

POSITION STATEMENT:

The Society of Behavioral Medicine Supports Federal Action to Break the Cycle of Gun Violence

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SUMMARY STATEMENT

The Society of Behavioral Medicine supports comprehensive federal action and investment in community-based prevention programs to address gun violence as a national public and behavioral health crisis.



THE PROBLEM

Gun violence remains a significant public health challenge in the United States, with 41,040 gun-related deaths recorded in 2024[1]. Behavioral medicine, which examines the interplay of behavior, mental health, and physical well-being, highlights how gun violence not only causes fatalities but also profound psychological trauma and community disruption. Gun violence survivors and their families experience long-term mental health consequences such as posttraumatic stress disorder (PTSD) and depression, with inner-city youth experiencing PTSD at greater rates than wartime veterans [2, 5]. Exposure to gun violence is also associated with increased suicidal ideation [3, 4]. Access to firearms markedly increases the lethality of suicidal behavior, with more than half of firearm deaths being suicides [3, 4].

Gun violence disproportionately affects communities of color, particularly Black and Latino populations. Research shows that Black Americans experience gun homicide rates nearly ten times higher than White Americans, and Latino communities face increasing firearm-related deaths, especially among youth [6, 7]. These disparities reflect structural inequities such as residential segregation, limited access to community resources, and historical disinvestment, emphasizing the need for targeted, community-based prevention efforts [3]. Taken together, gun violence undermines community resilience, deepens trauma, and exacerbates racial and health inequities [8]. It must be understood and addressed not only as a public safety issue, but as a core behavioral and public health issue requiring proactive, evidence-based intervention.

CURRENT POLICY GAPS

The Bipartisan Safer Communities Act of 2022 strengthened gun control measures (e.g., extended background checks for purchasers under age 21 and partial closure of sale loopholes), but legal and political pushback in various states has constrained its efficacy. To be fully effective, federal policy must close remaining transfer and loophole gaps uniformly across all jurisdictions.

The STOP School Violence Act of 2018 supports dissemination of violence prevention programs in schools, focusing on training and threat detection. While valuable, this legislation does not sufficiently integrate behavioral health services or prioritize early psychological risk identification and intervention among students and staff.

SUMMARY OF LEGISLATION AND PROGRAMS THAT ADDRESS POLICY GAPS

The Break the Cycle of Violence Act (S.2203, 2025) reorients the federal response from enforcement to healing and prevention. It authorizes over \$4 billion through 2033 for the Departments of Health and Human Services (HHS) and Labor (DOL) to fund trauma-informed violence intervention, hospital- and community-based outreach programs, and youth workforce development. The bill further establishes an Office of Community Violence Intervention, a National Community Violence Response Center, and supports wraparound services targeting the social and economic roots of violence (poverty, housing instability, joblessness).

Similarly, Extreme Risk Protection Orders (ERPOs) ensure that firearms stay out of the hands of high-risk individuals by allowing courts to temporarily remove firearms from individuals who, based on warning signs or mental health crises, pose a danger to themselves or others. Research shows that ERPOs can effectively prevent suicide and firearm-related harm when coupled with follow-up mental health services [9].

Further, the Say Something program, a school-based anonymous reporting system (SS-ARS) created by the Sandy Hook Promise nonprofit organization, offers an early-intervention pathway consistent with behavioral health principles. Evidence from 19 middle schools found that program implementation increased reporting of potential threats and earlier referral to support services [10]. The program empowers students and educators to act on warning signs, fostering school climates of connection, belonging, and proactive mental health engagement.

Together, these initiatives work together to advance an integrated behavioral medicine approach to reducing gun violence and its mental health burden across populations.

RECOMMENDATIONS

1. Co-sponsor S.2203, the Break the Cycle of Violence Act, which would build safer communities by:

- a. Funding violence intervention and prevention specialists to deliver trauma-informed counseling, crisis management, and mediation in community organizations and hospitals, interrupting cycles of retaliation.
- b. Expanding youth job training and digital literacy programs to reduce structural economic instability as a root driver of violence.
- c. Enhancing wraparound services, including housing, legal assistance, and financial support, for individuals at high risk of exposure to violence.

2. Support stronger measures to ensure the safe transfer and responsible handling of firearms, by:

- a. Introducing or supporting legislation that aims to close the “Charleston loophole” by requiring full completion of background checks before transfers.
- b. Protecting Extreme Risk Protection Orders (ERPOs), which allow courts to temporarily remove firearms from individuals who show warning signs of violence or self-harm and pair them with crisis and behavioral health support.

REFERENCES

1. Gun violence archive. Gun Violence Archive. (n.d.). <https://www.gunviolencearchive.org/>
2. Text - S.2203 - 119th Congress (2025-2026): Break the Cycle of Violence Act. (2025, June 28). <https://www.congress.gov/bill/119th-congress/senate-bill/2203/text>
3. Abba-Aji, M., Koya, S. F., Abdalfla, S. M., Ettman, C. K., Cohen, G. H., & Galea, S. (2024). The mental health consequences of interpersonal gun violence: A systematic review. *SSM—Mental Health*, 5, 100302. <https://doi.org/10.1016/j.ssmmh.2024.100302>
4. Semenza, D. C., Bond, A. E., Ziminski, D., & Anestis, M. D. (2025). Frequency, recency, and variety of gun violence exposure: Implications for mental health and suicide among US adults. *Social Science & Medicine* (1982), 366, Article 117672. <https://doi.org/10.1016/j.socscimed.2025.117672>
5. Magee, L. A., Aalsma, M. C., Fortenberry, J. D., Gharbi, S., & Wiehe, S. E. (2022). Mental health outcomes from direct and indirect exposure to firearm violence: A cohort study of nonfatal shooting survivors and family members. *Journal of Criminal Justice*, 83, 1–8. <https://doi.org/10.1016/j.jcrimjus.2022.101961>
6. National Institute on Minority Health and Health Disparities. (2023). Firearm-related deaths increased among youth in 2020, greatest toll among Black and Hispanic populations. <https://www.nimhd.nih.gov/news-events/research-spotlight/firearm-related-deaths-increased-among-youth-2020-greatest-toll>
7. Giffords Law Center to Prevent Gun Violence. (2023). Gun violence in Hispanic and Latino communities. <https://giffords.org/lawcenter/report/gun-violence-in-hispanic-and-latino-communities/>
8. Seigel, M., et al. (2024). Racial disparities in firearm mortality and structural determinants of gun violence in the United States. *American Journal of Public Health*. <https://doi.org/10.7326/M23-2251>
9. Swanson, J. W., Zeoli, A. M., Frattaroli, S., Betz, M., Easter, M., Kapoor, R., Knoepke, C., Norko, M., Pear, V. A., Rowhani-Rahbar, A., Schleimer, J. P., & Wintemute, G. J. (2024). Suicide Prevention Effects of Extreme Risk Protection Order Laws in Four States. *Journal of the American Academy of Psychiatry and the Law Online*, 52(3), 327–337. <https://doi.org/10.29158/JAAPL.240056-24>
10. Sandy Hook Promise. (2025). Say Something program. <https://www.sandyhookpromise.org/our-programs/say-something/>