



Colorado's Public Health Roundtable on

# Firearm-Related Violence Prevention

Taking initial steps to build a comprehensive community-based approach to firearm violence prevention in Colorado.

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# Colorado's Public Health Roundtable on Firearm-Related Violence Prevention

## CONTENTS

<b>Executive Summary</b> .....	<b>6</b>
<b>Introduction</b> .....	<b>11</b>
How to Read the Report .....	13
Findings.....	14
<b>Suicide</b> .....	<b>15</b>
Overview.....	15
Summary of Currently Available Data .....	15
Data Gaps.....	17
Risk Factors.....	17
Protective Factors .....	18
Strategy Framework .....	18
<b>Community Violence</b> .....	<b>21</b>
Overview.....	21
Summary of Currently Available Data .....	21
Data Gaps.....	22
Risk Factors.....	22
Protective Factors .....	23
Strategy Framework .....	24
<b>Domestic Violence</b> .....	<b>26</b>
Overview.....	26
Summary of Currently Available Data .....	26
Data Gaps.....	27
Risk Factors.....	27
Protective Factors .....	28
Strategy Framework .....	29

<b>Targeted and Mass Violence.....</b>	<b>30</b>
Overview.....	30
Summary of Currently Available Data.....	30
Data Gaps.....	31
Risk Factors.....	31
Protective Factors .....	32
Strategy Framework .....	32
<b>Shared Risk and Protective Factors .....</b>	<b>35</b>
Shared Risk Factors.....	35
Shared Protective Factors.....	35
<b>Shared Strategies.....</b>	<b>36</b>
Root Cause.....	36
Direct Prevention.....	36
Preparedness and Response, Intervention, and Recovery.....	36
<b>Conclusion and Next Steps.....</b>	<b>39</b>
A Roadmap for the Future.....	39
Near Term Solutions and Recommended Next Steps .....	40
<b>Appendix A: Roundtable Fact Sheets .....</b>	<b>41</b>

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# Acknowledgements

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In June 2023, Trailhead Institute and the Colorado Department of Public Health and Environment's Office of Gun Violence Prevention hosted the Public Health Roundtable on Firearm-Related Violence Prevention. Over the course of two days, experts from across the state gathered to take an initial step towards building an effective community-based approach to firearm violence prevention in Colorado. This effort was made possible through the collective action of many partners for whom we are deeply grateful. These partners include:

- **Roundtable Participants.** This report is the output of approximately 100 roundtable participants, who provided incredible insights over two days. We have the deepest appreciation for participants' dedication and continued work to address violence and self-harm.
- **Roundtable Planning Committee.** The roundtable would not have been possible without the dedication, hard work and insights of the planning committee. In addition to the leadership team, planning committee members included: Sarah Belstock; Tess Burick; Kelli Curl; Gordon Duvall; Michael Earnest; Mary Fisher; Christine Harms; Eric Jones; Erin Kelly; Alison Maffey; Sabrina Mattson; Christine Meyer; Hunter Nelson; Kara Penn; Allison Sands; Alana Smart; and Sophie West.
- **Experts.** The following experts were a tremendous support to developing the initial fact sheets and supporting with the learning on each type of firearm-related violence:
  - **Community Violence:** Nicole Monroe, Manager, Office of Community Violence Solutions, City and County of Denver
  - **Suicide:** Lena Heilmann, Director, Office of Suicide Prevention, Colorado Department of Public Health and Environment
  - **Domestic Violence:** Derek McCoy, Co-Executive Director, Project Pave
  - **Targeted and Mass Violence:** Jenny Presswalla, Deputy Director, Center for Prevention Programs and Partnerships, U.S. Department of Homeland Security
- **Facilitation and Leadership Team.** The roundtable was a product of many individuals. The leadership team included Jonathan McMillan, Sarah Lampe, Re Gupta-Fitzgerald, and Jacob Bornstein. Facilitators included: Jacob Bornstein, Alicia Garcia, Marisol Rodriguez, Anthony Smith, and Megan Williams.
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# Executive Summary


To build a healthy Colorado where current and future generations can thrive, we must protect the places where we live, learn, work, and play. For too long, firearm-related death and injury has threatened and harmed the places where our health begins. Addressing this public safety and public health crisis of firearm-related death and injury has been obstructed by national debates that overlook widespread support for community-based prevention efforts.

Despite our national discourse, there are hundreds of solutions that can be adopted and adapted by communities to best address the local needs of communities who experience different forms of firearm-related death and injury such as suicide, community violence, domestic violence, and targeted and mass shootings. These solutions reinforce our belief that we have the power to build a transformed future where everyone in Colorado has the opportunity to be healthy and live in a safe environment, and can address the present reality that firearm-related deaths are a major public health crisis in Colorado.

Following drug poisoning and falls, firearms are the third most common cause of death due to injury. Firearms are also the leading cause of death associated with suicide, community violence, domestic violence, and targeted and mass shootings. In 2021 alone, there were 1,059 firearm-related deaths in Colorado.

In order to address this public health crisis and ensure communities have the information and ability to address firearm-related death and injury, Trailhead Institute and the Colorado Department of Public Health and Environment collaborated with partners to host the Public Health Roundtable on Firearm-Related Violence Prevention in June 2023. The two-day roundtable convening brought together approximately 100 experts invited from across the state who hold diverse backgrounds as community leaders, researchers and public health professionals. Centering collaboration and accountability, the cross-sector event served as an initial step towards building an effective community-based approach to firearm violence prevention in Colorado and will set the course of action for public health initiatives around this topic.


## The roundtable's objectives were to:




Develop shared language around what we mean by a public health approach to firearm violence prevention.



Allow an opportunity for cross-sector partners to identify where their expertise and lived experience can contribute to a public health approach.



Develop an initial draft of risk and protective factors as well as community-based solutions for preventing firearm-related violence.



Initiate the development of tools needed by urban, rural, and suburban communities across the state that face an array of firearm-related violence.

The agenda for this event was designed to build an apolitical framework and shared definition of what a public health approach to firearm-related violence prevention is. The public health approach is defined in four clear steps:

- ▶ **1. Define and monitor** the problem through systematic data collection.
- ▶ **2. Identify** risk and protective factors specific to why violence occurs and who it affects.
- ▶ **3. Develop and test** prevention strategies, including evaluating interventions to see what works.
- ▶ **4. Ensure** widespread adoption of effective strategies.

Attendees walked through sessions within the first three steps with data and context for Colorado provided in the form of fact sheets (see Appendix A). Attendees reviewed the data around various forms of firearm-involved violence, such as domestic violence, community violence, suicidality, and mass shootings. They also engaged in interactive breakout sessions focused by the forms of firearm-involved violence to consider social and systemic factors that contribute to experiences that relate to gun violence. Attendees then worked together to determine the data and information gaps that exist, reviewed risk factors for those who experience and perpetuate gun violence, and defined protective factors that support preventing violent acts. Finally, attendees reviewed evidence-based and innovative strategies that can be adapted to different communities and other agencies and sectors.

This report provides a detailed summary of the discussions that occurred across the two-day convening and is intended to be a starting point for ongoing discussions with those impacted by firearm violence and with those who were not present at the event.

## Ensuring a Comprehensive Approach to Firearm Death and Injury Prevention

This report is intended to support the work of community leaders, researchers, public health professionals, healthcare providers, funders, and all those working to prevent firearm-related death and injury in identifying opportunities for action and implementing necessary change across Colorado communities. This report presents a comprehensive understanding of how firearm-related death and injury impacts people living in Colorado, and introduces a population level approach informed by a statewide, cross-sector collaborative of experts to address the factors that contribute to and protect communities from firearm violence.

## The report is focused on four main types of firearm-related death and injury:



For each type of firearm-related death and injury, the report shares data, insights and strategies identified by roundtable participants while engaging in the **first three steps of a public health approach**.

**Step 1**

Within each type of violence, the report provides an overview of current data and data gaps which were identified by participants throughout the roundtable.

**Step 2**

Across the violence types, the report provides a review of the identified risk factors and protective factors.

**Step 3**

The report then provides a discussion of strategies by violence type following a root-to-recovery framework stepping through strategies related to Root Causes, Direct Prevention, Intervention, Preparedness and Response, and Recovery and Learning.

After discussion of each type of violence, the report goes on to describe the common themes identified across violence types, and presents a vision for how to carry this work forward into community.

## Findings

Across the types of firearm-related death and injury, several themes arose among risk factors, protective factors and strategies. These shared factors and strategies are important starting points for state, community and individual action to have broad impacts across firearm-related injury and death.

### Shared Risk Factors

- Access to firearms.
- Limited connection to others, community, and social isolation.
- Lack of access to basic needs, including economic opportunity and housing.
- Unmet substance use disorder or mental health needs.
- History and exposure to violence or trauma.
- Recent stress or trauma.
- Systemic neglect, marginalization, or exclusion
- Structural racism and systems of oppression.
- Destructive and exaggerated masculinity.



## Shared Protective Factors

- Access and engagement to culturally and linguistically appropriate behavioral health services and understanding the systems of support.
- Strong and healthy connections and a sense of connectedness.
- Economic opportunity and stability.
- Access to green spaces and resilient communities.

## Shared Strategies

### Root Cause

- Encourage healthy connections to self, family, friends, and community and provide prosocial opportunities.
- Provide and integrate linguistically appropriate behavioral health services and supports and ensure trauma informed services, support, and recovery.
- Build inclusive and safe neighborhoods.
- Social emotional skill development and self advocacy, such as through incorporating social-emotional learning (SEL) in K-12 schools and programs.

