

CSTS podcast series

Let's Talk About Your Guns

Episode 108: Extreme Risk Protection Orders

1.	NOTES	AUDIO
2.		DOROTHY PAUGH: I was nine years old on the day my dad died.
3.		DOROTHY PAUGH: It was a warm August day. He had asked my mother to take all the kids to the swimming pool. So my mother loaded all five of us kids into the station wagon to take us to the officer's club.
4.		DOROTHY PAUGH: I remember playing Marco Polo and then hearing my mother's name over the loudspeaker. We didn't know what was going on.
5.		DOROTHY PAUGH: A military policeman came and took her away for a few minutes.
6.		DOROTHY PAUGH: A few minutes later the MP came back and we were rounded up and got in the car. He was driving because they didn't want my mom to drive.
7.		DOROTHY PAUGH: She was white. You could tell with one look at her face that something was bad.

8.		<p>DOROTHY PAUGH: They took us to the hospital where we were herded into this room.</p> <p>And I just remember that as we were walking down the halls, people were looking at us.</p> <p>And I remember a sensation of why is everyone looking at us? Stop looking at us.</p> <p>We just knew that there was something that was terrible.</p>
9.		<p>DOROTHY PAUGH: It was the family priest that did the talking to tell us that our dad was dead.</p> <p>My father shot himself in our basement. And before he did so, he called 911 so that my mother wouldn't find his body.</p>
10.		<p>DOROTHY PAUGH: My mother was aware that my father was struggling.</p> <p>He had set out his life insurance paperwork and his will, and he had gone to a gun store and bought a handgun.</p> <p>And that was enough to clue my mother that things were bad and she wanted help.</p>
11.		<p>DOROTHY PAUGH: She called in our priest to talk to him. I just remember that they sat outside under the mimosa tree and drank beer and talked.</p>

12.		DOROTHY PAUGH: But the priest didn't ask if they could take the gun out of the home so that it wouldn't be within easy reach.
13.		DOROTHY PAUGH: I'm not sure it occurred to them that the availability of so lethal a weapon might tempt my father in the midst of his despair.
14.	Transition to new beat	
15.		DR WEST: More than fifty years after Dorothy Paugh's father took his life, the memory still stings.
16.		DR WEST: She believes that if there had been a law that allowed her mother to remove the gun from the home, her father may have survived.
17.		DOROTHY PAUGH: I think that the ability for someone to take that gun away in that moment, like right away, not five days from now, that that might have given him the time to get help.
18.	Transition to new beat	
19.		DR WEST: I'm Curt West: Associate Professor of Psychiatry and Scientist at the Center for the Study of Traumatic Stress at the Uniformed Services University. Today, in <i>Let's Talk about Your Guns</i> we'll talk about Extreme Risk Protective Orders.

20.		<p>DR WEST: Extreme Risk Protective Orders – or ERPOs - let law enforcement temporarily take firearms away from a person in crisis. An ERPO also stops that person from purchasing guns.</p>
21.		<p>DR WEST: Taking advantage of these laws may save the life of someone you care about when things are really bad.</p>
22.		<p>DR WEST: Today, we'll learn what motivated Dorothy Paugh to become such a strong advocate for ERPO laws.</p> <p>We'll talk to Dr. Shannon Frattaroli about the research behind them.</p> <p>And we'll talk to Sheriff Darren Popkin from Montgomery County Maryland about how these laws actually work.</p>
23.		<p>DR WEST: This final episode of our podcast is about what you can do when conversations about safe storage break down. Circumstances are truly unsafe, and you're concerned that ready access to firearms may put someone you care about at risk to themselves or others.</p> <p>It's not about whether you are for or against guns. So now... <i>Let's Talk about Your Guns.</i></p>
24.	Transition to new beat	

