



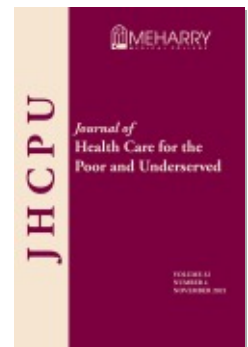
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Understanding the Process, Context, and Characteristics of Extreme Risk Protection Orders: A Statewide Study

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Understanding the Process, Context, and Characteristics of Extreme Risk Protection Orders: A Statewide Study

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Abstract: Research summary. Extreme risk protection orders (ERPOs) allow police, family, and household members to file an order to temporarily remove firearms or prevent purchasing among individuals at high risk for harming themselves or others. Using inductive qualitative content analysis, we examined 241 ERPOs filed December 8, 2016 through May 10, 2019 in Washington State. Focusing on recurring themes, we explored the circumstances and behaviors that led to an ERPO filing. Extreme risk protection orders were filed over concerns for domestic violence, mass shooting threats, direct threats to oneself or others, and other concerning behavior with a firearm. Factors at all levels of the social-ecological model were found to play a role in the dangerous behaviors of respondents that led to an ERPO petition. **Policy implications.** Extreme risk protection orders can serve an important role in both protecting people and facilitating the provision of care for substance use, mental illness, and assistance to vulnerable individuals.

Key words: Extreme risk protection orders, firearms, violence, qualitative research, policy.

Firearm injuries are a major public health problem in the United States. Scholars and activists have worked to develop strategies for preventing firearm injuries. The use of extreme risk protection orders (ERPO) is one such strategy. Nineteen states and the District of Columbia have passed such risk-based firearm laws as a mechanism to decrease firearm injuries. While the legal process and terminology of the laws differ from state to state, they share common general structure and intent. Extreme risk protection orders are civil orders, intended to be a non-criminalizing way to limit firearm access

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Box 1.

ALLOWABLE PETITIONERS BY STATE

Allowable Petitioners	States
Law enforcement	California, Connecticut, Colorado, Delaware, District of Columbia, Florida, Hawaii, Illinois, Indiana, Maryland, Massachusetts, Nevada, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, Virginia, and Washington
Family members or intimate partners	California, Colorado, Delaware District of Columbia, Hawaii, Illinois, Maryland, Massachusetts, Nevada, New Jersey, New York, Oregon, and Washington
Healthcare workers	Hawaii and Maryland
Mental health professional	DC and Maryland
School personnel	California and New York
Employer of respondent	California and Hawaii

by people (called “respondents”) who have shown themselves to be at significant risk of causing harm to themselves or other people through extremely concerning behavior or threats of violence.^{1,2} Categories of people who are able to file the initial ERPO petition, known as the “petitioner” vary by state, but always include law enforcement (Box 1).³

Research on the context of ERPO filings, and characteristics and behaviors of respondents has been limited. A study examining the Connecticut law found that respondents were most often White males residing in smaller towns and experiencing extreme stress over hardships such as finances, housing instability, a romantic relationship separation, or job loss. An evaluation of the Indiana law found that use of the law in response to suicide risk and threats increased over a seven-year period following its adoption.^{3,4} Other studies found similar reports of paranoia, substance use, and verbal threats of violence among cases where the respondent threatened harm to themselves and cases where the respondent threatened harm to other people.⁵ Given the established presence of racism in the criminal legal system⁶ and disparate impact of firearm injuries on communities of color,⁶⁻⁸ concerns have also been raised about the disproportionate use of ERPOs in communities of color.⁷ Further, while ERPOs are not criminal orders, violation of them is a felony, which may have a disparate impact on communities of color.⁷

In our prior study of ERPO respondents in Washington State, we found that respondents whose behavior posed harm to themselves (n=67), other people (n=86), or both (n=84) also had overlapping reports of suicidal behavior, substance use, and prior criminal legal system encounters.⁹ In the year that ERPO laws were enacted, Washington

State experienced 682 fatal and 434 nonfatal firearm injuries.¹⁰ Based on a 2016 survey approximately 34% of the population of Washington State owned at least one firearm.¹¹

The process for filing an ERPO begins when the respondent exhibits highly concerning behavior or threatens harm. In Washington State, when an ERPO is initiated, law enforcement, family members, intimate partners, or someone living with the person believes the behavior presents a significant risk of harm to the respondent or to other people and warrants removing their access to firearms (Figure 1).² All four of these parties are able to file an ERPO petition in Washington State, though family members, intimate partners, or someone living with the person may also choose to contact law enforcement to file the petition instead. The behavior can be a single crisis event or several incidents that occurred over time. An ERPO is most often used in circumstances where a person has access to a firearm or has stated their intentions of obtaining a firearm. If the petition is granted by a judge, any firearms that the respondent has are removed and the state Department of Licensing along with the National Instant Criminal Background Check System are notified that the respondent is prohibited from purchasing a firearm while the ERPO is in effect (Figure 1).^{2,12}

