

**THE VIOLENCE PROJECT**

# Criminal Justice Responses to Mental Illness & Mass Shooting Prevention

Jillian Peterson, PhD  
James Densley, PhD

Research reported in this presentation was supported by the National Institute of Justice under award number 2018-75-CX-0023


1



2

## “Criminalization of Mental Illness”

- Police came to be known as “street-corner psychiatrists”
- “Mercy arrests”
- Jail bookings to secure treatment
  - Estelle v. Gamble (1976): prisons are constitutionally required to provide adequate medical care to inmates.
- Four times as likely to be arrested for minor crimes



Taplin, L.A. (2008). Keeping the peace. National Institute of Justice.  
Butterfield, F. (1988). Officers' role in a special report. The New York Times.  
Lamb, H.R. & Weinberger, L.E. (1998). Severely Mentally Ill Prisoners in Jails and Prisons: A Review. Psychiatric Services, 49, 483-492.  
Widomarski, E.V., Carroll, K.R., & Meiri, A. (1988). A study of offenses committed by psychiatric inmates in a county jail. Hospital Community Psychiatry, 39, 563-566.

3

## The largest inpatient psychiatric facilities in the United States are all jails.

- Los Angeles County Jail
- Rikers Island, New York
- Cook County Jail, Chicago



**Hennepin County Jail is one of the largest treatment facilities in the country.**

- 200–300 inmates with mental illness on a given day
- Largest psychiatric facility in Minnesota has 115 beds

Nation's jails struggle with mentally ill prisoners. National Public Radio. September 4, 2011  
Nasraki, M. (2010). Addressing the mental health crisis in our jails. Star Tribune.


4

## Revolving Door

- National recidivism rate is 68% after 3 years, 77% after 5 years (BIA)
- People with mental illness are twice as likely to have their parole suspended than people without mental illness (Messina, et al. 2004)

**Individuals with mental illness are more likely to...**

- Be sentenced for longer
- Have higher discipline rates in prison
- Be sent to solitary
- Be victimized in prison
- Serve their maximum sentence
- Have technical violations
- Return to custody



5

## Barriers to Treatment

- Stigma
- Lack to knowledge
- Access – insurance, cost, distance
- Quality of treatment
- Motivation
- It's complicated


**Police have few options**



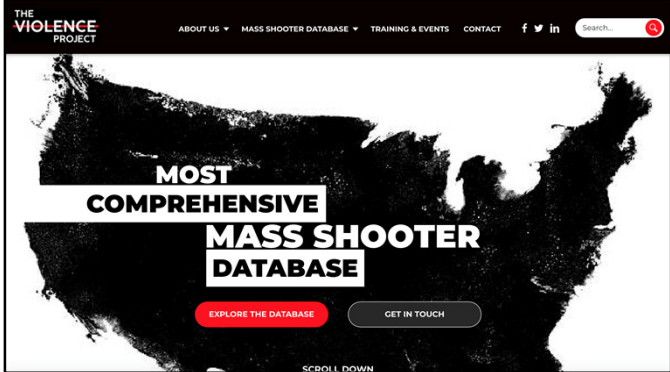

6

### Use of Force

- People with mental illness are 16 times more likely to be killed by police
- Minneapolis Star Tribune found at least 45 percent of the people killed by police in Minnesota since 2000 had a history of mental illness or were in a mental health crisis.
- "Think Twice Before Calling the Cops on the Mentally Ill" The Atlantic (2015)