25.		<p>DR WEST: Dorothy, to your knowledge, was there any discussion about taking your father’s gun away when he was having this crisis?</p>
26.		<p>DOROTHY PAUGH: Not that I know. And I'm also not sure if my father would have been open to handing over the gun.</p> <p>My father was fairly headstrong, so he didn't want someone telling him what to do. And I think that he would have just felt as if this was a plan or this was what he saw as his best release from what he was going through from his crisis.</p>
27.		<p>DR WEST: Your father’s suicide had a big impact on you. How did it affect your mother?</p>
28.		<p>DOROTHY PAUGH: Oh, my father’s suicide had a tremendous impact on my mother. After it first happened, the five of us kids were sort of sent to stay with neighbors in the area just so she would have some time. And it was just a day or two and she was like, no, no bring them back. And I remember that because we felt like we were sort of exiled, like, you know, we had done something because now my father's gone and, you know, my mother has to not be around us. So she, she's she stood up to the challenge and years later said that's what kept her going, was knowing that there were five children between five and 15 that needed her</p>

		to be strong. And she was a strong Irish woman. And she did raise all five of us.
29.		DR WEST: What difference do you think it would have made had there been a law in place to keep him from purchasing a gun while he was in this crisis?
30.		DOROTHY PAUGH: I believe that had there been a law that empowered my mother to have law enforcement come and ask for that gun and then for him to get help, that our lives would have been completely different. Instead of growing up feeling abandoned and wondering whether there was anything we could have done or anything we had done to make this happen, you know, we would have just had more days of fun in the sun.
31.		DR WEST: Your experience has led you to become a powerful advocate for ERPO laws in Maryland. Can you tell me what these Extreme Risk Protection Orders do?
32.		DOROTHY PAUGH: What an extreme risk protection order does is give family members and law enforcement the opportunity to petition a court to remove temporarily firearms and ammunition from the house, from the home. And it also prohibits that person from purchasing a firearm while that order is in effect. It doesn't require a

		<p>diagnosis of mental illness, and it's strictly based on behaviors that indicate that the person might hurt themselves or someone else. So it has a process where a person, a family member can go to a court. It's a civil case. It doesn't require a lawyer. It doesn't involve criminal charges. It's just to keep this person and those around that person safe. We need to get the firearm out of their reach until they are better able to cope.</p>
33.		<p>DR WEST: Your father's story was not the only event that led to your interest in gun safety for suicide prevention. Can you tell me about the more recent incident?</p>
34.		<p>DOROTHY PAUGH: It was April the 13th, the Friday the 13th in 2012, and I got a phone call and it was a Baltimore County detective, and he asked my name and then he said my son's name and asked if I was his mother. And I said yes. And he said, There's been an acc... and he stopped and said incident. And he said, Why would he do this? And I said, Why would he do what? And he said shoot himself. My son had bought his gun legally the summer before and. He one morning, for reasons I'll never know, he called in sick to his job and he walked to the woods about a block from his house. And when he got in the woods, he called the police and said where he was and that they needed to come and pick up the gun because he didn't want any kids to find it for him.</p>

		<p>So he actually waited until he saw the sirens up on the hill just above him and that the police had arrived and they heard the gunshot.</p>
35.		<p>DR WEST: Had he given any indication prior to his suicide that anything was wrong?</p>
36.		<p>DOROTHY PAUGH: We knew he was unhappy on the job. But, you know, I never thought it rose to that level. I think he had to know that he could have asked any one of us for help if he was thinking of taking his life. But I don't think he believed that he would be respected if he sought help, that that was an avenue that he could be proud of.</p> <p>It was actually about at least a year after my son's death, before I felt I was even functional and could try to do something about it.</p> <p>What I did was read as much as I could on what made a difference, what actually worked to stop suicide. And the more I read, the more I concluded that what one individual, what one person can do is everything they can to separate that person from a firearm in their moment of crisis.</p> <p>It's not something that necessarily requires a law, but there's a lot of instances where if someone isn't going to be open to just giving the gun away, even temporarily, that it's necessary to have an authority</p>

		to step in to save that person's life because they can't see the value in their life.
37.		DR WEST: So you come to this realization... what do you do next?
38.		<p>DOROTHY PAUGH: I just sat down and wrote an email to my state delegate in Maryland, Delegate Geraldine Valentino Smith, and I just told her the story. I said suicide has kicked my ass twice now and now I want to kick its ass. And what works is getting the firearm out of their hands. And so she said, I want to help you. And so we talked to different groups. And they said, well, it'll take us a while to build a coalition and get some support and see if we can get this through the legislature.</p> <p>And so they said, well, wait a year. We'll do it next year. And in the meantime, I had a health scare. I had a blood clot that traveled to my lungs. I was fine. But what it did was say, tell me that, hey, I don't know exactly how long I have. And I felt compelled. I said, I don't have to get this done, but I have to try. So my legislator looked at me and said, I made you a promise. She said, I'm filing that bill.</p> <p>And in February of that year, 2018, Parkland happened and that brought all kinds of people to the table. And the law was passed its first year and took effect in October of 2018.</p>
39.	Transition to new beat	