### Direct Prevention

- Train law enforcement, court personnel, clinicians, and community members in trauma-informed crisis response and intervention.
- Launch gun safety and topical educational campaigns.

### Intervention, Preparedness and Response, and Recovery

- Prevent access to firearms during a crisis event or when someone has committed a violent crime, including voluntary and enforced strategies.
- Create support systems for those affected by firearm violence.
- Engage in collaborative and equitable emergency operations and safety planning.
- Engage in coordinated recovery and learning actions, such as reentry plans, and after action fatality review.
- Increase authentic restorative justice practices.
- Expand the mental health and service provider workforce.

## A Roadmap for the Future

The long-term vision for this work is that each community that struggles with firearm-related violence has built the community-level partnerships necessary to implement a holistic public health approach to address the needs of the community. To assure that future action following the roundtable is guided by community input and engagement, all roundtable participants provided commitments and recommendations for how this work ought to move forward, which have wholly informed the near-term solutions and next steps identified within this report. Overwhelmingly, participants identified collaborative, community funding as an essential key to success to reach our long-term vision of building the capacity of communities to address and prevent firearm violence in all of its forms.

The steps required towards this vision include **ensuring follow-through** from the roundtable event and engaging with those not in attendance; **building a community of excellence model** across urban, rural, resort and suburban communities; **creating learning cohorts** across those communities to ensure they grow and celebrate together; **evaluate the work** to measure impact; **coordinate and invest resources**, including funding, within and across communities; and build infrastructure to **assure statewide supports** for communities impacted by firearm violence.

In order for this work to maintain momentum and build into actions needed to prevent further death and injury from firearms, Colorado communities and partners must work together toward a healthy and safe future.



**Together,**  
we have the power  
to build a transformed future  
where everyone in Colorado  
has the opportunity  
to be healthy and live  
in a safe environment.

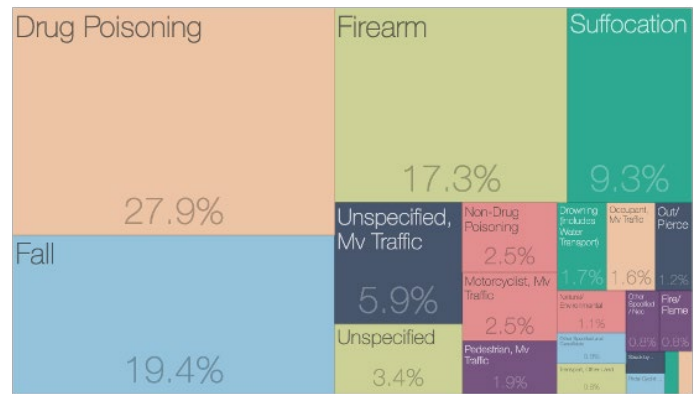


# Introduction

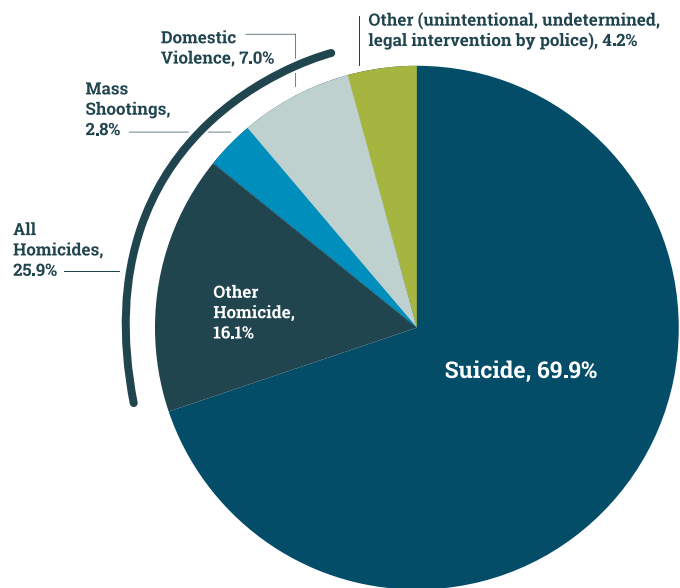
To build a healthy Colorado where current and future generations can thrive, we must protect the places where we live, learn, work, and play. For too long, firearm-related death and injury has threatened and harmed the places where our health begins. Addressing this public safety and public health crisis of firearm-related death and injury has been obstructed by national debates that overlook widespread support for community-based prevention efforts.

Despite our national discourse, there are hundreds of solutions that can be adopted and adapted by communities to best address the local needs of communities who experience different forms of firearm-related death and injury such as suicide, community violence, domestic violence, and targeted and mass shootings. These solutions reinforce our belief that we have the power to build a transformed future where everyone in Colorado has the opportunity to be healthy and live in a safe environment, and can address the present reality that firearm-related deaths are a major public health crisis in Colorado.

In Colorado, firearm-related deaths are a major public health crisis. Following drug poisoning and falls, firearms are the third most common cause of death due to injury (see **Figure 1**), more common than all motor-vehicle related deaths. Firearms are the leading cause of death associated with suicide, community violence, domestic violence, and targeted and mass shootings. These types of violence are listed in order by proportion of firearm-related deaths (see **Figure 2**). In 2021, there were 1,059 firearm-related deaths in Colorado. As seen in Figure 2, the largest proportion of these are due to suicide. This is compared with 510 deaths in 2001.



**Figure 1.** Mechanism of injury deaths in Colorado, 2020. Source: CDC WISQARS Fatal Injury Visualization Tool

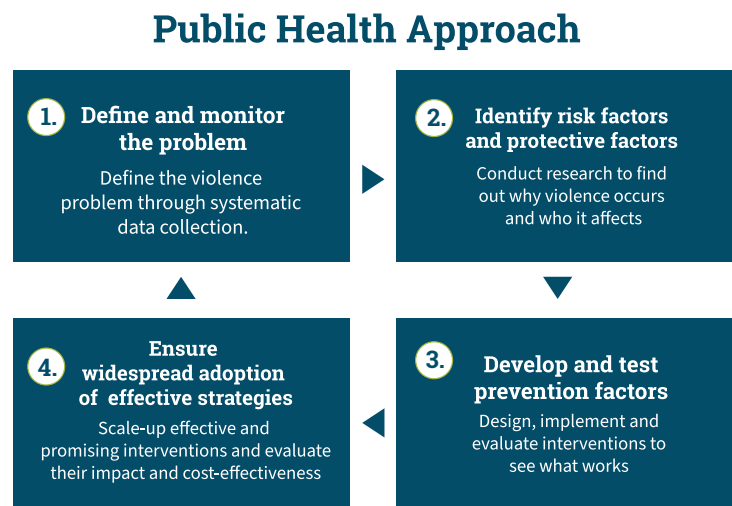


**Figure 2.** 2021 Firearm-Related Deaths by Type. Source: Colorado Violent Death Reporting System. Graphic by Wellstone.

In order to address these statistics and ensure communities have the information and ability to address firearm-related violence, the Colorado State Legislature passed [HB21-1299](#), which forms The Office of Gun Violence Prevention within the Colorado Department of Public Health and Environment. A critical part of the office’s mission is to support communities with public health tools to address firearm-related violence. To bring that forward, the Office of Gun Violence Prevention supported the first Public Health Roundtable on Firearm-Related Violence Prevention in June of 2023. The roundtables objectives were to:



Representing diverse backgrounds and perspectives, 98 participants from community-based organizations, shooting range businesses, people with lived experience, local and state officials, and many others engaged in two days of highly interactive exploration of the steps of a public health approach (see **Figure 3**<sup>1</sup>) and discussion of how a public health approach applies to firearm injury and death prevention. The Public Health Approach provides a framework through which the participants were able to focus on prevention of injury and death from firearms and address population level factors contributing to firearm injury and death.



**Figure 3.** Public Health Approach to Violence Prevention. Source: Johns Hopkins Center for Gun Violence Solutions.

Each portion of the agenda aligned with the first three steps of a public health approach with the intention of encompassing the fourth step of ensuring widespread adoption of effective strategies through continued collaboration among partners following the roundtable. During the two-day convening, roundtable participants developed initial drafts of data gaps, risk factors, protective factors, and strategies by violence type and discussed high risk populations and geographic differences of how communities experience firearm-related violence. In the end, a wealth of information was collectively generated, and is captured below.

This is the first step in what is hoped will become Colorado’s approach to comprehensively addressing firearm death and injury through community action.

<sup>1</sup><https://efsgv.org/learn/learn-more-about-gun-violence/public-health-approach-to-gun-violence-prevention/>

## How to Read the Report



Two other types of violence have been considered, but not yet discussed by the community due to small numbers, lack of data, and/or limitations due to the audience invited for having a meaningful discussion. These are unintentional death and injury by firearm and law enforcement-related death and injury by firearm. These two types of violence are critical to further explore, but were not the focus of the roundtable and therefore are not the focus of this report. For each type of violence, the report dives into the first three steps of a public health approach.

Step 1

Within each type of violence, the report provides an overview of current data and data gaps which were identified by participants throughout the roundtable.

Step 2

Across the violence types, the report then provides a review of the identified risk factors and protective factors. Risk Factors are the individual, community and societal factors that increase the likelihood of engaging in or being exposed to firearm violence. Protective Factors are the individual, community and society factors that reduce the likelihood of engaging in or being exposed to firearm violence.

