention as part of their community of practice. Yet implementation has been slow as many counties do not have the necessary partnerships, infrastructure, or funding to support this system.

Key Features: timely data, evidence-based practices, collaboration, infrastructure

Another promising data strategy comes from the federal level, leveraging opportunities to collect valuable data from emergency departments across the country.

PROMISING STRATEGY #13

FASTER: Collecting Timely Firearm Injury and Mental Health Data

Tertiary Prevention

The availability and dissemination of timely information is a huge obstacle in effective firearm violence prevention.[312] Health official and policymaker access to timely, granular information was prohibited by a 1996 federal rule barring the CDC from using federal funds to promote gun control, stifling government research into firearms violence and prevention.[313] However, after a congressional compromise over the 1996 Dickey Amendment, the Center of Disease Control's (CDC) Division of Violence Prevention launched the Firearm Injury Surveillance Through Emergency Rooms (FASTER) Program in 2020 to support a national initiative to more speedily collect, analyze, and disseminate data on firearm violence-related emergency (ED) visits.[314, 315] FASTER's provision of near real-time state- and local-level data supports jurisdictions in quickly responding to emerging and dynamic violence problems. The FASTER: Advancing Violence Epidemiology in Real-Time (FASTER: AVERT) initiative expanded on FASTER in 2023, tracking firearm violence, other violence-related injuries, and mental health conditions.[316]

Employing a public health approach, FASTER: AVERT's data support both better violence prevention and the ability to identify, track, and address disparities in ED visits. Accurate surveillance methods are needed to define the problem's scope, while trends and disparities communicate information on risk and protective factors.[317] Currently, 11 state public health agencies and one research foundation are recipients of FASTER: AVERT grants, including in Arizona, District of Columbia, Georgia, Illinois, Kansas, Kentucky, Michigan, Mississippi, Oregon, Rhode Island, Utah, and Washington. In exchange for grants, participating health departments share detailed data, down to individual visits, with data becoming available within one to two days.[318]

AVERT has helped states streamline data collection and use that information for prevention. While in New Mexico, the data informed a statewide strategic plan to address gun violence, in Utah, health officials used FASTER to launch a tailored public service campaign.[319, 320] In Oregon, the data guided legislation to provide funding for hospital- and community-based violence intervention programs. In Georgia, health officials developed a data dashboard to support violence intervention efforts down to the neighborhood level.[321]

A key to the program's success is that it builds on existing federal-state partnerships to track infectious diseases and other public health threats – such as the Zika virus and the COVID-19 pandemic – an early warning system known as the National Syndromic Surveillance Program (NSSP).[322]

Because it relies on data already being collected by state and local health departments, AVERT can be rapidly implemented and scaled across the country.[323] AVERT also builds on, instead of duplicating CDC NSSP work, and ensures that state and local health departments are agents over the collection and use of the data, effectively leveraging their extensive local knowledge. AVERT also standardizes data sharing between the CDC and health departments.[324]

Key Features: timely data, evidence-based practices, infrastructure

Although California has some of the most upstream and innovative thinking around preventing violence and bolstering mental health, these efforts are often happening in silos. Establishing leadership and building the infrastructure necessary to align these investments and promote collaboration, data collection and sharing, and coordination of resources will give rise to an approach that is more than the sum of its parts, creating an upward spiral of improved outcomes to combat the downward spiral of trauma and violence.

Recommendations

To address the overlapping problems of firearm violence and mental health, California must develop and implement an integrated, collaborative, and trauma-informed public health strategy for firearm violence prevention statewide. The Commission has identified three areas in which California can make an impact moving forward: prioritizing trauma intervention as a violence prevention strategy, public awareness and education, and coordinated state leadership.

Recommendation 1

California must establish trauma-informed violence prevention as a public behavioral health priority.

As California works to reduce the negative impact of trauma on health and wellbeing, it must incorporate violence prevention as a priority of public behavioral health funding and programming. Toward this goal, the State should consider the following actions:

- The California Department of Public Health (CDPH) should integrate violence prevention as part of its population behavioral health prevention strategy, acknowledging the intersection between firearm violence and mental and behavioral health.
- Firearm violence, and other types of violence, should be measured and monitored as a risk factor and outcome of mental/behavioral health and public health investments.
- The State should provide incentives and technical support to help local behavioral health jurisdictions implement strategies that break the cycle of trauma and violence, promote recovery and resilience, and prevent future violence. These approaches should be person-centered and prioritize Californians at greatest risk.
- California should establish statewide standards for behavioral health threat assessment management (BTAM) in school districts, workplaces, and other community settings to prevent and mitigate harm from firearm violence, drawing from the Department of Homeland Security's Center for Prevention Programs and Partnerships resources.[325]

Recommendation 2

California must deploy a public engagement and awareness initiative to regain trust and build relationships with firearm-owning communities and other communities impacted by violence.