40.		<p>DR WEST: As of the end of 2022, nineteen states and the District of Columbia have Extreme Risk Protection Order laws.</p> <p>Public health policy researcher Dr. Shannon Frattaroli studies the effectiveness of these laws in preventing gun violence.</p>
41.		<p>DR WEST: Dr. Frattaroli, I'm going to start with a question that I think many listeners are going to have: are ERPO laws the same as "red flag" laws?</p>
42.		<p>SHANNON FRATTAROLI: Yes. So "red flag" law is a term that has been popularized by the media, and it's a term that I think more people are familiar with than extreme risk protection order law. But they are the same things.</p>
43.		<p>DR WEST: We've heard Dorothy Paugh explain how ERPOs became law in Maryland. Can you talk about how they became law in other parts of the country?</p>
44.		<p>DR SHANNON FRATTAROLI: So two of the 19 states and the district have laws that date back to the turn of the century. So Connecticut was the first state to pass a law like this in 1999. Indiana followed soon after that. And then there was a long period, more than a decade where there weren't any states that enacted these kinds of laws. And at that point in time, there was a group called the</p>

		<p>Consortium for Risk-Based Firearm Policy that came together in the wake of the Sandy Hook massacre and was looking at the evidence, searching for answers, trying to inform policy conversations because there was a window of opportunity. The country was interested in preventing the types of massacres that we saw in Sandy Hook and that we've seen in far too many places around the country. So what that group did was to look at the evidence and to try to come up with recommendations for how best to move this country forward in a positive way.</p> <p>And ERPO was one of the recommendations that came out of that effort. It was the result of looking at the evidence and understanding that violence is something that oftentimes happens on a trajectory, that there are warning signs that there are dangerous behaviors and that those escalate in most cases, and that if we could just figure out a way to intervene on that trajectory with a concrete tool that would allow for the temporary removal of the most lethal forms of violence, then we could really make a difference in what's happening again on our streets and our homes and our schools and our communities.</p> <p>So that recommendation came out from the consortium in 2013 and in 2014, California passed the first modern ERPO. Washington followed. Oregon followed after that. And now we're at a point less than ten years later where 19 states and</p>
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		<p>the District of Columbia have these laws on the books.</p>
<p>45.</p>		<p>DR WEST: How much do the states with ERPO laws have in common?</p>
<p>46.</p>		<p>DR SHANNON FRATTAROLI: From a political perspective, I know this isn't your question, but this is a viable policy. Right. We've seen people who align on the left, who align on the right agree that this makes sense. We know from public opinion polling that people, regardless of whether they identify as liberal or conservative, if they're registered with the Republican Party or the Democratic Party, if they're a gun owner, if they're not, this is a law that consistently people say makes good sense. And we see that in terms of the states that have enacted these laws. So we have states like California, like Washington, Massachusetts, Maryland, that are traditionally sort of dismissed as, oh, those are those are liberal states. Of course, they have these gun violence prevention laws. But we also have ERPO laws in states like Nevada and New Mexico, Florida, you know, states where typically you don't see categorized as, you know, bastions of of gun violence prevention. So this is a law that not only makes sense for this country at this point in time, as evidenced by the diversity of state legislatures that have been willing to both hear and pass our laws for their states.</p>

47.		DR WEST: What kinds of behaviors might initiate an extreme risk protection order?
48.		DR SHANNON FRATTAROLI: The laws are deliberately constructed to specify behaviors and not mental illness diagnoses. Because when we look at the literature, what we find is that the best predictors for violence aren't mental illness diagnoses, but rather violent behaviors. So if someone is threatening violence, if someone is writing notes or recording messages that detail what they're planning to do in a violent way, if someone is brandishing a firearm, pointing it toward another person, all of those things are very strong indicators that they're on a trajectory that will end in violent behavior. Not always, but oftentimes those kinds of behaviors are the best indicators that violence is imminent or will soon occur.
49.		DR WEST: What do we know about how often ERPOs are being used?
50.		SHANNON FRATTAROLI: So the evidence that we have about how ERPOs are being used in the states that have them shows that there's tremendous variation among those states and there's tremendous variation within the states that have the laws. So I'll give you an example. Florida, to the best of my knowledge, is a state that has issued the most number of ERPOs there, upwards