Step 3

The report also provides a discussion of strategies by violence type following a root-to-recovery framework:

- **Root Cause:** Strategies associated with addressing root causes tackle the problem far upstream from an actual incident involving a firearm-related death or injury. Many of these are community-wide strategies. They include strategies to address poverty, hopelessness, isolation, stigma, behavioral health, and toxic masculinity. Such strategies are not directly related to firearms.
- **Direct Prevention:** Direct prevention strategies work directly toward firearm death and injury prevention, but not at an individualized level.
- **Intervention:** Intervention strategies focus on an individual or targeted group of individuals that are at high risk of suicide or violence. The strategies intervene, potentially just ahead of a potential crisis event involving a firearm, and are also aimed at preventing escalation.
- **Preparedness and Response:** This includes strategies on how agencies will train for and coordinate response during a crisis event, and ultimately includes the response itself.
- **Recovery and Learning:** This includes examining how a community can heal in the aftermath of a crisis, and reflecting on what can be learned to prevent similar crises.

Each concept listed under risk factors, protective factors, data gaps, and strategies is tagged to note its source: from factsheets/data only (<sup>F</sup>), from both factsheets/data and subsequent roundtable discussions (<sup>+</sup>), and from roundtable discussions only (<sup>R</sup>).

After discussion of each type of violence, the report goes on to describe the common themes across violence types, and it closes with a vision for how to carry this work forward into community.



## Findings

Below are the detailed findings and information gathered from roundtable participants over the course of two days. The information provided within this report reflects a thorough, though not complete, understanding of firearm injury and death in Colorado. It is expected that as this work continues and more people and communities are engaged, this report will evolve and reflect an even more comprehensive understanding of the issue and the strategies we can take to address it.

Each of the types of firearm injury, death or violence described below impacts the state of Colorado, local communities, families, and individuals beyond the act of bodily harm that is done. This important detail is not captured in the data provided and was considered throughout the discussions during the roundtable event.

# Suicide

## Overview

Suicide is death caused by injuring oneself with the intent to die. In 2021, 70% of all firearm-related deaths were suicide deaths.

## Summary of Currently Available Data

Below is a summary of data provided in the [Colorado Violent Death Reporting System's Suicide Dashboard](#).

**690**

Coloradans died by suicide using a firearm in 2022. Firearm-related suicide accounts for 54% of all suicide fatalities in the state. The number of suicide deaths by firearm was down 7% compared to 2021.

- Colorado consistently ranks in the top 10 nationwide for suicide deaths.

**88%**

of firearm-related suicide decedents in 2022 were male.

- Populations with higher rates of experiencing suicidal despair, attempts, and deaths include the LGBTQ+ community, youth, young adults, Veterans, middle-aged men, and older adults. Black, indigenous, and People of Color, especially youth also have disparities in the rates of despair and attempted suicide.

**People 75**

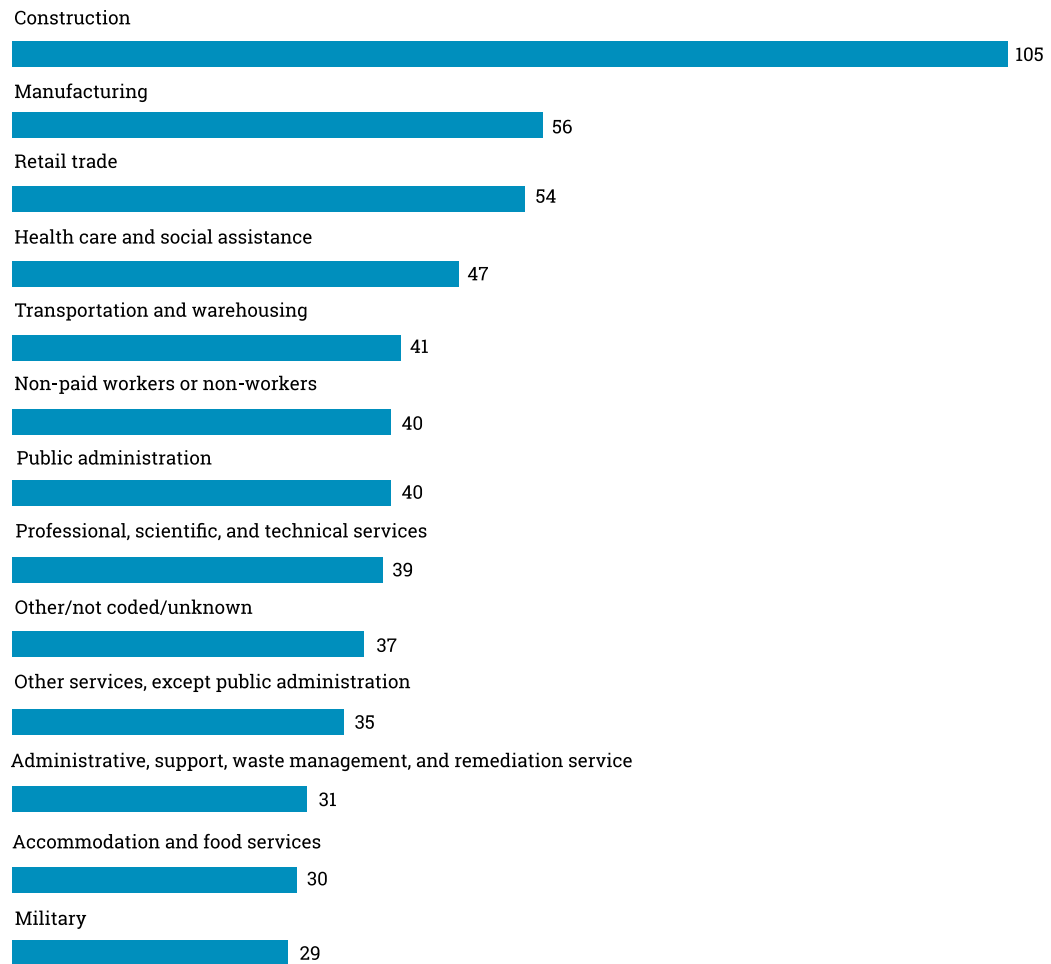
and older have the highest rate of suicide by firearm (19 per 100,000 in 2022). The next highest age categories are people aged 25-34 (16.5 per 100,000) and people aged 55-64 (15.7). People aged 25-34 accounted for more than 20% of all firearm-related suicide fatalities in 2022.

**81%**

of all firearm-related suicide deaths in Colorado were among White, non-Hispanic people (2022). That is a rate of 11 per 100,000 people. This is followed by a rate of 10 per 100,000 for Black individuals and 8 for those who identify as Latino/a or Hispanic.

**15.2%**

of all people who died by suicide by firearm in 2021 were in the construction trades. Other industries with relatively high rates of suicide by firearm are manufacturing (8.1%), retail (7.8%), and healthcare workers (6.8%). Healthcare workers moved from 10th place to 4th in 2021, increasing the number of suicides by firearm by 68%. **(see Figure 4)**.



**Figure 4.** *Suicide by industry and occupation. Source: Colorado Violent Death Reporting System's Suicide Dashboard.*



### Source of Findings



- From fact sheets/data only <sup>(F)</sup>
- From both fact sheets/data and subsequent roundtable discussions <sup>(+)</sup>
- From roundtable discussions only <sup>(R)</sup>.
- Those without a note were brought up through emerging work in the field after the roundtable.

## Data Gaps

The following data gaps and needs regarding firearm-related suicide were identified by roundtable participants.

1. Key data gaps:
  - Effectiveness of policies and interventions.<sup>R</sup>
  - Firearm ownership.<sup>R</sup>
  - Self-reported demographic factors including gender identity, sexual orientation, economic status or stability, temporary or seasonal workers and families, and others.<sup>R</sup>
  - Risk and protective factors.<sup>R</sup>
  - Small or rural communities.<sup>R</sup>
  - Precipitating or contributing factors.<sup>R</sup>
2. Measuring and understanding isolation from others is challenging.<sup>R</sup>
3. Expand effective existing tools where appropriate (e.g., Healthy Kids Colorado).<sup>R</sup>
4. Culturally and linguistically relevant data reporting, storytelling, and resource sharing.<sup>R</sup>
5. Stigma around suicide can limit suicidal despair and attempt data collection, reporting, and overall accuracy.<sup>R</sup>

## Risk Factors

The following are environmental and individual risk factors for firearm-related suicide that were identified during roundtable discussions and through the research supporting the fact sheets.

