

IMPACTS OF FIREARM VIOLENCE POLICY PROJECT

PANEL SUMMARY
MAY 25, 2023

“Could a student be at high risk for violence in School A yet at low risk for violence in School B?” This is the rhetorical question that J. Kevin Cameron asked as he led off the [Impacts of Firearms Violence Panel](#) at the May 2023 Mental Health Services Oversight and Accountability Commission meeting in Los Angeles, California.

The panel was organized as part of the Commission’s Impacts of Firearm Violence (IFV) project. It launched in August 2022 in response to the recent rise in mass shootings and interpersonal violence using a firearm in California. The project aims to build a shared, holistic understanding of the problem of firearm violence, how it intersects and overlaps with mental health, and what we can do collectively to address it.

The panel had five speakers, each of whom offered varying perspectives and contexts to consider when thinking about:

- 1 How the cycle of trauma and violence underpins firearm-related harm
- 2 How to elevate and scale innovative community-based and culturally-responsive interventions to prevent and mitigate the trauma that is frequently associated with firearm violence

Mr. Cameron, the internationally renowned Executive Director of the Center for Trauma Informed Practices, continued on to explain that violence is an evolutionary process. *“No one just snaps,”* he said. *“Frequently, trauma builds over time, a circumstance occurs, and the line is crossed.”* Furthermore, and in setting the stage for the subsequent panelists, he explained that ten people can engage in the same act of violence for ten different reasons, and ten people can be exposed to the exact same stimuli but have ten different responses. What we need, he implored, is *“assessment, assessment, assessment”* utilizing multi-departmental collaborations. And not for a mental health diagnosis alone—he noted that mental illness is only present in a minority of mass violence cases. The factor that is present in the majority? A history of untreated trauma.

An effective and impactful model for assessing and treating trauma – which is a creative departure from the norm – is the REACH Team, a program in southeast Los Angeles that



supports children exposed to firearm violence. Lara Drino, LA's Deputy City Attorney and the leader of the REACH Team, explained that when children are exposed to gun violence, as a witness or by having a family member who is a victim or perpetrator, it is rare for that child to be offered trauma therapy. Trauma therapy is usually only offered when the child has been shot.

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Ms. Drino is working to change that. The REACH Team offers immediate crisis counseling¹ for children when and where the violence happened – not as a referral, not as a future phone call, but with a trained therapist on the spot, for the child and their family. *“It’s important to treat trauma early. There are no bad children. There are bad circumstances that happen to children that cause them to [later] act out. [We need to] treat them early while their brain is developing.”*

Ms. Drino talked about how any exposure to gun violence often leads to trauma, and how important it is for parents, law enforcement officials, and community members to be educated about this. *“This model is working, but we need funding across systems... for the city, the county, the nonprofit,”* Ms. Drino noted, calling for more sustainable funding opportunities.

Early trauma therapy could have helped one of the other panelists, Jose Osuna. Mr. Osuna, the Director of External Affairs and Housing Justice Manager at Brilliant Corners and the Principal Consultant of Osuna Consulting, is a survivor of firearm violence. He was shot on three separate occasions and lost his 17-year-old son to a drive-by shooting from rival gang members. From ages 10 – 35, he was also a perpetrator of firearm violence as a member of a violent street gang.

But it wasn’t until his son was killed, in the front yard of his home, that he sought out and accepted mental health support. On that day, a team of officers showed up at his house and took his family out of their home to search the premises. *“Justifiably so,”* Mr. Osuna said, noting that the

officers were just doing their job, but he has since wondered if the trauma he was exposed to could have been mitigated rather than aggravated had he received mental health help at the time. *“Causing trauma causes trauma,”* Mr. Osuna said, noting the personal damage caused by his violent background. The death of his child spurred him to enter therapy, get treatment for substance abuse, and work towards healing those old wounds. Now, he gives back by engaging in gang rehabilitation work to help others find their own healing. Mr. Osuna ended his comments with an acknowledgement of the importance of mental health services in rehabilitating gang members: *“When folks were able to start to deal with their mental health issues, violence became less of a viable option to them.”*

Another innovative model, one focusing on adults who have been exposed to trauma, is in operation at the UCSF Trauma Recovery Center (TRC). Sarah Metz, PsyD, director of the program, talked about the comprehensive and customized state-of-the-art care they provide for their clients, most of whom come from underserved populations and have experienced four traumatic experiences prior to entering the program.

The “wraparound project” within the TRC provides psychological and psychiatric care, accompaniments to medical appointments, help applying for victim’s compensation funds, support in filing police reports, assistance with employment and education retention, and more. The project provides an average of 16 individually-based treatments for each client, after which PTSD and depression symptoms have been shown to decline significantly. This model, based on a clinical trial, is currently being replicated across the United States as a promising best practice for treating trauma.



But what else can be done to change our current systems, to reduce the incidence and minimize the negative impacts of trauma and firearm violence? Refugio “Cuco” Rodriguez, Chief Strategist & Equity Officer for the Hope and Heal Fund, posed this question to the audience: why don’t we ask patients about firearm access at medical appointments? *“We ask all kinds of intrusive questions about sexuality and age, but what we should ask is, ‘do you own a gun? Does anybody in your house own a gun?’”* Mr. Rodriguez said. This would not be an expensive change to make, Mr. Rodriguez stated, but could make a critical impact.

We read about and hear stories in the media about gun violence often, frequently followed with calls for gun control legislation. But Mr. Rodriguez is thinking more expansively;

he asks his partner organizations, *“If you removed every gun from this country... would you call that a win?”* Other organizations may, but the Hope and Heal Fund’s mission would not be achieved—because it’s about addressing *“the mentality that makes somebody believe that it’s okay to take a life because I disagree with you.”* What if also we challenged ourselves to ask how, as a society, we could prevent conditions that lead to violence, address trauma before it intensifies too greatly, and create individualized services and systems to help people heal? Programs like this exist, are impactful, and could be further replicated, as we learned from Ms. Drino and Dr. Metz—but doing so costs money and requires effort. Conversely though, as Mr. Rodriguez asked, *“What is the cost of doing nothing?”*

NEXT STEPS

The Commission will explore these difficult questions and more at its **October 26th** meeting in San Francisco. Please join in-person or virtually as we learn about and discuss additional innovative solutions and strategies for preventing firearm violence.

¹ Immediate crisis counseling is provided anytime between immediately after the violence has occurred and within up to 24 hours.

