




Understudied and Underfunded: Potential Causes of Mass Shootings and Implications for Counseling Research

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Abstract

Mass shootings are becoming more commonplace in our society. Despite this increase in frequency, research on mass violence has lagged behind due to halted federal research funding. Counselors and other mental health professionals find themselves at the forefront of this issue due to the contentious debate surrounding the intersection of mental health issues and mass shootings. The purpose of this article is to increase awareness of the cause of this dearth of research, examine what is currently known in the limited scholarly literature, and discuss what still needs to be explored. Implications for positive social change and advocacy efforts are also provided.

Keywords: *mass shootings, social change, mental health, risk management, mass violence*

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Introduction

Mass shootings are defined as violent acts committed by perpetrators who indiscriminately shoot and kill four or more victims during the same attack (Follman, 2012). These events are becoming more commonplace, with approximately 12.8 incidents occurring yearly (Ramirez et al., 2018). When compared to other countries, the United States has a disproportionate number of mass shootings (Lankford, 2016b). For example, between 1966 and 2012, the United States accounted for 31% of the mass shootings that occurred worldwide, more than any other country (Lankford, 2016b).

These incidents are not only increasing in frequency but are also becoming deadlier (Lurie, 2019). For instance, two of the deadliest mass shootings in U.S. history have occurred since 2016: the Route 91 Harvest Music Festival shooting (Lozada et al., 2019) and the Pulse Nightclub shooting (Ramirez et al., 2018). Additionally, in 2017, the deadliest school shooting to date occurred in Parkland, Florida (Katsiyannis et al.,

2018). Despite this alarming increase, research on mass violence is scarce (Brady, 2019; Metzl, 2018; Rajan et al., 2018; Rostron, 2018), especially in the professional counseling literature (Webber et al., 2017).

Despite this scarcity, counselors and other mental health professionals find themselves at the forefront of this issue due to the contentious debate surrounding the intersection of mental health issues and mass shootings (Dressing & Meyer-Lindenberg, 2010; Knoll, 2012; Warren et al., 2011). However, due to the scant empirical research on mass shootings (Brady, 2019), in particular behavioral threat assessment, (Allwinn et al., 2019) guidance for professional counselors regarding their role in risk assessment and treatment strategies for potential perpetrators is limited. As the counseling profession historically encourages treatment rooted in evidence-based practice (Cook et al., 2017), the lack of scholarly research presents a unique challenge. The purpose of this article is to increase awareness of the cause of this dearth of research, examine what is currently known in the limited, conflicting scholarly literature, and discuss what must be explored. Implications for positive social change, advocacy, and collaboration are also provided.

Legislation Obstacles

One prominent reason for the scarcity of research on mass violence is the Dickey Amendment, which for the past 20 years has prohibited the National Institutes of Health (NIH) and the Centers for Disease Control (CDC) from studying gun violence (Brady, 2019; Rostron, 2018). The ban was put in place after the CDC funded a study that confirmed that firearms in homes increased the risk of homicide (Kellermann et al., 1993). In response, the National Rifle Association (NRA) allied with Arkansas representative Jay Dickey in 1996 to include a provision in a spending bill (Rostron) that stated “none of the funds made available for injury prevention and control at the Centers for Disease Control and Prevention may be used to advocate or promote gun control” (Public Law 104-208, 1996, p. 245). At that time, the \$2.6 million in funds for gun violence research was appropriated for studies on traumatic brain injury, and all CDC research on gun violence was formally halted (Rostron).

The Dickey Amendment eventually halted funding for the NIH as well and immobilized all gun violence research following the NIH’s study in 2009 that explored the link between gun possession and gun assault (Rostron, 2018). Due to this, Congress denied President Obama’s request to allow funding for gun violence research, and these studies continued to be on hold until the Parkland school shooting in 2018 (Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2018). At that time, the language in the Dickey Amendment was clarified, and it was put forth that

while appropriations language prohibits the CDC and other agencies from using appropriated funding to advocate or promote gun control, the Secretary of Health and Human Services has stated the CDC has the authority to conduct research on the causes of gun violence. (p. 23)

However, despite this clarification, Congress did not readily appropriate funds (Rajan et al., 2018; Rostron, 2018), waiting until December 2019, when they appropriated 25 million dollars for this research. Still, researchers fear this funding might not be enough (Filby, 2020) and “pales in comparison to the amount needed” (Stacqualursi, 2019, para. 9).