### Environmental risk Factors

The following are the potential risk factors for firearm-related suicide related to family, peer relationships and community as identified by roundtable participants:

1. Crisis two weeks prior to death.<sup>+</sup>
2. Contributing intimate partner problem.<sup>+</sup>
3. Limited connection to others, social isolation, and/or self-reliance.<sup>R</sup>
4. Recent argument.<sup>F</sup>
5. Contributing job problem.<sup>+</sup>
6. Lack of representation, including system racism.<sup>R</sup>
7. Stigma or cultural norms that make it challenging to talk about suicide, including toxic masculinity.<sup>R</sup>

## Individual Risk Factors

The following are the potential individual risk factors for firearm-related suicide as identified by roundtable participants:

1. History of suicidal thoughts or plans.<sup>F</sup>
2. Current diagnosed mental health problem.<sup>F</sup>
3. Current depressed mood.<sup>F</sup>
4. Ever treated for mental health problem.<sup>F</sup>
5. Untreated mental or behavioral health issues (due to lack of access or otherwise).<sup>R</sup>
6. Contributing physical health problem.<sup>+</sup>
7. Recently disclosed suicidal intent.<sup>F</sup>
8. Problem with alcohol (alcohol present in 42% of deaths).<sup>F</sup>
9. Previous suicide attempt.<sup>F</sup>
10. Substance use problem other than alcohol (marijuana, opiates, or amphetamines present in 41% of deaths).<sup>F</sup>
11. Access to firearms or access to safe storage.<sup>R</sup>
12. History of violence and/or trauma, including childhood trauma, domestic violence, gang violence.<sup>R</sup>

## Protective Factors

The following protective factors for firearm-related suicide were identified during roundtable discussions:

1. Access to relevant support and resources, including mental and behavioral health services as well as basic needs resources such as those related to housing, employment, and food.<sup>R</sup>
2. Meaningful connections to others, including family, peers and community members.<sup>R</sup>
3. Access to culture and culturally-relevant care.<sup>R</sup>
4. Economic opportunity and stability.<sup>R</sup>
5. Firearm education, including both safe use and storage, as well as self-harm and firearm safety practices, including secure or out-of-home storage.<sup>R</sup>
6. Supportive and affirming communities, especially those that affirm and support LGBTQ+ individuals.<sup>R</sup>

## Strategy Framework

Below are potential community public health strategies to address firearm-related suicides as identified by roundtable participants and through the research done to support the fact sheets. Note that [Y] indicates a strategy is specific for youth.

### Root Cause

1. Ensure social-emotional skill development that includes addressing toxic masculinity, executive function, bullying, isolation, and poor school climate (e.g., Sources of Strength) [Y].<sup>+</sup>
2. Ensure access to effective and culturally appropriate behavioral health (including substance abuse).<sup>+</sup>

3. Support a positive school environment, especially for youth populations with the highest rates of suicide, including those in the LGBTQIA+ community, Native Americans, those who have high adverse childhood experiences (ACE) scores, those with a history of substance abuse, and so on. This includes increasing paid mental health staff in schools [Y].<sup>+</sup>
4. Support those with chronic diseases or pain.
5. Connectedness to a caring adult who can listen and help navigate tough situations, peers, family, community, and social institutions [Y].<sup>F</sup>
6. Instill a strong sense of cultural identity for all to combat loneliness, especially for those in marginalized communities. This includes building community capacity and connectedness, and empowering self-determination.<sup>+</sup> This includes LGBTQIA+ individuals.

### Direct Prevention

1. Utilize interdisciplinary and integrated teams including youth and family that looks across the system to identify actions (e.g., COACT Colorado) [Y].<sup>F</sup>
2. Promote lethal means safety and safe gun storage practices (education from providers, gun shops, firing ranges, safety instructors, or policy updates).<sup>+</sup>
3. Incorporate suicide prevention training into firearm licensure process.<sup>R</sup>
4. Ensure supportive services for those with high adverse child experiences (ACE) scores, especially sexual abuse.<sup>F</sup>
5. Implement comprehensive suicide prevention policies and practices for schools and districts (including training for staff to recognize suicidal ideation).<sup>F</sup>
6. Provide suicide-specific training for behavioral health providers.<sup>F</sup>
7. Normalize having conversations about suicide; step up proactive, culturally relevant messaging about suicide.<sup>+</sup>
8. Reach middle-aged men to provide mental health and suicide-specific resources (i.e., The Man Therapy website).<sup>F</sup>
9. Develop policies, culture and train a competent, confident and caring workforce.<sup>F</sup>
10. Utilize health systems quality improvement frameworks (e.g., Zero Suicide).<sup>F</sup>
11. Utilize school suicide assessments and referrals to ensure appropriate and effective care [Y].<sup>F</sup>
12. Screen and assess to identified individuals experiencing suicidal despair.<sup>+</sup>
13. Ensure integrated follow-up after someone has experienced suicidal despair.<sup>F</sup>
14. Provide wraparound services for stability (e.g., childcare, housing, food, job supports).<sup>F</sup>
15. Provide culturally relevant gatekeeper trainings for community members to refer those with suicidal despair to the support and care they need (e.g., Question, Persuade, Refer, or Mental Health First Aid).<sup>+</sup>

## Intervention

1. Offer anonymous reporting for youth with integrated response system (e.g., 1-844-493-8255, 988, Safe2Tell) [Y].<sup>F</sup>
2. Utilize family level interventions, including training on how to recognize suicidal ideation and despair [Y].<sup>+</sup>
3. Provide peer training about how to recognize and respond to suicidal ideation and despair.<sup>R</sup>
4. Ensure healthcare and social service provider training on access to lethal means (e.g., Counseling on Access to Lethal Means).<sup>R</sup>
5. Develop a suicide care management plan for at-risk individuals with demonstrated suicidal ideation and potential means.<sup>F</sup>
6. Offer trigger-based support services to respond during life crises (e.g., loss of job, interfamily conflict, high staff turnover at schools). This includes services that meet the person where they are, such as home visits, for instance, as well as services that the person can go to, such as respite care.<sup>R</sup>
7. Support individuals experiencing suicidal ideation to remove a firearm from their surroundings.
8. Utilize temporary firearm removal and storage immediately after a crisis (e.g., via Extreme Risk Protection Orders).<sup>R</sup>

## Preparedness and Response

1. Train school crisis teams for preparedness and response [Y].<sup>+</sup>
2. Develop plans to respond to people with additional physical needs (such as those who are deaf, blind, hard of hearing, or have limited mobility).<sup>R</sup>
3. Promote and utilize suicide prevention and crisis hotlines (e.g., Colorado Crisis Services: 1-844-493-8255).<sup>+</sup>
4. Utilize ambulance / police co-responder model (including a mental health specialist).<sup>+</sup>
5. Transition individuals through care with warm hand-offs.<sup>F</sup>
6. Share and promote the use of media reporting guidelines to ensure appropriate and respectful messaging and avoid sensationalization.<sup>R</sup>

## Recovery and Learning

1. Provide mental health support for survivors of a suicide attempt.<sup>F</sup>
2. Provide mental health support for healthcare and service providers.<sup>R</sup>
3. Engage child fatality review teams [Y].<sup>F</sup>
4. Re-entry planning to welcome a person back into school / community after a suicide attempt.<sup>+</sup>
5. Follow-up and support after experiencing a mental or behavioral health crisis or suicide attempt (e.g., Colorado Follow-up Project).<sup>F</sup>
6. Implement a buddy or peer support system for those in recovery.<sup>R</sup>
7. Plan for recovery, healing, and learning at multiple scales including with the individual, family, and community.<sup>R</sup>

# Community Violence

## Overview

Community firearm-related violence is a broad category, which includes gang-related violence, violence conducted during another crime, and other homicides.

## Summary of Currently Available Data

Below is a summary of the data provided in the [Colorado Violent Death Reporting System](#).

**9.6%** of firearm-related homicides in 2022 were associated with gang violence, down 3% compared to 2021.

**73%** of the 414 people killed by homicide in 2022 were killed as a result of a firearm (304). The number of firearm-related homicides in 2022 was up 11% from 2021, and up 29% compared to 2020.

**27 per 100,000**

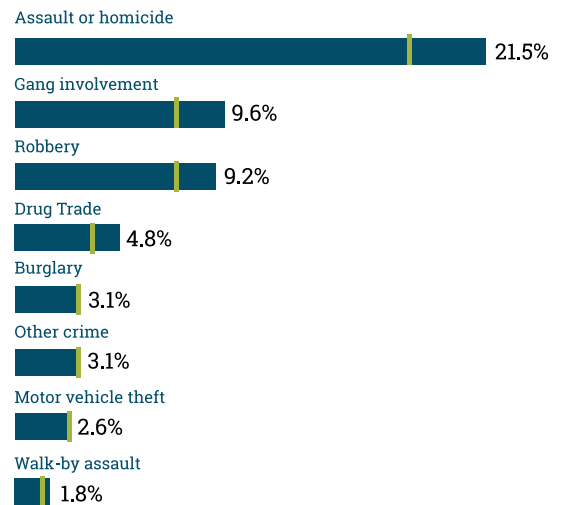
Black Coloradans were killed by firearm-related homicide in 2022 (crude rate). This is compared to a rate of 5.2 per 100,000 for all races and ethnicities. The next highest crude rate for populations based on race or ethnicity are Latino/as at 9.5 per 100,000. Males are also at a rate of 7.9.

**12.6 per 100,000**

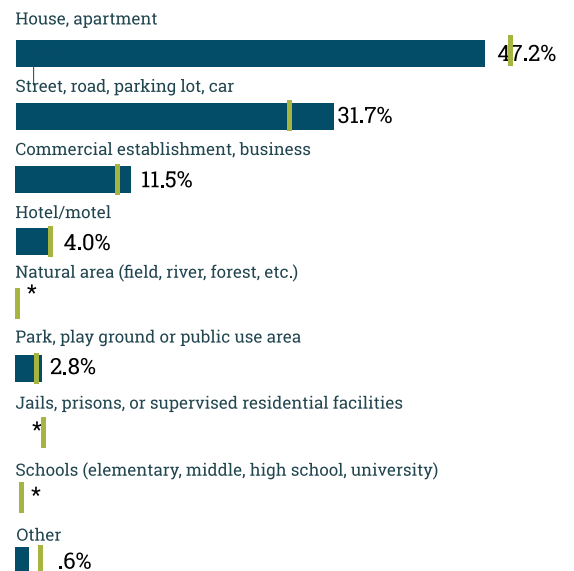
19-24 year-olds were killed by firearm-related homicide in 2022. This is followed by a rate of 8.9 per 100,000 for both 25-34 and 15-18 year-olds. 35-44 year-olds have a rate of 8.3 per 100,000.