In order to provide a more in-depth, nuanced understanding of the process, context, and characteristics of ERPO respondents, we conducted a qualitative analysis of all 241 ERPO cases by examining all associated documentation in each case. This includes the ERPO petition, court documents, and any available police reports in the first 2.5 years of the law. This study allowed us to analyze information that would not be well captured in a quantitative analysis and to use the petitioner's own words to provide insight into their reasoning for pursuing an ERPO. This insight sheds light on the various life circumstances of respondents that led to the ERPO. This information may help communities address concerns similar to those seen in these ERPO cases and possibly prevent future occurrence of such circumstances through increased use of ERPOs. We hope that through an increased understanding of ERPOs, especially by health care providers, communities can address harm caused by firearms but also help address health and economic concerns that lead to crisis moments. Since ERPOs are non-criminalizing civil orders, we also hope this information will increase their use in circumstances that would otherwise be handled by purely punitive means, and therefore prevent associated health disparities.

Methods

Study population. All ERPO petitions issued from December 8, 2016 (the date when law went into effect) through May 10, 2019 (date of dataset closure in this study) in Washington State were identified from county court records. Research staff travelled to superior and municipal courthouses across the state to collect ERPO petitions, hearing notes, addendums, affidavits, and any other related court documents. We only examined documents from cases where an *ex parte* order was granted as we did not have access to any petitions where such order was not granted. An *ex parte* order is an order where a judge has determined that there is enough evidence in the petition to warrant removing the respondent's firearms for up to two weeks before the initial