7



8

### Mass Shooting Prevention

#### Current Approach

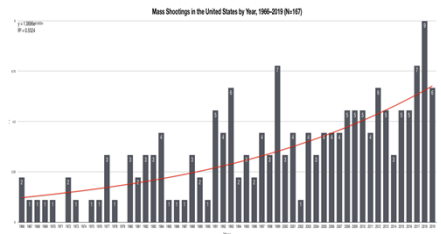


#### Prevention

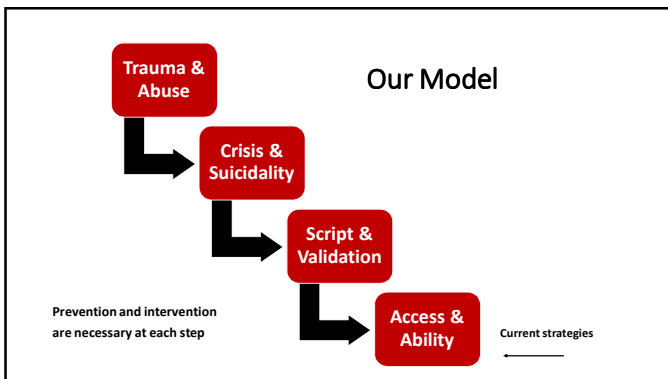


9

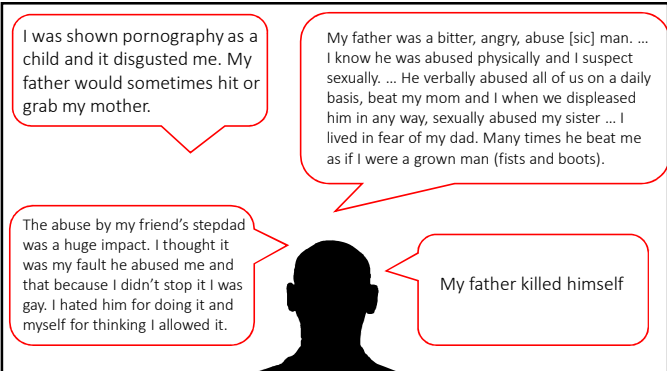
Despite our efforts over the past 20 years, mass shootings have become more frequent and more deadly. 2019 was the worst year on record for mass shootings, followed by 2018 and 2017



10



11



I was shown pornography as a child and it disgusted me. My father would sometimes hit or grab my mother.

My father was a bitter, angry, abuse [sic] man. ... I know he was abused physically and I suspect sexually. ... He verbally abused all of us on a daily basis, beat my mom and I when we displeased him in any way, sexually abused my sister ... I lived in fear of my dad. Many times he beat me as if I were a grown man (fists and boots).

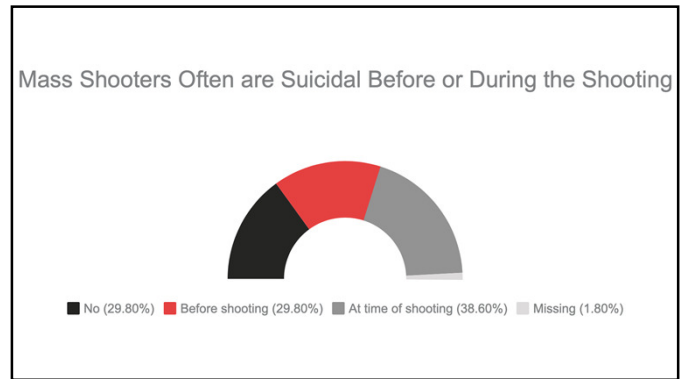
The abuse by my friend's stepdad was a huge impact. I thought it was my fault he abused me and that because I didn't stop it I was gay. I hated him for doing it and myself for thinking I allowed it.

My father killed himself

12

Variable	%	Variable	%
Military Service	<b>26.9%</b>	Mood Disorder	<b>23%</b>
Criminal Record	<b>63.7%</b>	Thought Disorder	<b>26%</b>
Violent History	<b>57.9%</b>	Psychiatric medication	<b>20.5%</b>
In Crisis	<b>80.1%</b>	Mental health concerns	<b>67.7%</b>

13



14

**Mass shooters are insiders, not outsiders**

**K-12 school shooter** - white male student of the school with a history of trauma who is suicidal. Leaks his plans ahead of time, high degree of planning, and has an interest in guns. Uses multiple guns that he stole from a family member.