**14.5%**

of firearm-related homicide victims in 2021 used a weapon. In another 7.5% of cases there was drug involvement. Alcohol was present in 32% of firearm related homicides and amphetamines in 26%.



**Figure 5.** Colorado Firearm-related Homicides, Precipitating Crime and Criminal Activity, 2020 Source: Colorado Violent Death Reporting System



**Figure 6.** Location where Fatal Firearm-related Homicide Injury was Inflicted, 2020. Source: Colorado Violent Death Reporting System

### Source of Findings



- From fact sheets/data only <sup>(F)</sup>
- From both fact sheets/data and subsequent roundtable discussions <sup>(+)</sup>
- From roundtable discussions only <sup>(R)</sup>.
- Those without a note were brought up through emerging work in the field after the roundtable.

## Data Gaps

The following data gaps, needs, and barriers regarding firearm-related community violence were identified during roundtable discussions:

1. Key data gaps:
  - Motivations behind violence.<sup>R</sup>
  - Illegal and ghost guns.<sup>R</sup>
  - Social determinants of health.<sup>R</sup>
  - Impact of prevention efforts.<sup>R</sup>
2. Collection tools/instruments can be inappropriate for the context (e.g., long surveys, need for technology, only in English, use of jargon/acronyms).<sup>R</sup>
3. Questions being asked ignore or miss important contextual factors, such as cultural differences and structural racism.<sup>R</sup>
4. Frameworks for collecting, analyzing and reporting data are not relevant and equitable for all communities or cultures.<sup>R</sup>
5. Aggregate data needs to be parsed before it can be applied, for instance by neighborhood block or demographic.<sup>R</sup>
6. Data and databases are siloed or not effectively linked. This includes both connections between service providers, schools, law enforcement, and funders, as well as connecting data back to the community that provided it.<sup>R</sup>
7. Data reporting is slow.<sup>R</sup>

## Risk Factors

The following are environmental and individual risk factors for community firearm-related violence that were identified during roundtable discussions.

### Environmental Risk Factors

The following are potential risk factors related to family, peer relationships, and community as identified by roundtable participants:

1. Experience of systemic oppression or marginalization (e.g., racism).<sup>R</sup>
2. Intense exposure to oppressive systems (e.g., racism, toxic masculinity).<sup>R</sup>
3. Exposure to violence and conflict in the family.<sup>F</sup>
4. Poor family functioning (e.g., authoritarian childrearing; low parental involvement; harsh, lax, or inconsistent discipline; low attachment; low parental education and income; parental substance abuse or criminality).<sup>+</sup>
5. Neighborhood characteristics, such as growing up in a neighborhood with persistent violent crime, social disorganization, low community participation, high transiency, concentration of poor residents, or diminished economic opportunity.<sup>+</sup>
6. Easy access to firearm(s).<sup>+</sup>

7. Know someone who has killed or been killed.<sup>F</sup>
8. Low-income families, neighborhoods or communities, especially if concentrated or due to systemic neglect or marginalization.<sup>+</sup>
9. Association with delinquent peers or gang involvement.<sup>F</sup>
10. Social rejection by peers and other social isolation, potentially leading to a disconnection from reality.<sup>+</sup>
11. Stressful event paired with perception of need to retaliate (e.g., provocation, disrespect, someone close to the perpetrator being killed or injured, etc.).<sup>F</sup>

## Individual Risk Factors

The following are the potential individual risk factors for community firearm-related violence as identified by roundtable participants:

1. Prior violent victimization.<sup>F</sup>
2. Substance use, including alcohol.<sup>F</sup>
3. History of discipline problems.<sup>F</sup>
4. Recidivist violent offenders.<sup>F</sup>
5. Lack of connection to identity, especially for those with marginalized identities.<sup>R</sup>
6. Below-average academic achievement.<sup>F</sup>
7. Disengaged from school environment or conventional activities.<sup>F</sup>
8. History of aggressive behavior in early childhood.<sup>F</sup>
9. Attention deficits, hyperactivity, poor behavioral control, or learning disorders.<sup>F</sup>
10. Low IQ or deficits in social, cognitive or information-processing abilities.<sup>F</sup>
11. High emotional distress, including a sense of fear or lack of safety.<sup>+</sup>

## Protective Factors

### Protective factors include

1. High educational and economic/job aspirations.<sup>F</sup>
2. Positive social orientation.<sup>F</sup>
3. Connectedness to others in the community (i.e., family or adults outside the family household), including mentors, peers and others.<sup>+</sup>
4. Family involvement.<sup>F</sup>
5. Involvement with social activities.<sup>F</sup>
6. Positive school climate.<sup>F</sup>
7. Close relationships with non-deviant peers.<sup>F</sup>
8. Access to community and relevant community services (e.g., mental and behavioral health care, community gathering sites, etc.).<sup>R</sup>
9. Healthy connection to self.<sup>R</sup>

## Strategy Framework

Below are potential community public health strategies identified to address firearm-related community violence as identified by roundtable participants.

### Root Cause

1. Invest in and support community renewal.<sup>F</sup>
2. Support social-emotional skill development, including home visiting, parental training and building capacity for self-advocacy.<sup>+</sup>
3. Support for children and families for those with high ACES scores.<sup>F</sup>
4. Expand targeted family job / youth programs.<sup>F</sup>
5. Provide opportunities for youth to engage in relevant non-academic activities.<sup>R</sup>
6. Celebrate success stories and build on existing individual and community strengths.<sup>R</sup>
7. Enact school discipline reform.<sup>F</sup>
8. Promote and expand mental health first aid.<sup>+</sup>
9. Support cultural identity and resilience, including dismantling oppressive systems (e.g., racism, sexism, etc.) and developing cross-cultural respect and understanding.<sup>+</sup>
10. Support community-directed processes (e.g., communities that care model), build and celebrate community power, and empower community self-determination.<sup>+</sup>
11. Invest in communities to provide economic stability and opportunity for upward mobility.<sup>R</sup>
12. Ensure access to (and awareness of) affordable and relevant mental and physical health care and support.<sup>R</sup>

### Direct Prevention

1. Secure gun retailers.<sup>+</sup>
2. Build community capacity for self-policing.<sup>R</sup>
3. Disrupt gun trafficking.<sup>F</sup>
4. Employ focused deterrence.<sup>F</sup>
5. Conduct street outreach (e.g., Cure Violence).<sup>F</sup>
6. Reduce illegal gun access.<sup>F</sup>
7. Utilize victim impact panels.<sup>F</sup>
8. Employ environmental design to prevent violence (e.g., Crime Prevention Through Environmental Design (CPTED)).<sup>R</sup>
9. Enact firearm owner accountability requirements, including license renewal and training.<sup>R</sup>
10. Promote and expand education on firearm safety.<sup>R</sup>
11. Increase awareness of and ease of access to resources (e.g., one-stop-shop centers, door-to-door resources).<sup>R</sup>



## Intervention

1. Provide behavioral / family therapy to address troubled teens.<sup>F</sup>
2. Police micro-targeting violent blocks / people.<sup>F</sup>
3. Employ emergency room and other hospital interventions (e.g., At Risk Intervention and Mentoring (AIM), community-based violence intervention programs (CVI), and hospital violence intervention programs (HVIP)).<sup>+</sup>
4. Utilize juvenile justice system diversion programs, enhance pipeline to services and resources as an alternative to arrest and citation.<sup>+</sup>
5. Expand dual response, co-response, and alternative response programs (e.g., Denver STAR program).<sup>R</sup>
6. Utilize Multidisciplinary Team (MDT) interventions.<sup>R</sup>

## Preparedness and Response

1. Gun-spotter.<sup>F</sup>
2. Retaliation intervention (interrupt transmission; conflict resolution).<sup>+</sup>
3. Standard response protocols that are equitable, consistent, and community driven.<sup>+</sup>
4. Training for school staff on conflict resolution, crisis intervention, trauma-informed responses, and active shooters.<sup>R</sup>

## Recovery and Learning

1. Support restorative justice (victim / offender dialogues).<sup>+</sup>
2. Engage fatality review teams.<sup>F</sup>
3. Solve murders.<sup>F</sup>
4. Build police / community trust, including procedural justice training.<sup>F</sup>
5. Provide trauma supports post tragedy by religious institutions (e.g., Safe Haven).<sup>F</sup>
6. Provide mental health support for grief, loss, and trauma.<sup>+</sup>
7. Support community healing and wraparound services.<sup>R</sup>
8. Provide relevant and appropriate post-event messaging.<sup>R</sup>

# Domestic Violence

## Overview

Domestic violence, or intimate partner violence, is a pattern of verbal, physical, emotional, and/or sexual aggression or abuse in any relationship. This abuse is used by the abusing partner to gain or maintain power and control over the other partner.

## Summary of Currently Available Data

Much domestic violence goes unreported by all-gendered people, including by women. For instance, most men do not report domestic violence and so fatalities are typically the only statistic available, and even that may be underreported.<sup>2</sup> That said, below is a summary of the data provided in the [Domestic Violence Fatality Review Board 2022 Report](#) (DVFRB 2022).