		<p>of 6000 ERPOs that have been issued in that state. If you look at how ERPO has been used in the counties across the state of Florida, what you'll see is that there are some counties where hundreds have been issued and there are some counties where exactly zero have been issued. So tremendous variation.</p> <p>We do see ERPOs being used in response to threats or risk of suicide. We do see ERPOs being used in response to threats of harm against others. We do see ERPOs being used in situations where an individual is threatening both. So they're both threatening to, let's say, harm their family and threatening to kill themselves. We are also seeing documentation of ERPOs being used when there is a threat of a mass shooting event or a multiple victim event. So ERPOs have been used across this country, across the 19 states and the district where they exist, really to respond to a variety of violent, threatening situations.</p>
51.		<p>DR WEST: Can we talk more about ERPOs and suicide prevention. I think most people assume that gun violence refers to mass shootings. But more than half of the gun deaths in the United States are from suicide.</p> <p>Do we know how effective ERPO laws are in preventing suicide?</p>

52.		<p>DR SHANNON FRATTAROLI: Because our laws are so new, we don't have definitive evidence with regard to impacts on suicide and prevention of suicide. The numbers are all pointing in the same direction. But we just don't have enough data points to be able to say that, yes, we see a reduction in suicide as a result of ERPO. Rather, we're at a place where everything seems to be pointing in the direction that this is an important tool for preventing gun suicide, and it's a promising tool. And we're continuing to watch those numbers and to observe how it's being used and see how it's being implemented. And studies are underway right now that will get us closer to an answer to that question.</p>
53.	Transition to new beat	
54.		<p>DR WEST: Sheriff Darren Popkin has been in law enforcement for nearly forty years.</p> <p>When ERPO became Maryland law in 2018, he was responsible for training most of the state's police departments.</p>
55.		<p>DR WEST: Sheriff Popkin, can you walk me through the process about how a concerned person would go about implementing an extreme risk protection order for somebody close to them?</p>
56.		<p>SHERIFF DARREN POPKIN: Maryland's law has multiple steps to it. So it starts with a 911 call. It</p>

		<p>could be related to a domestic violence case where there is a threat and access to firearms. It could be mental health where there is an immediate threat to themselves or others, and there's an access to firearms. We've had a number of cases here in Maryland that involve the potential for school shootings that we've been able to intercept before anything else actually occurred. So there's different multiple ways that someone may call 911 and bring this forward.</p> <p>Once an officer shows up at someone's house, it is a remarkably expedient process. So the officer finds out the details the officer would either recommend to the household member to they could go to the court, they could go to the district court commissioner.</p> <p>If the family member doesn't feel comfortable going to get the order in Maryland's law, the police officer can be the petitioner can be the one who files for the order.</p> <p>These orders are issued 24 hours a day, seven days a week. And it probably takes a couple of hours to actually get in front of a judge or district court commissioner, then to the home, and then to be able to serve the order and actually get the firearms. Approximately a few days later, there's an initial hearing, a temporary hearing. The judge makes the determination of whether to keep the order in force. And then after seven days, there is another hearing that the judge will make the</p>
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		<p>determination of whether this is going to go to a final order that will be good for up to one year. If the order does go to final, the firearms are kept by the law enforcement agency pending the completion of the order. And if someone doesn't if someone doesn't adhere to the order, then there is a potential criminal penalty associated with it. In most cases, there is the return of the firearms once the orders are over.</p>
57.		<p>DR WEST: I can imagine that there are some family members who would be very anxious about this process whether it's because they fear consequences to their loved one as a result of their actions, or they fear consequences or conflict within the relationship because they let it go outside the home. What would you say to those people?</p>
58.		<p>SHERIFF DARREN POPKIN: What I usually would tell a family member is that doing nothing makes you way less safe because that's often what we hear about when there are tragedies that and we go back and we look into what occurred during particular cases, we find that this was something that had been ongoing, that there was violence in the family, that there were threats in the family, that there were threats to use firearms.</p> <p>But when you then get to a point it elevates to someone with the threats of using a firearm, then</p>