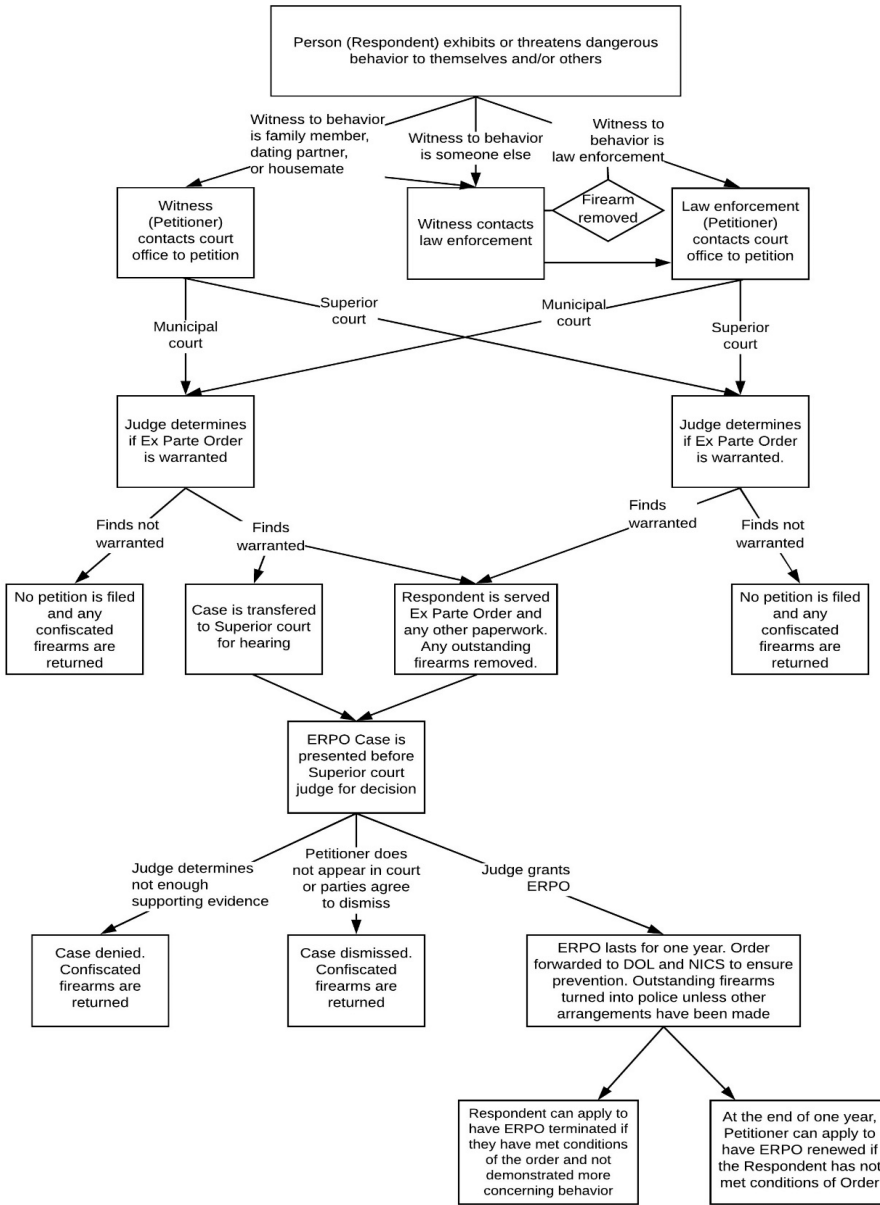


Figure 1. ERPO process for Washington State.^a

hearing.^{1,2} In total, there were 242 ERPO petitions in our study filed for 238 respondents (four respondents each had two ERPO petitions filed). We excluded one case because the intent of the ERPO could not be inferred, leaving 241 cases from 237 respondents for analysis. This study was approved by the University of Washington Institutional Review Board.

Data abstraction. Documents were abstracted into a Research Electronic Data Capture (REDCap) database.¹³ Further details regarding collection of documents are

available from the earlier study.⁷ extreme risk protection orders petitions, court minutes, and addenda were uploaded into Dedoose software for qualitative analysis.¹⁴ Case narratives were any reports from the petitioners' perspectives, written in their own words, of the behaviors that led to their filing of an ERPO petition. This included accounts of the respondent's characteristics, circumstances, health, health system, and criminal legal systems encounters prior to the petition. The information used was primarily from the ERPO petition itself as it provided the most details about the circumstances that lead to the crisis moment that initiated the ERPO process.

Data analysis. We initially examined a random sample of 10 case narratives from the petitions. Three members of the research team began open coding based on reoccurring words, phrases, and topics. A codebook was developed based on this initial open-coding process. Portions of the report that depicted summaries of certain sides of the respondent's conditions were highlighted, and appropriate codes were tagged to the excerpts. Quotations in the results came from the petitioner or other witnesses, excerpts from police reports, and responses to open-ended questions in the petition. Two team members coded 25 of the cases independently with this initial codebook, including the initial 10 cases coded prior to codebook development. We then met to discuss and develop consensus on code definitions, new codes, and alternative codes. We calculated a Kappa statistic to evaluate inter-rater reliability on all parent codes ($n=6$) and a random sample of sub-codes ($n=21$). We achieved high inter-rater reliability ($k \geq 0.80$) for all evaluated codes. The lead author then coded the entire set of 241 cases.

The lead author independently coded the narratives in Dedoose.¹⁴ As any additional themes emerged, the team discussed and developed consensus on key themes. Throughout the process we used strategies to increase the trustworthiness of our analysis, including peer debriefing, pattern identification, identification of cases that did not align with these patterns, and triangulating multiple sources of data (e.g., petitions, court documents, police reports).

During the analysis process, we noticed patterns in how social determinants of health^{15,16} influenced circumstances surrounding ERPO filing. We then placed themes that provided context for ERPOs within the Centers for Disease Control and Prevention social-ecological model for violence prevention (Figure 2).¹⁶ This social-ecological model illustrates how societal, community, relationship, and individual factors interact with one another and influence a person's risk of violence.^{17,18} By using this model as a framework for our analysis, we were able to examine how varying social concerns were related and cumulatively influenced each respondent's behavior. Furthermore, the study team paid particular attention to how the different levels of the social-ecological model were addressed by the petitioner in terms of language used, details shared, and any other available information about these different levels within the petitions and other legal documents.

Results

Of the 237 respondents, the majority were male and described as White (Table 1). Respondent age ranged from 18 to 88 years. Fifty petitions were filed concurrently with criminal charges. Most petitioners were law enforcement officers; the remaining