Because of this lack of funding, some researchers, such as Dr. Garen Wintemute at the University of California-Davis (Wadman, 2013), have self-funded their studies. In addition, the State of California attempted to fill this funding and research gap by passing the California Firearm Violence Research Act (Cal. Penal. § 14235–14238, 2016), which appropriated funds for the creation of the Firearm Violence Research Center (FVRC) at the University of California-Davis, which Dr. Wintemute oversees. However, despite the small-scale efforts of private donors and grants, there is much that remains unanswered about gun violence (Metzl, 2018). A study by Stark and Shah (2017) found that when comparing the top 30 leading causes of

death, gun violence was the least researched cause based on mortality rates. These researchers utilized regression analysis to explore the number of estimated publications on gun violence in the scholarly literature. They found that although it was predicted that there would be 38,897 scholarly publications on this topic, only 1,738 publications were identified (4.5%).

As a result of this limited research base, mental health professionals remain uninformed about how to adequately provide care for individuals who might be capable of carrying out these incidents and how to determine who might be considered at a high risk of doing so (Dressing & Meyer-Lindenberg, 2010). Despite this lack of knowledge, in October 2019, William Barr, the U.S. Attorney General, issued a memo calling for court-ordered mental health counseling for individuals identified as being potentially violent to aid in reducing the incidence of mass shootings (Office of the Attorney General, 2019). This urgent call for treatment, coupled with a limited research base, presents a dilemma for mental health professionals. Ultimately, without additional funding and support for research on the causes of mass shootings, risk assessment and treatment considerations will continue to be questionable.

Conflicting Research on Causes

Because of the lack of funding for large scale research, the current knowledge of potential causes of mass shootings comes from smaller, more limited studies. While this knowledge can be helpful, larger-scale studies are needed in order to confirm these findings (Metzl, 2018). The following is an examination and critique of this present-day research that currently guides our understanding of the potential causes of these incidents.

Mental Health and Trauma

One aspect of gun violence that is often debated is the role mental health issues play, if any, in mass shootings and whether these incidents can be reduced with the right protocols in place within the mental health system (Lin et al., 2018; National Alliance on Mental Illness [NAMI], 2019; Knoll & Annas, 2016). While we understand that the vast majority of people with mental health issues will never become violent (NAMI, 2019), it has been found that at least 67.7% of all mass shooters since 1966 had mental health concerns and 24.7% of mass shooters had been in counseling (Peterson & Densley, 2019). Additionally, it was found that nearly all mass shooters had been exposed to violence and experienced childhood trauma such as abuse, neglect, interpersonal violence, bullying, and parental suicide (Peterson & Densley).

Little empirical research exists on the intersection of mental health and mass murder (Knoll, 2012), and the research that has been conducted is conflictual. For instance, Lin et al. (2018) found no link between mental illness and mass shootings. However, other researchers assert that unaddressed mental health issues may very well contribute to these incidents (Yelderman et al., 2019). Narcissism may also play a role in mass shootings as these individuals often crave the attention that they would receive after a shooting (Bushman, 2018; Knoll & Annas, 2016).

Overall, several barriers exist when it comes to identifying psychopathology in mass shooters, including gender and limited finances, that may preclude perpetrators from scheduling medical appointments (Lim et al., 2019; Taber et al., 2015). As a result, the likelihood that mental health issues will be identified or diagnosed is decreased. It should be noted that because only 25% of perpetrators have been formally diagnosed with mental health issues (Silver et al., 2018) does not mean others do not meet the criteria. However, due to conflicting evidence, additional research must be conducted to provide a better understanding of how psychosocial factors might impact mass violence (Metzl, 2018).

Gun Legislation

Another contentious topic surrounding mass shootings that has been assessed only to a limited extent are laws governing gun control (RAND Corporation, 2018). Lott (2010) claims that more guns in the United States equal less crime. Yet, the literature on this topic is not consistent as Lemieux (2014) found a statistically significant ($p < 0.01$) correlation between gun ownership and mass shootings. Since these findings are mixed, larger-scale studies should be conducted (Metzl, 2019).

In recent years several states have implemented laws and policies around mental illness and gun ownership (Swanson et al., 2015), including Extreme Risk Protection Orders (ERPOs), which are also known as red flag laws (Sklar, 2019). To date, 13 states have implemented ERPOs, which allow law enforcement officers, and in some instances, family members, to remove a person's guns when they are identified as being a threat to themselves or others (The Pew Charitable Trusts, 2019). In addition to ERPOs, several states have tightened other legislation surrounding gun control. For instance, California recently passed a bill that prevents those who have been hospitalized for mental health issues more than once in a year from purchasing firearms for life (Cal. Welf. & Inst. Code § 8103a, 2018). New York also passed legislation that requires mental health clinicians to report names of clients who might be at risk of violence to the police so that any guns in their possession can be seized (NY Secure Ammunition and Firearms Enforcement Act, 2013). However, the NAMI (2019), in agreement with other researchers (Chappell, 2014; Swanson et al., 2015), issued a statement providing a warning about how stricter gun laws could create additional barriers for people seeking mental health treatment as they might fear confiscation of their weapons. In the midst of these drastic measures, only limited empirical research has been conducted on the effectiveness of these policies (Swanson et al., 2015). Thus, research must be done to study the effectiveness of such policies as well as the link between mental health and violence, if any, to substantiate these restrictions being made.