To strengthen the scope and impact of firearm violence prevention strategies, the State must do more to build awareness, trust, and safety in communities most impacted by violence, including firearm owning communities. This may include the following actions:

- Develop and deploy a public awareness campaign on the intersection of firearm violence, trauma, and its effects on mental and behavioral health.
- Promote firearm safety and lethal means awareness throughout California, particularly in firearm-owning communities, to increase safe storage behaviors and reduce the likelihood of firearm injury and death.
- Prioritize the involvement of firearm-owning communities in any new policies or programs intended to address firearm violence.
- Empower community members to play a direct role in designing and implementing firearm violence prevention strategies.
- Implement place-based strategies that invest in and improve the physical and social environment of communities in a way that promotes safety and cohesion and reduces the likelihood of violence.

Recommendation 3

California must develop a unified statewide strategy, with an appointed leader to guide a public health approach to firearm violence prevention that integrates data, resources, and partners from across sectors.

To implement an effective statewide public health strategy for firearm violence prevention, California needs a leadership structure to guide, coordinate, and oversee a continuum of primary, secondary, and tertiary prevention efforts at the state and local level. This leadership structure should focus on addressing shared root causes of violence while prioritizing services for the Californians who are at greatest risk of targeted and community violence.[326] To this end, the State can take the following actions:

- Establish a cross-department home for coordinated firearm violence prevention, perhaps by expanding the current Office of Gun Violence Prevention under the California DOJ or by creating a firearm violence prevention home within CDPH.
- Offer technical assistance to counties, cities, and communities that want to implement firearm violence prevention strategies. This should include establishing a centralized resource hub to disseminate information on the most current evidence-based and community-defined evidence practices (CDEP) for firearm violence prevention strategies.
- Incentivize the piloting and scaling of innovative community-driven, cross-sector approaches to address the root causes of firearm violence, helping at-risk Californians meet their basic physical and behavioral health needs.
- Invest in the infrastructure necessary to strengthen the use of data and collaboration in the prevention of firearm violence.

05 CONCLUSION

This report comes at a critical time, as firearm violence prevention hangs in the balance of looming federal cuts. The prior administration ushered in a comprehensive public health approach to prioritize firearm violence prevention, involving landmark legislation, significant investments in programs, and data collection and dissemination. The current administration is promising to reverse course, including weakening legislation, halting funding, and withholding critical information needed to sustain momentum on firearm safety.[327] In the face of this uncertainty, now is the time for states to take initiative on preventing firearm violence. California can lead on prevention, improve messaging and education, and tackle the root causes of violence to save lives. The promising strategies outlined in this report offer a roadmap of what is possible to achieve transformational change.

Firearm violence is preventable, but not with the fragmented strategy that is currently in place. Effective prevention requires a strategy that takes the environmental context and social determinants into consideration. It must be built off the most up-to-date understanding of how violence happens: in a cycle and within systems. Prevention requires intervening at opportune points in the cycle of trauma and violence to provide treatment and promote recovery for those already suffering and to prevent future negative health and mental health outcomes for those at risk. Preventing the harmful effects of firearm violence on mental health will require a mindset that prioritizes prevention, intervention, and recovery over retributive justice and access limitations.

The root causes of both violence and behavioral health challenges must be addressed: unmet needs, trauma, systemic disadvantages and oppression, and a lack of resources and opportunities. There must be a trauma-informed framework to guide how to think, plan, and act around violence prevention. Society's attention must be focused on meeting the needs of community members rather than relegating them to prisons and jails as a default response to violence. This work is not the purview of any one system alone, but of all systems and structures that affect the daily life of Californians.

The most effective way to implement such upstream preventive strategies is to use a public health framework. However, public health alone will not solve this problem – the approach must be integrated and comprehensive. Firearm violence is a community-wide problem that will require the whole community's participation and collaboration to solve. It is also a problem heavily influenced by trauma, and this understanding should be baked into any strategy that has a hope of being effective.

