Research study of Connecticut’s
‘DANGEROUS PERSONS’ GUN SEIZURE LAW

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Balancing risk and rights for more effective policies
Background

• March 6, 1998: CT Lottery Shootings

• March 11, 1998: AN ACT CONCERNING HANDGUN SAFETY referred to Judiciary Committee

• May 4, 1998: PA 98-129 passed

• May 27, 1998: signed by Governor

• Required creation of database re civil commitments & gun permits
CT Gun Seizure legislation 1999

• Bill started in January as minor modifications of gun permit statutes (CGS 29-28 to 29-32)

• **Columbine shootings 4/20/99** (13 months after Lottery shootings)

• Bill expanded to permit gun seizures with warrant (PA 99-212, S. 18; passed & signed June 1999)
  – Required “imminent risk” of injury to self or others regardless of mental health history
§ 29-38c(b)

• Requires warrant:
  – “...probable cause to believe that...a person poses a risk of imminent personal injury to himself or herself or to other individuals...”
  • Recent threats or acts of violence to self/others
  • Recent acts of cruelty to animals
  • Judge may also consider:
    – the reckless use, display or brandishing of a firearm
    – a history of the use, attempted use or threatened use of physical force against other persons
    – prior involuntary psychiatric hospitalization
    – illegal use of controlled substances or abuse of alcohol
§ 29-38c(d)

“If the court finds that the person poses a risk of imminent personal injury to himself or herself or to other individuals, it shall give notice to the Department of Mental Health and Addiction Services which may take such action pursuant to chapter 319i as it deems appropriate.”
§ 29-38c in National Context

• First law of its kind in nation to allow seizure of gun before owner has committed an act of violence

• In 2005, Indiana passed similar law, allowing gun seizure with or without warrant (after August 2004 incident that left one police officer dead and four others wounded)

• Other states have not followed this specific methodology

• Sept 30, 2014 – Governor Brown signed CA gun-restraining order bill (effective Jan 1, 2015)
  – Other states considering such bills
Preliminary Gun Seizure Data
10/1/99 – 7/31/13

• 764 seizures
  – 700 men (91.5%); 64 women (8.5%)
  – Ages 21 to 92 (mean 47.4; SD – 14.7)
    • 15% < 30 (all male); 10% > 64
  – 27% married; 10% children in house at time of seizure
  – 5% veterans; 1% deployed in last year
  – 45% calls from family/friend; 25% other; 4% clinicians or employer/peer
  – Risk to self 53% (51% of males; 83% of females)
  – Risk to others: 24% males; 15% females
  – Risk to both: 9% males; 2% females
Seizure Increase Over Time

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>April 2007</td>
<td>VA Tech</td>
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<tr>
<td>Nov 2009</td>
<td>Fort Hood</td>
</tr>
<tr>
<td>Jan 2011</td>
<td>Tucson</td>
</tr>
<tr>
<td>July 2012</td>
<td>Aurora</td>
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</tbody>
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* Newtown Shootings (12/14/2012)
A Small Town Intervention

![Graph showing number of gun seizures in individual municipalities, differentiated by population size (≥ 70,000 vs. < 70,000).]
Circumstances

• Substances
  – Alcohol: ~ 26% both genders
  – Illicit drugs: < 5%
  – Prescribed pain meds: 6% male; 10% female

• Triggers described in police report for 78% of cases
  – Conflict with significant other – 24%
  – Depression – 21%
  – Under age 36: conflict ~ 40%
  – Over age 59: death of SO – 42%; failing health – 39%
Unknown Outcomes

• Emergency Department evaluation
  – 60% males; 80% females
  – Results of ED assessments unknown

• Hearings
  – Outcome unknown in 70% of cases
    • 68% of known outcomes – court ordered firearms held
Mean monthly predicted probabilities of first violent crime for SMI individuals with and without a gun-disqualifying mental health record, before and after NICS reporting began in Connecticut (n=23,282)

- Only 7% disqualified due to mental health adjudication
- 96% of violent crimes among people with serious illness were committed by those not affected by the gun disqualification and reporting policy
- Factors most associated with violence: being young, male, disadvantaged, misusing drugs and alcohol

Note: analysis excludes persons with disqualifying criminal records and only includes those susceptible uniquely to the effects of mental health gun disqualification.
50 people with serious mental illness who ended their lives with a gun in Florida: **Failure of treatment, public policy, law?**

- Mental health adjudication record only: 5
- Criminal record only: 3
- Mental health and criminal record: 1

Could a gun seizure law help save lives?

- Gun-disqualified...but got a gun anyway (18%)

- NOT gun-disqualified...but should have been. (72%)

Legally able to purchase firearm: 41

- 50 people with serious mental illness who ended their lives with a gun in Florida: Failure of treatment, public policy, law?
State policy recommendations from the
Consortium for Risk-based Firearms Policy

Recommendation 3: States should:

• develop a mechanism to authorize law enforcement officers to remove firearms when they identify someone who poses an immediate threat of harm to self or others.

• create a mechanism authorizing law enforcement officers to request a warrant authorizing removal of firearms when the risk of harm to self or others is credible, but not immediate.

• create a new civil restraining order process to allow family members and intimate partners to petition the court to authorize removal of firearms and to prohibit firearm purchase and possession temporarily based on a credible risk of physical harm to self or others, even when domestic violence is not an issue.

Research questions for gun seizure law in Connecticut

1. Overall utilization
   • What are the patterns and trends in use of the gun seizure law over time?

2. Impact and challenges
   • What are the benefits and potential drawbacks, barriers, or disadvantages in using the law?

3. Law enforcement role
   • How do officers make decision, exercise their discretion in implementing gun-seizure policies?

4. Risk assessment approach
   • How is risk assessed in gun seizure cases? Evidence-based risk-assessment principles?

5. Policy improvement
   • How could the principal actors in gun-seizure procedures—such as law enforcement officers and mental health professionals—improve their practices in response to potential gun seizure cases?
5 phases of research project

• Phase 1 – Stakeholder interviews on gun-seizure policy.
  o 10 key informant interviews with actors in process: e.g., family member, law enforcement officer, prosecutor, judge, clinician

• Phase 2 – Create database of gun seizures.
  o characteristics of persons, events, dispositions of seizures

• Phase 3 – Create a merged longitudinal database of gun seizures and involvement with law enforcement and mental health before and after seizure
  o patterns of arrest, incarceration, psychiatric hospitalization before and after gun seizure

• Phase 4 – Quantitative test of effects of gun seizure on gun violence.
  o quasi-experimental analysis of association gun seizure and risk of violent crime

• Phase 5 – Dissemination and communication of results.
  o target stakeholders and interest groups early on; social media, electronic and print networks; issue briefs; web presence; high impact publication plan