**88%** — of domestic violence victims were identified as female.

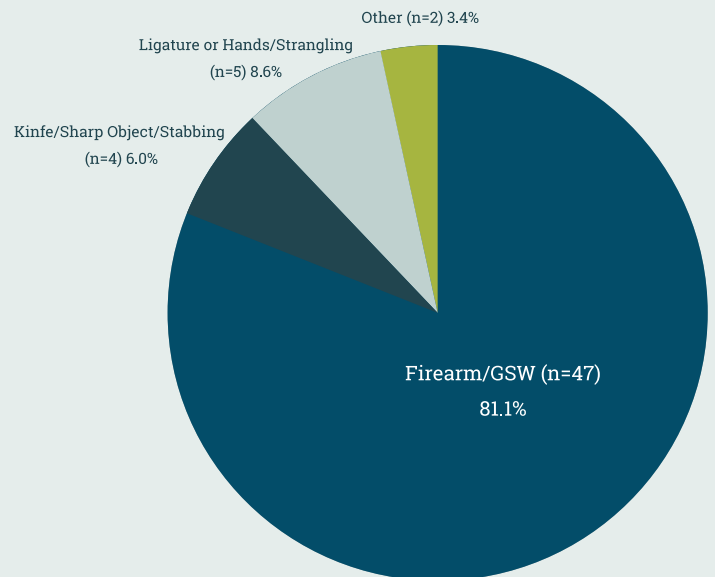
**90%** — of perpetrators were identified as male.

**81%** — of the deaths resulted from gunshot wounds (see Figure 7).

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“In 2021, Colorado had 61 incidents in which domestic violence resulted in a fatality, and 91 people died in these incidents. This was the highest number of domestic violence fatalities since the Board was created in 2017.”

- Domestic Violence Fatality Review Board, 2022 Report



**Figure 7.** Weapons / Cause of Death (N=58).  
Source: Domestic Violence Fatality Review Board.

- Just more than half of the fatalities involved couples who were currently or formerly dating, while 48% were among married couples. A little more than one-quarter of those couples were broken up or estranged at the time of the homicide.
- Similar to the 2020 findings, in 2021, domestic violence fatalities (DVs) occurred disproportionately (measured as the number of DVs out of 100,000 in the population) in rural, as compared to urban, counties.
- The data did not sufficiently account for race and ethnicity.

### Source of Findings



- From fact sheets/data only <sup>(F)</sup>
- From both fact sheets/data and subsequent roundtable discussions<sup>(4)</sup>
- From roundtable discussions only <sup>(R)</sup>.
- Those without a note were brought up through emerging work in the field after the roundtable.

## Data Gaps

The following data gaps, needs, and barriers regarding firearm-related domestic violence were identified during roundtable discussions:

1. Key data gaps:
  - Culturally specific data.<sup>R</sup>
  - Child abuse related to domestic violence, specific to Colorado.<sup>R</sup>
  - Intersectionality (i.e., accounts for multiple identities).<sup>R</sup>
  - Domestic violence in highly vulnerable populations such as unhoused individuals,immigrants and refugees, and others.<sup>R</sup>
  - Mass shootings related to domestic violence.<sup>R</sup>
  - Incidents that do not end in fatality.<sup>R</sup>
  - Military and law enforcement data.<sup>R</sup>
2. Domestic violence data can be hard to interpret or parse from overlapping data.<sup>R</sup>
3. Data siloing resulting from different collection methods, disconnection across jurisdictions and inability to link existing data to domestic violence.<sup>R</sup>
4. Overemphasis on quantitative collection misses key qualitative data points.<sup>R</sup>
5. Poor data interpretation and reporting can minimize the impacts of domestic violence.<sup>R</sup>
6. Social stigma around domestic violence can impact data collection and reporting.<sup>R</sup>

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<sup>2</sup> McCoy, Derek. (2023) Personal Communication

## Risk Factors

According to the Domestic Violence Fatality Review Teams' 2022 report, "A central focus of local Domestic Violence Fatality Review Teams (DVFRT) involves a review of all DVF cases with the purpose of identifying what red flags or lethality indicators were present at the time of the fatality. In case reviews, some DVFRTs use a Red Flags checklist. This checklist includes factors that research suggests are indicators of future lethality. The Denver DVFRT, for example, has identified a robust set of lethality factors in their red flag checklist. This checklist has evolved, and the current list reflects more than 25 years of experience reviewing DVFs. Its lethality factors include, but are not limited to considering:

1. The abuser's access to firearms.<sup>+</sup>
2. The abuser's prior threats with a firearm.<sup>F</sup>
3. The abuser's possessiveness of the victim.<sup>F</sup>
4. The abuser's prior strangulation attempts of the victim.<sup>F</sup>
5. The abuser's prior threats to kill the victim.<sup>F</sup>
6. The abuser's history of drug/alcohol use or abuse.<sup>+</sup>
7. The abuser's belief that the victim is in a new relationship.<sup>F</sup>
8. The abuser's perceived loss of control.<sup>F</sup>
9. The victim and perpetrator have one last meeting that precedes fatality.<sup>F</sup>
10. The abuser's escalated threats of suicide.<sup>F</sup>
11. Imminent separation of the couple.<sup>F</sup>
12. Pending legal action related to incidents of abuse.<sup>F</sup>

### **Environmental Risk Factors**

Environmental risk factors from roundtable discussions include:

1. Systemic racism, marginalization or oppression.<sup>R</sup>
2. Harmful gender norms.<sup>R</sup>
3. Lack of linguistically or culturally relevant supports and resources, for instance in areas with large immigrant or refugee communities.<sup>R</sup>
4. Disconnection from systems due to past trauma (e.g., "native families' experience with child removal from human services").<sup>R</sup>

### **Individual Risk Factors**

Additional individual risk factors stemming from roundtable discussions include:

1. Exposure to violence or trauma during childhood.<sup>R</sup>
2. Limited economic resources or stability.<sup>R</sup>
3. Limited connection to culture or community.<sup>R</sup>

## **Protective Factors**

The following protective factors for firearm-related domestic violence were identified by participants during the roundtable discussions:

1. Access to mental and behavioral health care.<sup>R</sup>
2. Connection to others in community, existence of a support network.<sup>R</sup>
3. Connection to culture and culturally relevant resources and supports.<sup>R</sup>
4. Economic stability and opportunity.<sup>R</sup>
5. Exposure to diverse people and ideas.<sup>R</sup>

# Strategy Framework

Below are potential community public health strategies to address firearm-related domestic violence as identified by roundtable participants.

## Root Cause

1. Provide social-emotional skill development for at risk populations, including self-advocacy and healthy boundaries.<sup>+</sup>
2. Shift gender narratives and gendered social expectations.<sup>+</sup>
3. Support community investment and empowerment.<sup>R</sup>

## Direct Prevention

1. Improve background checks.<sup>+</sup>
2. Provide culturally relevant gatekeeper training.<sup>R</sup>
3. Increase awareness of and access to resources.<sup>R</sup>
4. Increase/improve data collection and reporting, including from dating apps, and ensure data connections between relevant service providers.<sup>R</sup>
5. Engage people who identify as males/men in targeted prevention programs, especially those addressing toxic masculinity.<sup>R</sup>
6. Widen access to evidence-based family support interventions such as Nurse Family Partnership.

## Intervention

1. Provide family mental health supports.<sup>+</sup>
2. Enact Red Flag laws or buddy programs (as law and enforced).<sup>+</sup>
3. Train and support school identification of family violence.<sup>F</sup>
4. Invest in strategies that ensure firearm relinquishment.<sup>+</sup>

5. Expand domestic violence training opportunities for judicial officers, potentially including partnering with advocacy groups.<sup>+</sup>
6. Invest in diversity, equity and inclusion efforts that improve the response to domestic violence statewide.<sup>F</sup>
7. Engage with and support potential perpetrators of domestic violence.<sup>R</sup>
8. Utilize universal home visit programs.<sup>R</sup>

## Preparedness and Response

1. Require mandatory training for police and other law enforcement officers, judges, and other workers in the judicial system.<sup>+</sup>
2. Statewide command center to coordinate response and support.<sup>R</sup>
3. Ensure equitable and streamlined grant and funding processes to enable community response.<sup>R</sup>

## Recovery and Learning

1. Create a mechanism for law enforcement agencies to report domestic violence fatalities (DVF's) directly to the Attorney General's Office.<sup>F</sup>
2. Develop a local domestic violence fatality review team best practices and protocol manual.<sup>F</sup>
3. Coordinate wraparound support for the victim (if survived) and any children, including "handle with care" or warm handoff processes.<sup>+</sup>
4. Create stronger connections between mental health professionals and victim advocates.<sup>R</sup>
5. Support restorative justice.<sup>R</sup>

# Targeted and Mass Violence

## Overview

Mass shootings, or targeted violence, include a wide range of high casualty events, such as hate crimes that target specific identities, domestic terrorism, school shootings, workplace shootings, and others.

## Summary of Currently Available Data

Below is a summary of the data provided in the [Gun Violence Archive](#), Colorado Department of Public Health and Environment (CDPHE), and Statica.

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In 2022, 81 victims were killed or injured during mass shooting events in Colorado. Between January 2020 and April 3rd, 2023, a total of 217 people were killed or injured from mass shootings.

- Source: Gun Violence Archive

67%

of the 39 recorded recent mass shooting events occurred in the Denver Metro area. Another 28% occurred in the southern Front Range. The remaining two events occurred on the Western Slope.

62

people were killed from mass shootings between June 5, 2020 and April 3, 2021. In the same time period, 155 people were injured (see figure 1).

96%

of mass shootings nationwide are carried out exclusively by a male perpetrator. This is according to a [Statica analysis](#) from 1982 through April 12, 2023.