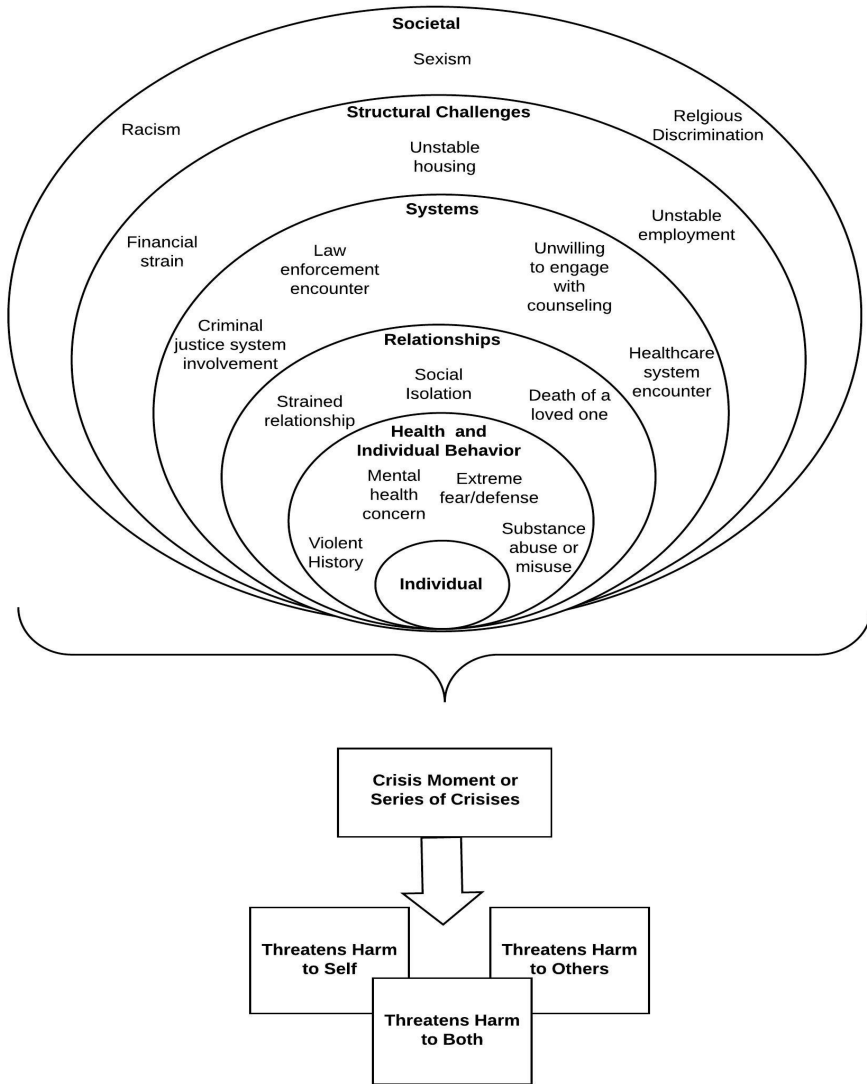


Figure 2. Social-ecological factors that lead to ERPO.

were primarily family members, most often spouses. The majority of cases (81%) were granted by the hearing judge. Of those cases that were not granted (19%), 19 were denied by the hearing judge on the basis of insufficient evidence to merit an ERPO, 25 were dismissed due to the respondent not appearing in court or an agreement by both the respondent and petitioner to dismiss the case, and one was still ongoing at the time our analysis was completed. Among respondents whose cases were granted, 152 (64%) had at least one firearm removed, while the remaining respondents did not have any firearms in their possession at the time the ERPO was granted.

Relevant levels of the social-ecological model identified in this analysis include: 1) **societal influences**, including perceived racism and discrimination that influence

Table 1
RESPONDENTS' DEMOGRAPHIC INFORMATION

	N	%
Age ^a		
18–24	27	11.5
25–34	64	27.4
35–44	40	20.9
45–54	38	16.2
55–64	31	13.2
65+	25	10.7
Gender ^b		
Male	193	82.1
Female	42	17.9
Race ^c		
White	196	86
Black	12	5.3
Asian	9	3.9
American Indian/Native American	2	0.9
Multiple	3	1.3
Other	6	2.6
Hispanic	6	2.5
Zip Code of Residence ^d		
Urban	211	89
Large Rural	12	5.1
Small Rural	6	2.5
Isolated	8	3.4
Type of Threat		
Self Only	67	27.7
Others Only	86	35.5
Both	84	34.7

Notes

^adata missing from 3 respondents

^bdata missing from 2 respondents

^cdata missing from 9 respondents

^dzip codes were classified by secondary RUCA codes at the zip code level using the four- category classification

respondents' crises; 2) **structural challenges** (analogous to community factors in the CDC's model¹⁸) of respondents' working and living environments; 3) **systems interactions** (also under community factors in the CDC's model¹⁸) related to respondents' relationships or history with community, health care, or criminal legal systems; 4) **relationships** involving interpersonal stressors; and 5) **health and individual behavior**. Within each of these levels, we identified sub-themes that represent commonly reported circumstances or characteristics that led to the ERPO filing.