> California must implement an **integrated, collaborative, and trauma-informed public health approach** to address firearm violence and the damage it causes to its people and communities.

Firearm violence is preventable, as are the negative physical and mental health outcomes associated with it. With dedicated investment from across the state, the harmful ripple effects of firearm violence can be interrupted and California's communities can heal and thrive.

06 APPENDICES

Appendix 1: IFV Project Timeline

In its policy projects, the Commission seeks to build on the knowledge of experts, including researchers, policymakers, data scientists, and, crucially, those with lived experience of the topic.

- **May 2022** – Commission designated a project to examine the impacts of firearm violence
- **September 2022** – First Subcommittee meeting
- **November 2022** – Site visit to the REACH Team in Los Angeles, CA
- **January 2023** – Second Subcommittee meeting
- **May 2023** – Site visit to the Sacramento Gun Range in Rancho Cordova, CA
- **May 2023** – Site visit to the Los Angeles Police Department's Southeast Division in Watts, CA
- **May 2023** – Commission hearing on the cycle of trauma and violence in Los Angeles, CA
- **May 2023** – First engagement with the Los Angeles Department of Mental Health's Psychological Services Development Committee; virtual
- **July 2023** – Second engagement with the Los Angeles Department of Mental Health's Psychological Services Development Committee in Los Angeles, CA
- **August 2023** – Site visit to the 4-H Shootings Sports Teen Leadership Institute and focus groups with youth ambassadors in Alamo, NV
- **August 2023** – Listening session with incarcerated youth at the Sacramento Youth Detention Facility in Sacramento, CA
- **October 2023** – Commission hearing on the public health approach to firearm violence prevention in San Francisco, CA
- **November 2023** – Town hall-style event and site visit to the Gunsmithing Program at Lassen Community College in Susanville, CA
- **September 2024** – Engagements with communities in Lassen and Los Angeles counties to review findings and recommendations; virtual
- **February - April 2025** – Final report review with external partners; virtual
- **May 2025** – Report presented to and adopted by the Commission

Appendix 2: IFV Project Methodology

Key Informant Interviews

Interviews with key informants established the foundation of knowledge in the early phase of the project and continued throughout the project's entirety. These interviews allowed Commission staff to gather rich, open-ended information from experts, providing guidance on the direction of the project and outlining new avenues to explore.

The interviews were mainly held over Teams or Zoom video chats in 30- to 60-minute sessions, although interviews were conducted in person when feasible. Over 100 experts were interviewed during this project. Some key informants provided written testimonials in addition to the interviews and other engagement.

Key informants interviewed represented a wide swath of those with lived experience and expertise. They are listed below.

- Firearm owners and other representatives from the firearm-owning community, including:
  - Claybreakers trap shooting club in Lassen County, CA
  - Hold My Guns, an organization dedicated to temporary safe storage
  - Lassen Community College Gunsmithing Program in Susanville, CA
  - National Shooting Sports Foundation
  - Sacramento Gun Range in Rancho Cordova, CA
  - State 4-H shooting sports coordinators
  - The Gun Range in North Highlands, CA
- Suicide prevention specialists, including:
  - Stan Collins, Youth Creating Change, San Diego County Suicide Prevention Council
  - Striving for Zero Suicide Prevention County Learning Collaborative
- Community violence intervention specialists from:
  - Advance Peace
  - City of Richmond's Office of Neighborhood Safety
  - Homeboy Industries
  - Hope and Heal Fund
  - National Compadres Network
  - Youth ALIVE!
- People with lived experience perpetrating firearm violence
- Firearm violence loss survivors, including mass shooting survivors:
  - Rebels Project
  - Moms Demand Action
  - Everytown Survivors
- Experts on firearm policy
- Schools and school districts, including:
  - Hemet Unified School District
  - Sacramento County Office of Education
- Behavioral Threat Assessment experts, including:
  - Gene Deisinger, Ph.D.
  - Joseph Holifield, Ph.D.
  - Melissa Reeves, Ph.D., NCSP, LPC
- California county departments and agencies, including:
  - Lassen County Health and Social Services
  - Los Angeles City Attorney's Office
  - Los Angeles Department of Mental Health (LA DMH)
  - Orange County's Health Care Agency
  - Sacramento County Probation Department
  - San Mateo County Health
  - School Threat Assessment Response Team (START) at LA DMH