2.8%

of the total firearm related deaths in 2021 were a result of mass shootings in Colorado. That's 30 out of a total of 1,059 firearm-related deaths that year.

While there are many definitions of mass shootings, we have included those that involve four or more victims killed or injured during a firearm incident. These incidents can occur in a number of public and private settings. Targets of mass violence are disproportionately based on gender, race, religion, or ethnicity and tend to be perpetrated against random individuals with those characteristics.

- From fact sheets/data only <sup>(F)</sup>
- From both fact sheets/data and subsequent roundtable discussions <sup>(+)</sup>
- From roundtable discussions only <sup>(R)</sup>.
- Those without a note were brought up through emerging work in the field after the roundtable.

## Data Gaps

The following data gaps, needs, and barriers regarding firearm-related targeted and mass violence were identified during roundtable discussions:

1. Key data gaps:
  - Geographic data (e.g., GIS) to identify hotspots.<sup>R</sup>
  - Impacts of policy on firearm sales, parsed by location.<sup>R</sup>
  - Impacts of policy on firearm violence.<sup>R</sup>
  - Effectiveness of trainings at reducing risk.<sup>R</sup>
  - Disaggregated data.<sup>R</sup>
  - Effectiveness of communication campaigns.<sup>R</sup>
  - Impacts of gender-based or intimate partner violence.<sup>R</sup>
  - Uptake of Safe2Tell and other reporting mechanisms.<sup>R</sup>
  - Effects of media coverage and the indirect impact on sense of well-being of the broader community.<sup>R</sup>
  - Effects of drills/trainings on youth.<sup>R</sup>
2. Data reporting can be slow.<sup>R</sup>
3. Funding is needed to continue collecting and reporting data.<sup>R</sup>
4. Nationwide standards for data collection are inconsistent.<sup>R</sup>

## Risk Factors

Mass shootings are relatively rare events, and so it is often difficult to understand the risk factors associated with them. It may be impossible to distinguish individuals who will commit an act of mass violence from thousands of others we would classify as “at risk.” For this reason, it’s critical to think about the community and societal risks associated with mass shootings as well as individual risk factors.

### Environmental Risk Factors

The following are potential risk factors related to family, peer relationships and community as identified by roundtable participants:

1. Family and neighborhood characteristics, such as childhood abuse, exposure to violence at a young age, parental suicide, physical abuse, sexual abuse, domestic violence, severe bullying, and other ACEs. Other factors include being ostracized by peers, social isolation, and not having access to a support system.<sup>+</sup>
2. Access to firearm(s).<sup>+</sup>
3. Identifiable crisis-point for the shooter in the days, weeks or months before violence.<sup>F</sup>
4. School characteristics, such as large class size and a high student-to-teacher ratio are associated with more mass shootings.<sup>F</sup>
5. Point-in-time environmental characteristics, such as large gatherings of people, for example.<sup>R</sup>
6. High exposure to violent media as a child.<sup>F</sup>

## Individual Risk Factors

The following are the potential individual risk factors for Mass shootings as identified by roundtable participants:

1. Homicidal and/or suicidal ideation.<sup>F</sup>
2. Blame-based ideology and resentment (e.g., workplace, school, individual, or identity group).<sup>F</sup>
3. History of research of mass shooting events and perpetrators.<sup>F</sup>
4. Demonstrated lack of empathy.<sup>F</sup>
5. Sadistic behavior.<sup>F</sup>
6. Damaged masculinity.<sup>+</sup>
7. Obsession with weapons and death.<sup>F</sup>
8. Paranoid thinking.<sup>+</sup>
9. Exposure to radicalization.<sup>R</sup>
10. Limited exposure to diverse people and ideas.<sup>R</sup>
11. Substance abuse.<sup>R</sup>

## Protective Factors

The following protective factors for firearm-related targeted and mass violence were identified by participants during roundtable discussions:

1. Access to relevant resources and supports including mental health care.<sup>R</sup>
2. Access to green spaces, especially in urban areas.<sup>R</sup>
3. Connection to others and support network.<sup>R</sup>
4. Exposure to diverse people and ideas.<sup>R</sup>

## Strategy Framework

Below are potential community public health strategies to address firearm-related targeted and mass violence as identified by roundtable participants.

### Root Cause

1. Support social-emotional skill development.<sup>+</sup>
2. Remove the notoriety motivation of shooters.<sup>F</sup>
3. Ensure support for children and families for those with high ACES scores.<sup>F</sup>
4. Destigmatize mental health services.<sup>+</sup>
5. Develop civic and community spaces for men; redefine masculinity.<sup>+</sup>
6. Reduce potential grievances that create motive for an attack. Grievances are typically related to feeling bullied, victimized, stress over finances or health, or workplace issues. Consider opportunities for training or supporting adults in addressing grievances through interpersonal communication skills or public dialogue.<sup>F</sup>
7. Acknowledge that communities that are most likely to be targets of mass violence may require additional protections.<sup>F</sup>
8. Increase funding for child protective services to minimize child abuse and improve access to mental health services.<sup>F</sup>



## Direct Prevention

1. Conduct school risk assessments.<sup>F</sup>
2. Ensure safe gun storage practices.<sup>+</sup>
3. Ensure crisis infrastructure (this includes architectural adjustments that provide shelter, safety, and safe passage).<sup>+</sup>
4. Confront and report leakage – attackers often tell someone they have a weapon, have grievances, or they say goodbyes. Believe them and report ASAP.<sup>F</sup>
5. Harden schools and other targets (e.g., school resources officers and metal detectors).<sup>+</sup>
6. Limit high-capacity firearm availability.<sup>F</sup>

## Intervention

1. Provide anonymous reporting with integrated response system (e.g., Safe2Tell).<sup>+</sup>
2. Conduct school threat assessments.<sup>+</sup>
3. Provide behavioral threat assessments through Release of Information (ROI) and service-coordinated Multidisciplinary Teams (MDTs).<sup>F</sup>
4. Employ triggered interventions for high risk individuals based on their search history.<sup>R</sup>
5. Integrate law enforcement databases / interagency coordination and reporting.<sup>F</sup>
6. Utilize temporary firearm removal and storage immediately after a crisis (e.g., via Extreme Risk Protection Orders).<sup>R</sup>

## Preparedness and Response

1. Integrate school, hospital, law enforcement preparedness.<sup>+</sup>
2. Provide training for unarmed employees to talk down or handle an active shooter.<sup>F</sup>
3. Provide training for anyone to provide emergency first aid during a crisis (e.g., Stop the Bleed).<sup>R</sup>
4. Enact standard response protocols.<sup>F</sup>

## Recovery and Learning

1. Provide counseling supports that bring people together, (e.g., students, teachers, and staff in a school setting).<sup>F</sup>
2. Utilize child fatality and murder review teams.<sup>+</sup>
3. Utilize the Israeli model of crisis recovery.<sup>F</sup>
4. Support restorative justice.<sup>R</sup>
5. Adhere to and promote media guidelines.<sup>R</sup>

# Identifying themes

across shared  
risk factors,  
protective factors,  
and strategies.



# Shared Risk and Protective Factors

Looking across all the types of violence, several themes emerged again and again across risks and protective factors. Below is a summary of the major themes found across different types of violence as it relates to risk and protective factors.

## Shared Risk Factors

- **Access to firearms.** Firearm violence only occurs if an individual has access to one.
- **Isolation.** Individuals experiencing social isolation and that lack meaningful social connections to and with their families, communities or cultures are at elevated risk of committing firearm violence.
- **Lack of economic opportunity.** Systemic inequities in access to basic needs such as economic opportunity and housing increase risk to firearm death and injury. This is exacerbated by structural racism. Black, Hispanic, and Native American communities are disproportionately affected by firearm violence.
- **Limited behavioral health supports.** Most people with severe mental health or substance use disorders are not violent. Individuals with these conditions who lack adequate support and experience other risk factors, however, are more likely to commit firearm violence. Individuals struggling with mental health are also more likely to die by firearm-related suicide.
- **Trauma.** Childhood trauma, generational trauma and violent victimization can increase an individual's risk of committing firearm violence. Recent traumatic and stressful events are also risk factors to firearm-related death and injury.
- **Structural racism and systems of oppression.** Communities that have been systemically neglected, marginalized, and excluded are disproportionately affected by firearm injury, death and violence. The structures and systems that are in place lead to lack of access to needed resources and systems to ensure these communities can thrive.
- **Destructive and exaggerated masculinity.** The majority of perpetrators of violent acts are male identifying. The societal pressures and norms of male dominance, minimizing external displays of emotions and other social pressures all release themselves in the harm of self or others in violent acts that often involve firearms.

## Shared Protective Factors

- **Access to culturally and linguistically appropriate behavioral health services.** The availability of culturally and linguistically appropriate behavioral health services can lead to higher levels of engagement and ultimately prevent firearm related death and injury. It is also important that people understand these and related systems of support so that they can be more easily navigated.
- **Connectedness.** Positive relationships with family, peers, and community along with involvement in prosocial activities reduce an individual's risk of firearm-related death and injury.  
**Economic stability.** Individuals who have economic stability and opportunities for economic mobility are less likely to be killed, injured, or perpetrate violence in a firearm-related incident compared to those who do not.
- **Green and resilient communities.** Those who live in communities with green spaces and high levels of engagement between neighbors are less likely to be killed, injured, or perpetrate violence in a firearm-related incident.

# Shared Strategies

When looking across the strategies related to the different types of violence, several strategies emerged.