		<p>everybody in that household is potentially put a danger to anybody out in the community is potentially put at danger if they're if the threats are that they're going to use that gun, say, in a school or if they're going to use it at a workplace violence type of action. So doing nothing makes it way more difficult, way more dangerous to anybody, especially in the home.</p> <p>In Maryland, about 60% of the orders that are filed are filed by the police officers. About 30 to 35% are filed by family members. And then mental health professionals do the remainder of the filings of. So those 30%, 35% have of family members that do this have felt so strong. They've listened to the officers that show up. They're very, very concerned. I mean, these are people that they love. It's their it's their family. They don't want to see them hurt and they certainly don't want to see anyone else in their family hurt, and they certainly don't want to see themselves hurt.</p>
59.		<p>DR WEST: Dr Fratteroli mentioned that there hasn't been enough research to say whether or not these ERPOs are successful. You've been implementing these for four years now. What has your experience been?</p>
60.		<p>SHERIFF DARREN POPKIN: Maryland's law is one of the tightest pieces of legislation having to do with confidentiality on the extreme protective</p>

		<p>orders. So I can't at all provide any names of anybody who has either filed for the petition, been a subject of the petition. But I can talk anecdotally of calls that I have received from family members thanking the officers involved, thanking the process because they believed that they were someone was spiraling down so quickly and with the access to firearms that someone was clearly going to get hurt. And because of the order, a tragic incident doesn't occur.</p> <p>Remember, at the end of the order, under Maryland's law, I'm obligated to give the guns back as long as they're not prohibited. And so in many of these cases, we've given the guns back and no further orders have been issued. Someone's back to a level that they're, you know, that they've gotten through whatever critical or crisis they felt and the court is determined that they're okay and they're back to being regular residents and citizens of the state with all the applicable laws that provide them the opportunity to have guns and to live safely.</p> <p>So it's working and and it's saving lives.</p>
61.		<p>DR WEST: You know, I think it speaks volumes about the training and expertise of the officers who serve these orders, because as you're telling me, there are if there's 700 a year, we're talking on the average of two of these served across the state every day. And yet I don't turn on the news every night and see a violent confrontation where police</p>

		<p>were trying to take somebody's guns. And so that just speaks to me about the level of training and expertise of the officers who serve these orders or who facilitate the process for the families.</p>
62.		<p>SHERIFF DARREN POPKIN: We had a very short period of time when the when the bill passed in April of that year to train 17,000 law enforcement officers of this is a new option. This is a new tool. This is a new potential that you could use. So in the long run, you're not coming back to investigate further crimes and God forbid, you know, a shooting or a homicide that occurred afterwards.</p> <p>After four years of this in 99.9% of the cases, it's remained civil. There's been cooperation. And the law enforcement officers who respond to the 911 calls are an incredibly large piece of this. And the training has been a very, very critical piece of this, because if the officer shows up at the 911 call and doesn't explain this or doesn't let them know that Maryland, you have this option to do this, the average person may or may not know. And then, you know, you're walking away from a situation that you could have provided some proactive care for and, you know, potentially saved a life.</p>
63.	Transition to new beat	
64.		<p>DR WEST: In this final episode of <i>Let's Talk About Your Guns</i>, we learned what you can do when the</p>

		<p>conversation breaks down. You're worried that someone you care about is in crisis and has access to a gun. Extreme Risk Protection Orders give us that ability to protect them by temporarily separating them from their guns.</p>
65.		<p>DR WEST: Thank you to Dorothy Paugh, Dr Shannon Frattaroli, and Sherriff Darren Popkin for joining me.</p>
66.		<p>DR WEST: You've been listening to Let's Talk about Your Guns. This podcast is made possible by The Henry M. Jackson Foundation for the Advancement of Military Medicine. It's produced by Podville Media for the Center for the Study of Traumatic Stress at the Uniformed Services University.</p>
67.		<p>DR WEST: To learn more about our mission and for additional resources, please visit cstsonline.org.</p>
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