- Researchers and research groups focused on firearm violence and safety, including:
  - American Foundation for Firearm Injury Reduction in Medicine (AFFIRM)
  - Brown University Center for Digital Health
  - BulletPoints Project
  - Center for Neighborhood Engaged Research & Science (CORNERS)
  - Indiana University School of Medicine
  - Injury and Violence Prevention Center at the University of Colorado
  - Institute for Firearm Injury Prevention at the University of Michigan
  - New Jersey Gun Violence Research Center
  - Regional Gun Violence Research Consortium at the Rockefeller Institute of Government
  - Research Society for the Prevention of Firearm-Related Harms
  - Violence Prevention Research Program at the University of California, Davis
  - University of Pennsylvania Injury Science Center
- Law enforcement, including:
  - Center for Mass Violence Response Studies at the National Policing Institute
  - Lassen County Sheriff's Department
  - Los Angeles Police Department's (LAPD) Community Safety Partnership Bureau
  - LAPD Southeast Community Division in Watts
  - Sacramento Police Department's Chief of Police
  - Sacramento Police Department's Employee Services Unit
  - San Mateo Sheriff's Department
- Filmmakers working on firearm violence prevention, including:
  - GLOW Media
  - Bonafina Films
- Community-based organizations, including:
  - ACE (Adverse Childhood Experience) Resource Network
  - Alliance for Community Transformations in Mariposa County, CA
  - California Chaplains Corp
  - Center for a Non Violent Community in Sonora, CA
  - Children's Institute in Los Angeles, CA
  - Empowerment Initiative
  - Greater Santa Barbara Hispanic Chamber of Commerce
  - HOPE (Help Our People Eat) in Sacramento, CA
  - One Community Action in Santa Maria, CA
  - Ventura County Family Justice Center in Ventura, CA
- Business working within the space of firearm violence prevention and recovery, including:
  - Cloud 9 Health
- Partners from California State agencies, including:
  - California Department of Public Health
  - California Office of Gun Violence Prevention
  - California Attorney General's Office
  - California Victims Compensation Board
- Partners from other regions and national agencies, including:
  - Building Blocks, D.C.
  - Department of Homeland Security's Center for Prevention Programs and Partnerships
  - Department of Veterans Affairs
- Other large organizational partners, including:
  - Association of State and Territorial Health Officials
  - California Association of School Psychologists
  - Prevention Institute
  - Public Policy Institute of California
  - California Institute for Behavioral Health Solutions

Subcommittee Meetings

The Commission hosted two subcommittee meetings on the Impacts of Firearm Violence project to explore relevant data, gather expert and public feedback, and dive deeper into particular topic areas within firearm violence. Both meetings were hybrid, with in-person and Zoom options.

The two subcommittee meetings were:

Project Scope and Relevant Data: Online, September 2022

GUEST SPEAKERS INCLUDED:

- Renay Bradley, Ph.D., Chief of the Epidemiology and Surveillance Section within the Injury and Violence Prevention Branch (IVPB) of the California Department of Public Health (CDPH)
- Julie Cross Riedel, M.P.H., Ph.D., Research Scientist in the Epidemiology and Surveillance Section within the IVPB

Behavioral Threat Assessment and Management in Schools, January 2023

GUEST SPEAKERS AND PANELISTS INCLUDED:

- Melissa Reeves, Ph.D., NCSP, LPC, nationally renowned expert in Behavioral Threat Assessment and Management (BTAM)
- Michele Custer, Licensed Educational Psychologist and Chair of the California Association of School Psychologists (CASP)
- Jayce Kaldunski, senior at El Dorado High School, Student Leader, and Peer Advisor
- Jerry Wernli, Roseville Police Department Officer and School Resource Officer at West Park High School

Hearings

The Commission held two public hearings on the Impacts of Firearm Violence project during Commission meetings. Both hearings featured a panel of experts who presented on different facets of firearm violence, its underpinnings, and prevention and recovery.

