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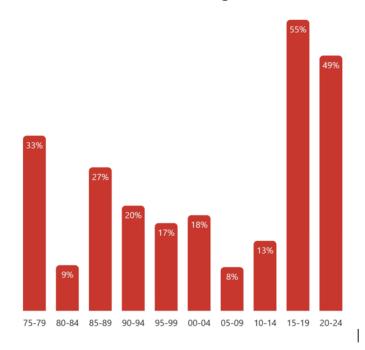
Subject: Assault Weapons, SSRIs, and Mass Shootings

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The VPPRC on Assault Weapons, SSRIs and Mass Shootings

Assault Weapons as a Percentage of Firearms used in Mass Shootings over Time



Read our latest op ed in the Star Tribune

<u>Mass shootings demand layered solutions, and that includes sensible gun laws</u>

An excerpt:

Critics often point to the 1994 federal Assault Weapons Ban and claim it "didn't work." That misreads the evidence. The ban was short-lived and riddled with loopholes, but it reduced the use of assault weapons in crime. And when it expired, the deadliest attacks in U.S. history — from Sandy Hook to Uvalde to Las Vegas — followed, all carried out with these weapons.

In our database of more than 200 mass shootings, those involving assault-style rifles killed and injured far more people than those using other guns. Our study in <u>JAMA Network Open</u> found that shootings with semi-automatic rifles nearly

doubled fatalities compared with handguns. Other <u>analyses</u> suggest that had the federal ban remained in place, the toll of the past two decades might have been smaller.

Even short of a full ban, policies that address weapon lethality save lives. Limiting magazine capacity to 10 rounds forces shooters to reload more often, creating critical moments for escape or intervention. In Minneapolis, the shooter fired 116 rounds from a 5.56 mm rifle in under four minutes. At <u>Tucson in 2011</u>, bystanders tackled the gunman only because he stopped to reload a 33-round magazine. <u>High-capacity magazines</u> are a common thread in the nation's deadliest attacks—and they are not necessary for self-defense or hunting.

Too often, this debate cherry-picks evidence for one side while discarding the rest. But mass shootings are complex events, and prevention requires multiple lines of defense. For the families who bury children, they are not partisan battles but a public health crisis. That crisis demands layered solutions: stronger mental health systems, trained communities, smarter media coverage, safer schools—and sensible gun policies that reduce the firepower available to those intent on harm.

The holes in our policy "Swiss cheese" are killing people. It is time to close them.

Mass shooters do not disproportionately take SSRIs compared to the general population

We analyzed data from 201 mass shooters who killed four or more people in a public place:

- 24% of mass shooters took prescribed psychiatric mediation at some point in their lives. This includes a combination of SSRI (Selective serotonin reuptake inhibitors), benzodiazepine and antipsychotic medications. This rate is slightly higher than the 19% of adults who report taking psychiatric medication in the United States. However, most mass shooters (76%) do not take psychiatric medication.
- 22 perpetrators in our database were known to have specifically taken SSRI medications – 11% of mass shooters. The general population estimate of SSRI usage is also 11%.

In The News

We have given dozens of media interviews in the wake of the tragic Annunciation school shooting last week, trying to add data, research and evidence to our public policy discussions.

This morning at 9:00 am central you can listen to James Densley talk to Catherine Richert on Minnesota Public Radio about solutions to gun violence.

CBS News (August 27, 2025)

Gun violence researcher breaks down Minneapolis school shooting New York Times (August 31, 2025).

What motivated the Minneapolis church shooter? We may never know

Minnesota Public Radio - Angela Davis Show (August 28, 2025)

After the shooting: How communities heal

Twin Cities PBS - Almanac (August 29, 2025)

Violence Prevention Project

USA Today (August 27, 2025)

Annunciation school shooting follows violent 24 hours in Minneapolis Minnesota Public Radio (September 2, 2025)

St. Paul Public Schools focus on safe, welcoming start of the school year

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The Violence Prevention Project Research Center

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