The circumstances described in the petition were not the direct reason stated for a respondent receiving an ERPO. Rather, these circumstances often were a series of interconnected challenges throughout the respondent's life that influenced a chain of events and behaviors that led to the ERPO filing. Each case in our study sample contained a mix of the following elements, thus providing context for how these different elements led to the crisis moment that led to the ERPO. From this, it appears that addressing harm caused by firearms may require involving multiple public health-focused interventions in addition to ERPOs.

Societal influences. Though most respondents in our sample were White, two Black respondents described perceived racism in their motion to terminate the ERPO filed for them. In both cases, the respondents filed an affidavit in order to share their perspective on the incident that led to the ERPO petition and to depict the circumstances they perceived as racist. The following are selections from the respondents' descriptions.

... Other than the fact that [the officer] wasn't in compliance with the police manual when it comes to such stops and citations, as well as bias-free policing. [...] The statement is written to create a false narrative that I am belligerent and angry for no reason.

It's just plain hypocrisy putting an [ERPO] on me based on intent to commit a hate crime against someone [...] that committed the same hate crime against me and the court/Justice system not administering the proper justice for the crime that has already been committed.

Structural challenges. Many cases described structural challenges faced by respondents. *Financial instability and lack of access to stable employment* were described in the petitions as contributors to the crises that precipitated the ERPO filing:

Respondent has recently lost his job and has been self-medicating.

... Respondent lost his job, fears he will lose his house soon, and is almost out of money.

In many cases, respondents had recently been fired from their jobs, were having difficulty getting along with co-workers or a supervisor, or had trouble securing employment. Employment challenges often co-occurred with drug or alcohol use and depression, both diagnosed and suspected. Overall, these reports detailed incidents where the respondent's employment instability led to feelings of distress. These incidents generally fell into three different categories: 1) the respondent behaved aggressively towards whom they felt was at fault for their unstable employment, 2) the respondent had strong feelings of inadequacy and low self-worth leading to thoughts of self-harm, and 3) a combination of both types of threats.

In addition, *housing instability* was a common challenge. In these cases, unstable housing or pending unstable housing led to the respondent being described as feeling extreme distress and instability. Examples of unstable housing involved living in their car or outside, facing evictions, or being asked to leave by housemates:

RP has refused to vacate the premises and is about to be/or has been served an eviction lawsuit. His history of violence causes great concern on how he will react to the eviction.

Additionally, Respondent recently had his water service disconnected for lack of payment, his home is under foreclosure, with a pending auction . . .

In cases where the respondent threatened others, the petitioner reported that the respondent felt another person was at fault for their unstable housing and/ or the respondent felt threatened by another person forcing them to leave their home. In cases where the respondent threatened harm to themselves, the petition also reported instances of depression and feelings of failure stemming from housing loss.

Systems interactions. Within the petitions, a commonly reported circumstance related to the crisis event that led to the ERPO filing was *involvement with the criminal legal system*. Extreme risk protection order cases described law enforcement involvement in two ways: responding to the crisis moment that directly led to an ERPO and systems involvement prior to that incident. A history of law enforcement interaction is often documented in the petition as supporting evidence of the petitioner's concern for the respondent. This includes prior interactions stemming from concerns of suspected alcohol or drug use, altercations with others, and brandishing firearms.

In cases where law enforcement responded to the crisis moment, a witness to the respondent's behavior called 9-1-1, law enforcement arrived, and they determined the next step, such as arrest, immediate removal of firearms, or mental health evaluation. In a few cases, the respondent contacted law enforcement, either to report their own perceived danger or to report an incident between respondent and another person.

Respondent's friend called 9-1-1 and reported that Respondent stated he was feeling suicidal and that he had a loaded gun in his possession.

. . . during a mental health episode where RP displayed a loaded shotgun while contacting police after reporting to a neighbor an unfounded incident of being trapped inside his house by multiple subjects.

The reported interactions with law enforcement varied between the officer taking an adversarial, hostile role and a more compassionate, caring role. While these law enforcement encounters may have addressed the immediate, potentially dangerous situation by dispossessing the respondent of any firearms or other sources of harm, it was deemed by the petitioner that the ERPO was needed to ensure that the respondent was no longer a threat to themselves or others, and that they did not have access to firearms.

Respondents' *involvement in voluntary treatment* was commonly reported. In these cases, the petitioner reported that the respondent had received or was currently receiving some form of health treatment or counseling prior to the ERPO petition. The majority were specified as mental health treatment. The remaining cases specified substance use treatment. Narratives discussing mental health mentioned respondents' current or previous treatment, refusal to get treatment, or that the person who contacted law

enforcement was a mental health care provider. In some cases, it appeared that the respondent faced barriers to accessing effective treatment such as a lack of funds to pay for treatment, in some way losing connection to past treatment, or conflict with the treatment provider.