## Root Cause

- **Build awareness and advocate for policy improvements.** Policy improvements can minimize risk factors and strengthen protective factors linked to firearm-related injury and death. Awareness and policy improvements suggested by roundtable participants include universal basic income and rent control as well as firearm-related policies such as requiring a license (with annual renewal), firearm removal as a result of violent misdemeanor, and a sales tax.
- **Build inclusive and safe neighborhoods.** Neighborhood events, youth programming and environmental improvements foster positive social interaction and connectedness and prevent violence. Examples of environmental improvements include streetlight installation, mural painting and green space creation.
- **Encourage healthy connections.** Programs that support healthy connections to oneself, family, friends, and community address the risk factor of isolation and increase the protective factor of connectedness.
- **Provide and integrate culturally and linguistically appropriate trauma informed behavioral health services and supports.** All people should be provided access to behavioral health if needed and services, supports and recovery programs should be trauma-informed. Expanding the behavioral health workforce, particularly providers and therapists of color, is an important step to increase access to culturally and linguistically appropriate services. Research suggests that the provision of school-based behavioral health interventions can also increase equitable access to services among students.

- **Social-emotional skill development.** Social emotional skills include self-awareness, self advocacy, goal setting, self regulation, interpersonal skills, and responsible decision-making. Building these skills from an early age on leads students to have stronger feelings of inclusion in school, better relationships and an increased sense of safety and support. Social-emotional learning is also linked to reductions in bullying and discipline referrals.

## Direct Prevention

- **Train law enforcement, court personnel, clinicians, and community members in trauma-informed crisis response and intervention.** Training in mental health first aid, threat assessment, domestic violence, and trauma enables law enforcement, court personnel, clinicians, and community members to intervene effectively.
- **Launch educational campaigns.** Educational campaigns that address suicide prevention, domestic violence, crisis intervention, and firearm safety may prevent firearm-related death and injury. It is important to identify trusted messengers to deliver information to at-risk populations.

## Preparedness and Response, Intervention, and Recovery

- **Create support systems for those affected by firearm violence.** Formal communities and peer support networks for people and youth affected by suicide, domestic violence, community violence, or mass or targeted violence can help communities and survivors recover.

- **Engage in collaborative and equitable emergency operations, response, and safety planning.** Emergency operations plans (EOPs) address mitigation, preparedness, response, and recovery from disasters. Emergency managers should include community members in the formation of EOPs to ensure resources are allocated equitably in firearm violence incidents and recovery efforts meet community needs. Emergency managers, emergency medical services (EMS) professionals and law enforcement should also be involved in school district emergency operations planning. Coordinated safety plans are also necessary interventions for someone experiencing homicidal and/or suicidal ideation.
- **Prevent access to firearms during a crisis event or when someone has committed a violent crime.** Several opportunities exist to intervene after a violent crime has been committed or there is a crisis event. Colorado has opportunities to intervene with extreme risk protection orders. In some cases a voluntary change in access to one's firearm may be appropriate, such as storing it outside the home or with a friend.
- **Engage in coordinated recovery and learning actions, such as reentry plans, and after action fatality review.** Once a firearm-related death has occurred it is important to coordinate not only what events precipitated the fatality, but also what lessons can be learned and prevention strategies could be deployed to prevent future deaths. Oftentimes suicide and community violence can spread, and better resourced fatality review teams could play an important role in interrupting further deaths. In some cases, such as attempted suicides, community violence, or targeted and mass shootings that leave people injured, coordinated reentry planning is crucial for the individuals who were injured, those who lost loved ones, people who experience trauma, and for the broader community welcoming them back.
- **Increase authentic restorative justice practices.** Restorative justice is the practice by which victims voluntarily enter a mediated dialogue with perpetrators. In some cases, such as between gangs, it can be a critical tool in interrupting the spread of community violence. In other cases, living in a community or attending school with authentic restorative justice can be a preventative measure by reducing bullying and repairing harm. This could reduce suicide, targeted and mass shootings, domestic violence, and community violence.
- **Expand the mental health and service provider workforce.** In addition to expanding the workforce to provide culturally and linguistically relevant services, expand the overall workforce to better address the needs of all people in Colorado, especially in rural areas that already face limited providers and long response times.

A blue-tinted photograph of a festival or fair. The scene is filled with numerous strings of warm white string lights hanging across the frame. In the center, a large, circular sun emblem with a yellow center and a dark outer ring is visible. The background shows a building with windows and other festival decorations, including smaller sun emblems and white structures. The overall atmosphere is festive and celebratory.

**Building a  
roadmap  
for the  
future.**



# Conclusion and Next Steps

The roundtable's success goes beyond what is and can be captured within this report. As an initial step in taking comprehensive action to impact firearm-related violence, the roundtable provided a space for attendees to connect about their passion, share their personal stories of impact and find space to forge forward in actionable ways.

All attendees provided information about how they will take action beyond the event as well as what they feel is needed to make meaningful progress. From that information gathered, a roadmap for the future has been built and will continue to evolve, to meet the needs of communities.

## A Roadmap for the Future

The long-term vision for this work is that each community that struggles with firearm-related violence has built the community-level partnerships necessary to implement a holistic public health approach to address the needs of the community.

To assure that future action following the roundtable is guided by community input and engagement, all roundtable participants provided commitments and recommendations for how this work ought to move forward based on their lived experience, expertise, and shared learning during the convening. These recommendations and commitments have wholly informed the roadmap, near term solutions, and next steps identified below. Overwhelmingly, participants identified collaborative community funding as an essential key to success to ensure that the wealth of action and opportunity identified within the public health approach is not only acted upon, but sustained well into the future.

### The elements of the vision include:

- **Follow-through:** First, to invest in taking the initial discussions held at the roundtable and turn them into a set of tools that communities can use. This likely requires an advisory committee, workgroups and additional targeted outreach to communities not well represented at the roundtable.
- **Communities of Excellence Model:** At the same time, infrastructure needs to be built to begin a model of support for urban, rural, resort and suburban communities to become Communities of Excellence in responding to and preventing firearm death and injury. These communities ideally would be supported in the short to medium term to have collaborative discussions in order to identify the data, risks and protective factors and strategies by type(s) of violence they want to address within different populations.
- **Learning Cohort:** Local facilitation support would be augmented by developing a learning cohort of facilitators and conveners for training and shared learnings.
- **Evaluation:** Communities would also be supported with evaluation services to be able to measure the impacts of the approach.
- **Resources:** Collaboration and implementation resource supports should be included, recognizing that the community will need to invest as well. In addition to state and foundation dollars, crowd funding could be explored.
- **Statewide Supports:** Statewide infrastructure, such as training, certification and systems change are also needed to best support communities. This will require resources and investment in statewide partnerships and supports.

These steps will require all roundtable attendees, partners, and those not in attendance but ready to engage, to step forward and offer their time, energy and attention into collective statewide action to support local communities.

## Near Term Solutions and Recommended Next Steps

As is stated in the roadmap for the future, the first step is to follow-up and follow-through on the work and commitments made during the roundtable. The below recommendations come from the participants as next steps and necessary infrastructure necessary to move the work forward. The primary recommendation for immediate next steps includes building infrastructure to sustain action to prevent firearm violence. This includes developing a steering committee, workgroups and additional specific outreach beyond those in attendance at the roundtable. This infrastructure will require resources to sustain and resources to move from start up to full implementation.

**Steering Committee:** Follow-through from the roundtable included the recommendation that an ongoing steering committee or leadership group is needed to assure the work continues and provide connection and oversight to the progress. This group would be made up of diverse partners and stakeholders, including several roundtable attendees. The work of this group would include: reviewing the outcomes of the roundtable, identifying and defining needed workgroups, and providing connection and oversight to those workgroups. This group would also support securing and sustaining funding for statewide and community efforts.

**Workgroups:** Once a steering committee is developed, it is recommended that additional workgroups are identified and defined, including recruiting participants who were and were not in attendance at the roundtable.

**Collaborative Funding:** In order to ensure there are resources to take actionable steps as outlined in the roadmap for the future, it is recommended that funders come together to build a collaborative fund to support local action while also following the same roadmap toward meaningful impact.

**Community Infrastructure:** Once the infrastructure is established, ongoing community conversations are needed to progress along the roadmap for the future. Additional partners, communities and organizations will continue to be engaged over the coming year to bolster the information already provided in this report. Given the invite-only nature of the convening due to safety precautions, not all partners were able to attend and engage. Over the coming year, several partners and communities will be engaged to provide their perspective to Colorado's public health approach to firearm violence prevention. The following groups were engaged in the roundtable and were identified by attendees as needing more engagement and input:

- Young people
- Legislators and other local decision makers
- Firearm owners
- Rural and frontier communities
- Military members and Veterans
- Disability community
- Corrections and law enforcement
- Mental health providers

This is not an exhaustive list of needed engagement. As the work progresses, it is expected that new and additional partners will come to the forefront. This ongoing engagement will ensure success in the roadmap for the future.

This is the first step of many towards building a future where all people living in Colorado can thrive in communities free from firearm violence. Together, through organized collective action, the state of Colorado and its communities can build lasting impact in preventing firearm-related injury and death and transform the health, safety and well-being of current and future generations.



# Appendix A: Roundtable Fact Sheets

At the links below are the fact sheets used during the Rapid Learning Sessions at the roundtable. These were reviewed and updated by the experts who supported these sessions.

[Firearm Related Death Overview](#)

[Community Violence](#)

[Domestic Violence](#)

[Mass and Targeted Violence](#)

[Suicide](#)