Media and the Contagion Effect

The only area where there appears to be some agreement as a potential cause of mass shootings is the media's role in these attacks. News coverage of mass killings has been described as being "largely inescapable" (Lankford & Madfis, 2018, p. 155), and these incidents are commonly exploited by the media, which has been found to be a significant contributor to the copycat effect (Jetter & Walker, 2018; Knoll, 2012; Lankford & Madfis, 2018). For instance, Jetter and Walker (2018) found in a sample of mass shootings between 2013 and 2016 that 58% of these incidents were attributed to media coverage. More specifically, they found that news coverage increases the risk of subsequent mass shootings for up to ten days following the initial incident.

In order to reduce the contagion effect, the media is encouraged to focus solely on the victims and recovery instead of perpetrators (Jetter & Walker, 2018; Knoll, 2012). In a 2017 letter to the media, 149 scholars, professors, and law enforcement professionals who have studied mass violence formally requested that the press abstain from naming current and past perpetrators and using their photos (Lankford & Madfis, 2018). The Federal Bureau of Investigation advocates for the same approach and started the "Don't Name Them" campaign to help mitigate the risk of copycats (ALERT Center at Texas State University, n.d.; FBI).

Because the media has been empirically found to play a role in the increasing incidence of mass shootings, research on this topic should continue. For instance, due to the efforts of multiple researchers and scholars (Lankford & Madfis, 2018), there has been a reduction in media using the names of these mass shooters (Silva & Capellan, 2017). Therefore, additional studies on the contagion effect should follow in order to determine if progress has been made. Additionally, the role social media plays in the contagion effect is unclear, and this relationship should be further explored (Zakrzewski, 2019).

A Call for Mass Violence Research in the Counseling Field

Regardless of the inconsistent research on the causes of mass shootings, counselors remain on the front line of prevention, intervention, and treatment, especially with the recent call for court-ordered mental health treatment for potential perpetrators of mass violence (Office of the Attorney General, 2019). Despite this front-line position, without evidence-based research on the role mental health might have in these incidents, the exact role that professional counselors have in mitigating this violence remains unclear. Therefore, it is imperative that the profession advocate for funding and engage in research in order to develop an understanding of best practices for counseling individuals who are at risk of committing a mass shooting. The following is a discussion regarding gaps in the professional literature that must be filled in order to adequately address this crucial issue.

Even though the majority of individuals with mental health issues have no risk of becoming violent (NAMI, 2019), it is essential that counselors understand evidence-based strategies that can be used to treat individuals identified as being at-risk of violent behavior. However, this research within the counseling literature is limited. For instance, Webber et al. (2017) found just 10 articles (.004%) pertaining to mass trauma over a period of twenty years (1994-2014) in their content analysis of three influential counseling journals: the *Journal of Counseling and Development* (JCD; n = 6), the *Journal of Mental Health Counseling* (JMHC; n = 4), and *Counselor Education and Supervision* (CES; n = 0). It is noteworthy that as of 2009, the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) integrated trauma, crisis, and disaster into the eight core areas of foundational knowledge and requires counselor trainees to meet these standards. However, Webber et al. found that the counseling literature is not keeping pace with these standard revisions. Two central areas that need immediate research attention within the counseling literature include risk assessment (prevention) and treatment considerations in order to determine best practices and empirically rooted strategies (Cook et al., 2017) when working with potential perpetrators of mass violence.

Risk Assessment

An important role of mental health professionals is assessing clients for future risk of violence (Warren et al., 2011). Several potential factors have been identified that might increase the risk of threat of overall violence, including substance abuse, mental health issues, history of violence, and limited education (NAMI, 2019; Warren et al., 2011). However, these specific factors are not limited to mass shooters as risk assessment of this population remains unclear due to scarce empirical research (Metzl, 2018). Therefore, instead of mental health professionals attempting to predict future risk of mass violence, it has been recommended that clinicians focus their efforts on risk management (Dressing & Meyer-Lindenberg, 2010; Knoll, 2012; Swanson et al., 2015; Warren et al., 2011).