RP has had years of mental health care . . .

. . . RP will not be able to attend as he is currently receiving in-patient treatment at a behavioral health center.

In addition to reports of respondents' ongoing mental health treatment, many ERPO petitions included reports of *involuntary mental health treatment*, as part of the Involuntary Treatment Act (ITA). This law allows law enforcement to bring a person to the hospital for a mental health evaluation if their behavior appears to stem from a mental health concern. The evaluation must determine if an individual has demonstrated behavior that poses an immediate threat of harm to themselves or others to admit the individual to the hospital for treatment involuntarily.^{19,20} The ITA hold was described as evidence that the respondent had experienced a recent crisis, arguing an ERPO was needed to reduce the likelihood of harm further, not that the ITA hold itself nor the mental health concern was the sole reason for filing an ERPO.

. . . He was placed on a Designated Crisis Responder (DCR) hold and taken to the hospital for commitment. . . .

Police reports indicate recent mental health ITA hold.

Interpersonal concerns. Reports mentioning an issue within respondents' intimate relationships described *relationship termination, separation, or fight*. In these cases, the former partners were often the person who reported the incident to law enforcement or filed the petition themselves, citing disturbing messages or oral statements that indicated the respondent intended to harm the petitioner. They also reported that respondents threatened self-harm, including suicide. In general, these case narratives reported incidents fueled by anger with threats to harm the partner or fueled by strong feelings of sadness with threats of self-harm.

RP and his wife apparently had an argument . . . RP then sent his wife a picture of himself with the gun.

RP was upset to the point that he put his loaded handgun to his head and told his now ex-girlfriend he wanted to kill himself.

Another pattern suggested respondents' threats of harm were likely associated with the *recent death of a family member or spouse*. Most of these reports were in cases where the respondent had threatened self-harm. In cases where the respondent was reported as a threat to others, the petitioner described them as experiencing anger and resentment towards others in the wake of their loved one's death. There were also reports of

respondents seeking revenge for the death of their loved one. Similar to incidents that involved a relationship separation or concern, the case narratives reported instances where respondents' overall feelings of loneliness or isolation in the wake of the death of a loved one or separation appeared to trigger the crisis.

RP is exhibiting extreme depression and heavy alcohol abuse after the loss of husband.

RP said to officers that they wanted to kill whoever killed their daughter.

Health and individual behavior. The ways *mental health concerns* were described differed depending on whether the respondent had threatened self-harm or harm to others. For respondents who threatened self-harm, the narratives often contained reports of specific mental illness diagnoses (e.g., schizophrenia, post-traumatic stress disorder, depression). In many cases, it was unclear whether the condition was diagnosed by a medical professional or assumed by the petitioner. Mention of mental health concerns in narratives concerning respondents who threatened other people were more often discussed in vague language. There were more mentions of a "mental health concern" or "mental health issue," rather than of a specific clinical diagnosis. In all the cases that mentioned a mental health concern, the concern was described as contributing to respondents' behavior and/or crisis moments that led to the ERPO.

Admitted mental health diagnoses (bipolar, depression, schizophrenia) . . . divulged to law enforcement that Respondent had been dealing with mental health issues for some time.

Respondent has experienced episodes that may involve serious mental health issues. Police response has been needed on multiple occasions.

Substance use was another prominent concern reported within the narratives. Specifically, *alcohol use* was mentioned in almost half of the cases. The narratives mentioned that alcohol was a contributing factor to respondents' behavior and often a factor that exacerbated a mental health concern.

Ex-girlfriend informed me RESPONDENT has a history of depression and anxiety, and he abuses alcohol

. . . Reported her depression played into this incident along with alcohol consumption: He is a nice guy, he just gets depressed and suicidal when he drinks.

Within these cases, there were respondents who had a well-known history of alcohol misuse that contributed to the concerning behavior and there were cases where the respondent's alcohol use was infrequent but was still reported to have a negative effect on the respondent's overall behavior.

Drug use was reported less frequently than alcohol use in the narratives, but was seen more often in cases where the respondent threatened harm to other people. Drug use was often mentioned as a strong contributing factor to respondents' behavior, with reports of more extreme and violent behavior when the respondent was using drugs. As

with alcohol use, drug use often was depicted in the narratives as a coping mechanism for distress associated with other factors.

Officer also observed that Respondent exhibited rapid/sporadic speech and movements, along with paranoia, which he believed were consistent with stimulant type drugs such as methamphetamine.