**College and university shooter** - non-white male current student with a history of violence and childhood trauma who is suicidal. Uses handguns that he legally obtained and leaves something behind to be found (like a video or "manifesto").

**Workplace shooter** - a male in his 40s who is an employee of the blue-collar shooting site and having trouble at work (no racial profile). Uses a handgun and assault rifles that he legally owns.

**House of worship shooter** - a white male in his 40s who is suicidal with a prior criminal record and violent history. Uses a handgun in a Christian church where he knows victims. Low degree of planning, motivated by domestic spillage and hate.

**Retail/restaurant shooter** - white man, age 30, with a criminal record and violent history and no connection to the location. Uses one legally owned handgun. One third show evidence of a thought disorder.

School Active Shooters 1999-2019 by School Relationship (N= 67)

Relationship	Percentage
Current Student	77%
Former Student	14%
No Affiliation	9%

15

Nearly 80% of school mass shooters leaked their plans to shoot ahead of time – telling family, teachers, or students in person or online that they were thinking of perpetrating violence

16

**Prevention**

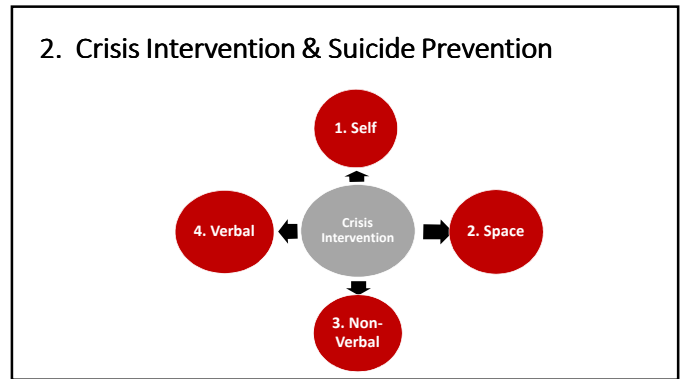
17

- Ineffective Strategies, according to the data**
- Active shooter drills: Perpetrators are insiders, not outsiders
  - Waiting for Superman: Perpetrators are insiders, not outsiders
  - Armed security: Perpetrators intend to die in the act
  - Punishing threats: Perpetrators are suicidal and in crisis

18

### 1. Culture of Care

19



20

### 3. Anonymous Reporting Systems

21

### 4. Intervention Teams

**Research**

- Risks - what are the needs? Where are the gaps within the school, workplace, etc?
- Roles and Responsibilities - Who is involved? What role does everyone play?

**Respond**

- Recognize people in crisis
- React using evidence-based de-escalation (staff training)

**Refer**

- Refer to the assessment team that's in place
- Resources - what is available? How to connect?
- Review - Is the plan working?

22

### R-Model

Do they want to go to the hospital voluntarily?

Do they meet criteria for a transportation hold?

Do they need to go to detox?

Are they in a crisis that needs immediate attention?

- COPE for adults: (612) 596-1223
- Child Crisis for under 18: (612) 345-2233

Do they need county services?

- Call Front Door (612) 348-4111
- ACT team, caseworker

Do they need outpatient counseling?

- Call Relate (952) 912-7277

23%

23

### Takeaways

- Use data to examine what is working and what isn't
- We can spot signs of a crisis, and intervene with resources rather than punishment
- Positive cultures, strong relationships, and access to mental health resources are key components of public safety

24

**THANK  
YOU**

 [www.theviolenceproject.org](http://www.theviolenceproject.org)

 [@theviolencepro](https://twitter.com/theviolencepro)

 [www.facebook.com/theviolencepro](https://www.facebook.com/theviolencepro)

 <https://in.linkedin.com/company/the-violence-project>

 [admin@theviolenceproject.org](mailto:admin@theviolenceproject.org)