Additional qualitative and quantitative methodological studies are warranted to investigate the risk factors that might increase the threat of mass violence as well as risk management strategies that can be utilized to help mitigate risk. For instance, it may be helpful to qualitatively explore the experiences of mental health clinicians who have worked with clients with homicidal ideation, especially those who have expressed interest in mass killings. Discussing the clinical strategies the clinician utilized for risk assessment and risk management could be fruitful in identifying themes that may be included in best practices.

Another factor that could be further explored in terms of risk assessment is leakage. O'Toole (2000) first coined the term "leakage" in her FBI threat assessment report of school shooters. Leakage occurs when potential perpetrators release information that might indicate they are planning a violent act. This release can happen through a variety of mediums, including songs, poems, writings, videos, and pictures (Meloy & O'Toole, 2011). These "warning behaviors" can be used to help identify potential mass shooters (Meloy & O'Toole, 2011, p. 2). For instance, Vossekul et al. (2002) found that in 81% of school shooting cases, leakage had occurred, and at least one other individual had prior information of the planned murders; 67% of them

engaged in leakage before their attack. To date, there is no scholarly research in the counseling literature on how to respond to leakage within the therapeutic relationship. Therefore, in future work, investigating leakage might prove valuable. Researchers should explore how this information might emerge during the therapeutic relationship, as well as responding to this phenomenon in the confines of the counseling relationship.

Treatment Considerations

Not much is known about treatment considerations for individuals at risk of mass violence (Knoll & Annas, 2016), partially because we have such a limited understanding of the factors that lead to these incidents. Without more precise information about these various factors, it is difficult to know how to best counsel clients who may be at risk of committing a mass shooting. Therefore, treatment considerations are another central area that needs research attention in order to help reduce the incidence of mass shootings.

In the limited research that does exist on treatment considerations, Knoll (2012) and Paolini (2015) recommend that mental health treatment for clients at risk of mass violence focus on improving self-esteem and developing appropriate coping skills and ways of managing anger. However, researchers and practitioners should keep in mind that clients at risk of mass violence may have personality characteristics such as narcissism that preclude them from building trust and rapport (Bushman, 2018). Yet, overall research in the scholarly literature on the treatment of narcissism is limited (Reed-Knight & Fischer, 2011). Future quantitative analysis could, therefore, focus on outcome studies that can be conducted to determine interventions and treatment strategies proven to be effective when treating individuals who are narcissistic. Measures such as the Narcissistic Personality Inventory (Ames et al., 2006) can be used to explore therapeutic approaches that lead to decreased symptoms of narcissism.

Since Lee (2013) and Vossekuil et al. (2002) found that 98% of mass shooters in their sample experienced some type of loss before the attack, researchers should also focus on how to process grief and loss with clients with homicidal ideation and thoughts, including healthy ways to express difficult emotions. Lankford (2016a) additionally suggests that clinicians pay particular attention to any co-occurring signs of suicidal ideation, as this factor might play a significant role in mass shootings. Therefore, future qualitative and quantitative research studies should continue to explore what role suicidality has in these attacks. Psychological autopsy research, for example, might be useful in order to examine this relationship (Isometsä, 2001).

Social Change and Advocacy Efforts

Finally, while recognizing the importance of research and developing evidence-based practices, counselors should recognize that advocacy is key to initiating these efforts (Myers et al., 2002) and achieving social change. Mass violence is complex; therefore, counselors should form interprofessional alliances in order to align advocacy efforts and affect positive social change. Counselors should unite with other professionals such as criminologists, physicians, sociologists, and psychologists, to call for the repeal of the Dickey Amendment (Metzl, 2018) and to advocate for additional funding to be appropriated by Congress (Rajan et al., 2018) for research related to mass shootings. In September 2019, a bill was introduced by Senator Johnny Isakson that encouraged Congress to appropriate \$300 million for CDC funded research on mass violence (Expanding Research on Mass Violence Prevention Act, 2019). Counselors should write to legislators advocating for support of this bill. Once large-scale research studies are conducted to better identify the factors leading to mass shootings, best practices for risk-assessment and treatment considerations within the counseling field will follow.

Conclusion

Because of scant research on mass violence, especially in the counseling field, counselors lack clarity regarding best practices for preventing and intervening in a mass shooting. Without filling these research gaps, our country remains in imminent danger of suffering from these shootings time and again. As society looks to us in this time of need, the counseling profession has the duty and responsibility to find ways to identify and help those who may be prone to these acts of violence. However, without more evidence-based research, we are at a loss for the direction to take in recognizing the signs and treating the symptoms of violence. Every effort should be made to advocate for research funds and then conduct research in the areas discussed above so that we can help our society become safer as we effectively help those who need it the most.

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