The respondent often displays erratic and uncontrollable behavior indicative of stimulant use.

Reports of drug use were often speculative, with no confirmation in the narrative either from the respondent or from another person who had actually witnessed drug use. These speculations were made in addition to the descriptions of concerning behavior that justified the ERPO, suggesting that drug use may have been a contributing factor.

In many cases, the respondent felt that they needed to purchase a firearm or already had a firearm to *protect themselves from outside forces* they believed would cause them harm. In several cases, the petitioner did not find evidence of any outside threat to the respondent. Other cases involved respondents being fearful of things that do not exist, such as mythical creatures or characters; mention of these were often found in narratives discussing drug use or a mental health concern. The reports of the respondent behaving in a concerning manner paired with their access to or desire to obtain a firearm was reason for the ERPO petition.

Respondent explained to me that there were people sneaking into house through the windows and walls.

Respondent fired four rounds from his firearm into his living room under the belief that a man shot at his family. There was no man who shot his family.

The crisis incident leading to ERPO filing. The factors detailed above are conditions and circumstances that contributed to the incident(s) that resulted in an ERPO petition. The incidents or crisis moments varied depending on who the respondent was threatening. The following sections examine the crisis moment and/ or patterns of dangerous behavior.

Threats to others. Direct threats were made orally, through social media, or through email. Oral direct threats were often fueled by an incident that caused extreme anger, often during a fight. Reported incidents where the respondent wrote a threat, either via text message or social media post, were typically in addition to oral threats. Other reports alluded to potentially harmful behavior not directed at a specific individual. These narratives most often involved discussion of “erratic” behavior that evoked fear in others. Many reports described respondents stating they needed firearms for defense, that they intended to or did bring a firearm into public places, or that they discussed their firearm at great length.

Witness called 9-1-1 after Respondent became agitated with Petitioner, and threatened to kill him.

Respondent sent therapist an email stating she wanted to kill her sister.

RP's wife contacted 911 and reported that RP kicked everyone out of the residence, was not acting himself and he armed himself.

RP's ex-wife also advised that he posted that this was the year of his revenge.

Threats to self. Narratives of ERPO cases where the respondent intended self-harm included descriptions of conversations about and actions of self-harm or suicidal ideations/attempts. Some narratives included specific reasons why and how respondents wanted to end their life. Other reports included descriptions of vague threats, reports of respondents whose distress had increased in the context of suicidal ideation, and reports of history of suicidal ideation.

Respondent commented on killing himself & wouldn't be responsible for anything else that happened.

Respondent has suicidal ideation with intent to purchase a firearm.

. . . this incident follows other similar incidents when the sheriff's office responded to threats of suicide by Respondent.

Threats to self and others. These reports contained a mix of descriptions of threats that detailed violent acts towards people in general and threats specifically toward other people. These cases contained a mix of respondents who were threatening domestic violence, mass shootings, and interpersonal conflicts with people close to them. There were several reports of respondents who intended to commit a violent act to "seek attention" by police in hopes that the incident would end in the police killing them, otherwise known as "suicide by cop."

RP stated several times that she has just been feeling suicidal and homicidal lately. RP stated there is something inside of her that makes her want to kill herself and other people.

RP was threatening to use his weapon in public When confronted by Police, RP attempted to initiate suicide by cop (SBC).

Across all of the cases in which the respondent had threatened both themselves and other people, there contained a mix of the elements described in the cases where the respondent had threatened themselves only, such as a history of mental illness and past incidents of suicidal ideation.

Other cases of interest. These cases involved mention of both previous and current domestic violence incidents. In nearly half of these cases, the respondent also threatened harm to themselves.

Threatened to kill his wife and to also take his own life

RP has shown symptoms of paranoia, evident by his statements to his ex-wife about how he would kill her . . .

The respondent was upset and threatened to kill himself with a handgun and knife. The defendant was armed with a handgun at the time of his suicidal statements. The defendant also assaulted the DV victim.

These cases were most often paired with reports of mental health concerns and prior acts of violence. The reports included threats to specific people, law enforcement, schools, and unspecified threats to others. These incidents also involved intent to commit hate crimes towards people of color and religious minorities.

RP commented that he is soon to have a ‘large collection’ of guns. He threatened to commit a shooting at his workplace.

RP has recently posted to his social media accounts his desire to inflict violence on ethnic and religious minorities . . . RP stated he was going to conduct a school shooting.

. . . GIRLFRIEND reported that RP had an ideology of shooting other religions [sic] in order to further the White race.

