

POLICY BRIEF: *Extreme Risk Protection Orders (ERPOs)*

March 2021



Hogg Foundation
for Mental Health

ISSUE

Easy access to firearms by dangerous individuals often leads to community gun violence, suicide, and trauma that create/exacerbate mental health conditions of Texans. While resolving these issues takes a multifaceted approach, a key provision to reducing gun violence and associated trauma would be the implementation of extreme risk protection orders (ERPOs). These would allow for the temporary removal of firearms from individuals at risk on the basis of dangerousness, not mental health diagnoses, and would include due process. This policy could help prevent much of the trauma Texas communities experience, as well as address suicide and domestic violence concerns that foster/perpetuate mental health issues.

RECOMMENDATIONS

- Implement ERPOs that allow judges/juries to use valid clinical assessments of dangerousness, not mental health diagnoses, to determine whether to temporarily disarm individuals at risk of harming themselves or others. Due process (including the ability to petition) and protection of individual rights must be included, and ERPOs must not discriminate against those with mental health conditions.

BACKGROUND

In August 2019, an armed white supremacist drove to El Paso, murdered 23 people, and injured 23 others. Just weeks before the shooting, the perpetrator's mother had called police to express concerns of her son's possession of the weapons. Police did not have the authority to disarm her son, and consequently, he committed the hate-filled shooting.¹ Had an ERPO bill been in existence, it is possible that the shooter's mother could have petitioned to have her son's weapons temporarily removed, potentially saving dozens of lives and countless loved ones from the trauma that ensued.

While this is an extreme example of how an ERPO could have reduced trauma and gun homicides, these orders could also prevent everyday community and domestic violence. Gun violence exposure impacts community well-being, and chronic exposure leads to anxiety, depression, PTSD, constant agitation, sleep disturbances, hopelessness, and other mental health conditions.² Research consistently links this exposure to less healthy and safe communities.³ Overwhelming evidence suggests that community and other forms of trauma may cause illnesses or aggravate existing conditions.⁴ Trauma reaches beyond those who directly witness or experience it, and can lead to a greater need for mental health resources within communities at multiple levels. Preventing this trauma should be a priority in Texas, and ERPOs would be just one step in the process.

Addressing access to lethal means is also vital to reducing suicide. While the average suicide attempt has an 8.5 percent death rate, attempts with firearms have an 89.6 percent mortality rate.⁵ Among other states that have implemented ERPOs, firearm suicide rates decreased by 13.7 percent in Connecticut and 7.5 percent in Indiana.⁶ When coupled with other policy solutions, ERPOs could decrease Texas's suicide rate even further.

SUMMARY

Too often, people with mental health conditions are blamed or stigmatized for instances of gun violence that are actually rooted in anger or hate, institutionalized oppression, or other factors. It is therefore vital that an ERPO policy emphasizes the need to assess for dangerousness, not mental health diagnoses, when determining whether the temporary removal of firearms is appropriate. By implementing this kind of ERPO, the state can reduce suicide, gun violence, and associated trauma that all worsen the mental health conditions of Texans.

CONTACT

Sean Walker, MPAff, Policy Fellow | sean.walker@austin.utexas.edu |

Colleen Horton, MPAff, Director of Policy | colleen.horton@austin.utexas.edu |

CITATIONS

¹ Glover, S., & Kamp, M. D. (2019, August 09). Exclusive: El Paso suspect's mother called police concerned about gun. Retrieved from <https://www.cnn.com/2019/08/07/us/el-paso-crusius-gun-warning/index.html>

² Cecil, C.A., Viding, E., Barker, E.D., Guiney, J., & McCrory, E.J. (2014). Double disadvantage: the influence of childhood maltreatment and community violence exposure on adolescent mental health. *The Journal of Child Psychology and Psychiatry*, 55, (7), 839-848. Retrieved from <https://acamh.onlinelibrary.wiley.com/doi/pdf/10.1111/cpp.12213>

³ Ibid.

⁴ Fact Sheets: Links Between Violence and Chronic Diseases, Mental Illness and Poor Learning. (2011, May 01). Retrieved from <https://www.preventioninstitute.org/publications/fact-sheets-links-between-violence-and-chronic-diseases-mental-illness-and-poor-learning>

⁵ Conner, A., University, Q., Azrael, D., Harvard T.H. Chan School of Public Health, Miller, M., Harvard T.H. Chan School of Public Health and Northeastern University, . . . Mannix, R. (n.d.). Suicide Case-Fatality Rates in the United States, 2007 to 2014. Retrieved from <https://www.acpjournals.org/doi/10.7326/M19-1324>

⁶ Kivisto, A. J., & Phalen, P. L. (2018, June 01). Effects of Risk-Based Firearm Seizure Laws in Connecticut and Indiana on Suicide Rates, 1981–2015. Retrieved from <https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201700250>