The two hearings were:

The Cycle of Trauma and Violence; Los Angeles, CA (May 2023)

PANELISTS INCLUDED:

- J. Kevin Cameron, M.Sc., R.S.W., B.C.E.T.S., B.C.S.C.R., Executive Director at the Center for Trauma-Informed Practices
- Jose Osuna, Director of External Affairs and Manager at Housing Justice and Brilliant Corners
- Refujio "Cuco" Rodriguez, M.Ed., Chief Strategist and Equity Officer at the Hope and Heal Fund
- Dr. Sarah Metz, Psy.D., Division Director at the University of California, San Francisco Trauma Recovery Center
- Lara Drino, J.D., Deputy City Attorney for the City of Los Angeles and Director of the REACH Team in south Los Angeles

Firearm Violence Prevention from a Public Health Approach; San Francisco, CA (October 2023)

PANELISTS INCLUDED:

- Dr. Richard Espinoza, Psy.D., Clinical Psychologist and Professor at Pepperdine University
- Dr. Nicole Kravitz-Wirtz, Ph.D., M.P.H., Associate Professor at University of California, Davis
- Sam Vaughn, Deputy Director in Richmond's Office of Neighborhood Safety
- Janiesha Grisham, Violence Prevention Educator with Oakland's Youth ALIVE!
- Dr. Rita Nguyen, M.D., Assistant Health Director in the California Department of Public Health
- Ari Freilich, J.D., Director of California's Office of Gun Violence Prevention

Site Visits

Site visits provided insight into specific communities, populations, and programming. The Commission conducted four site visits on the Impacts of Firearm Violence project, including:

Two site visits to the REACH Team, community partners, and the Los Angeles Police Department's Southeast Division; Watts, CA (November 2022 and May 2023)

COMMUNITY PARTNERS INCLUDED:

- Operation Progress
- Sisters of Watts
- Strive
- Watts Empowerment Center
- Uplift Sports and Mental Health
- Nick's Kids

Site visit to the Sacramento Gun Range; Sacramento, CA (May 2023)

PARTNERS INCLUDED:

- Danielle Jaymes, range operator
- Stan Collins, lethal means safety and suicide prevention expert
- Bill Romanelli, former spokesperson for the National Shooting Sports Foundation
- Cora Schager, firearm safety instructor

Site visit to the 4-H Shootings Sports Teen Leadership Institute; Alamo, NV (August 2023)

PARTNERS INCLUDED:

- State 4-H shooting sports coordinators

Listening Sessions

The Commission conducted several listening sessions, focus groups, and town hall-style events to gather feedback from people who are impacted by firearm violence, people with expertise and lived experience with firearms, law enforcement, and mental health service providers.

The listening sessions included:

Two listening sessions with the Los Angeles Psychological Services Development Committee to hear mental health service provider perspectives on firearm violence; Los Angeles, CA and online (May and July 2023)

PARTICIPANTS INCLUDED:

- Dozens of mental health service providers employed with Los Angeles Department of Mental Health

Focus groups with youth ambassadors from the 4-H Shooting Sports Teen Leadership Institute; Alamo, NV (August 2023)

PARTICIPANTS INCLUDED:

- Thirty-one youth ambassadors

Listening session with incarcerated youth at the Sacramento Youth Detention Facility to hear youth and lived experience perspectives; Sacramento, CA (August 2023)

Facilitated by Dwight Harvey, Administrator of Court and Community Schools in the Sacramento County Office of Education

PARTICIPANTS INCLUDED:

- Six incarcerated youth between the ages of 18 and 21

Town hall and listening session with community members; Susanville, Lassen county, CA (November 2023)

PARTICIPANTS INCLUDED:

- Teen members of the Claybreakers trap shooting club
- Lassen County Sheriff's Department
- Lassen County Behavioral Health staff
- Lassen County Administrative Office staff
- Department of Veterans Affairs representative
- Concealed Carry Weapons (CCW) instructors
- Local therapy collective staff
- Local business owners
- Other community members

Conferences and Other Learning Events

Commissioners and Commission staff attended several conferences and other learning events to hear from experts about firearm violence, its prevention, and recovery and resilience after firearm violence.

These learning opportunities included:

- Webinars and other web series from the California Department of Justice, California Department of Public Health Office of Suicide Prevention, Department of Homeland Security, the Milken Institute, the Prevention Institute, the Rockefeller Institute of Government, Striving for Zero Suicide Prevention Learning Collaborative, the UC Davis Center for Healthcare Policy and Research, and more (2022 – 2025)
- E.R. Brown Symposium: Addressing Gun Violence as a Public Health Epidemic, hosted by the UCLA Center for Health Policy Research; online (February 2023)
- Building Safer Communities Webinar Series hosted by the Hauser Policy Impact Fund; online (February 2023)
- Suicide Research Symposium; online (April 2023)
- Directing Change Youth Mental Health Film Screening; Los Angeles, CA (May 2023)
- Society for the Prevention of Firearm-Related Harms Conference; Chicago, IL (November 2023)
- Suicide Research Symposium; online (April 2024)

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