Discussion

In this analysis, the social-ecological model provided a useful framework through which we conceptualized how societal factors, structural barriers, systems interactions, relationships, and individual mental health conditions and behaviors contributed to a crisis incident and ERPO filing. Extreme risk protection orders seek to address individual behavior via a systems level encounter. From a public health perspective, ERPOs are a civil non-criminal mechanism to prevent harm to the respondent, those close to them, or to the community at large. By connecting respondents to services, ERPOs may also be able to address underlying factors that lead to crisis events and thus to prevent similar events from occurring in the future. This may be particularly beneficial for respondents of color, those with low incomes, and those from underserved communities for whom criminalization may further perpetuate disparities in the criminal legal system.

Aligned with previous research,^{3,5,9,21–23} our examination of ERPOs in this state demonstrates that there are many factors that influence respondents’ behavior and crisis incidents. Mental illness, housing, substance use, and history of criminal legal system involvement were included as supporting or secondary factors to the threats of harm in the crisis incident that justified the ERPO.^{3,5,22–23} Because of the prevalence of contributing mental illness and substance use in ERPO filings, training mental health and health professionals in ERPO purpose and filing may result in expanded use of ERPO and greater public health benefit of the policy.

Extreme risk protection order laws seek to reduce the lethality of dangerous behavior by restricting access to firearms, not necessarily addressing mental health or substance use. However, due to the prevalence of reported substance use and mental health concerns in the narratives reviewed for this study, an important future direction for the

court system may be to connect respondents to appropriate resources more actively. Currently, a judge can require that a mental health and/or substance use evaluation be conducted during the duration of the year the respondent has an ERPO.^{2,12} To address potential barriers in accessing care further, courts may provide a list of care providers who are able to conduct the evaluation in their jurisdiction and may be able to provide more long-term care.

Additional concerns mentioned in the ERPO petition were social and economic conditions, such as housing, employment, finances, and connection to services, all of which are known to have a substantial influence on health and wellbeing.²⁴⁻²⁶ We believe that specifically addressing these factors may reduce the need for ERPOs. Programs such as Ceasefire in Oakland, California, have been credited by community leaders for reducing firearm injuries. One study found that from the time the program began in 2012 through 2018, there was a 50% reduction in homicide.²⁷⁻²⁹ Their approach involves addressing social and economic concerns—such as by providing support for housing and/or employment stability—for people exposed to firearm violence and/or who have been determined to be at risk of causing firearm injuries.²⁷⁻²⁹ Based on their results and the conditions reported in our case narratives, we believe that ERPO laws may not only reduce instances of harm caused by firearms by removing a person in crisis's access to firearms, but by also connecting them to needed services.

We found some evidence to support concerns of potential discrimination in ERPO enforcement and implementation in communities of color.⁷ From the direct claims of racism from two respondents to the more pejorative language used in the cases, we suspect that racial bias was present in these cases. Though too few ERPOs were filed for persons of color to evaluate significant differences between them and White respondents in our study, we could not ignore the possibility that racial-minority respondents may have been subject to racial bias. It is also possible that the small number of ERPOs filed for persons of color indicate that ERPOs are not being used as a potential harm reduction tool as often for these communities as they are for White communities. If this is the case, then communities of color could miss the benefits and protections of ERPOs.³⁰

Limitations. This research was limited to the petitioner's perspective because the petitions rarely contained respondent testimony or perspective. Moreover, we were not able to examine the reasons that an ERPO was pursued instead of other means of intervention. For example, we cannot explain why an ERPO was pursued instead of criminal charges. Because petitions that were not granted an *ex parte* order were not available to us, we were unable to examine the difference between cases that were granted an *ex parte* order and those that were not. The low numbers of respondents who were identified in the petition as Asian, Latin(x), American Indian or Native American, or more than one race prohibited identification of patterns in these groups.

Conclusion. We used a public health framework to examine ERPOs. From our evaluation as well as examining existing literature on the subject, we know that ERPOs have helped connect people to social services so that they are able to access any help and/or assistance they may need. In order to ensure these connections can be applied to even more people in need, future research into ERPOs and their effectiveness as a tool for preventing potential harm should also consider the equity and overall fairness in their application. Future exploration of the social-ecological concerns identified in

this study via interviews with respondents and petitioners can further elucidate targets for preventive interventions. While an ERPO may be an effective and viable option to reduce access to firearms for a person in crisis,^{7,9,21,31} interventions to prevent the crisis are also warranted. It is our hope that ERPOs can be used to help people in crisis address the conditions that led to such crisis while removing firearm access to protect themselves and the community surrounding them.

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