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The recent and severe loss of innocent lives in Connecticut has brought about intense debate over and critical discussion of the second part of the Second Amendment: “the right of the people to keep and bear arms shall not be infringed.” Some states have already enacted sweeping reforms to their gun control laws. Others states have held tight to their frontier status and more thoroughly embraced this portion of the Second Amendment.

An article written under the pseudonym Brutus in the November 1, 1787, edition of the *New York Journal* states, in part:

When a building is to be erected which is intended to stand for ages, the foundation should be firmly laid. The constitution proposed to your acceptance, is designed not for yourselves alone, but for generations yet unborn. The principles, therefore, upon which the social compact is founded, ought to have been clearly and precisely stated, and the most express and full declaration of rights to have been made....The common good, therefore, is the end of civil government, and common consent, on which it is established.

Samuel Adams interestingly stated, “the said Constitution be never construed to...prevent the people of the United states who are peaceable citizens from keeping their own arms...” (Pierce, Hale, et al., 1856).

Such quotes, which today seem quite formal, are only a snippet of the debates that took place in our country’s infancy; however, it seems to me that the beliefs held by opposing citizens, states, and politicians were likely evidenced in debates as heated as those we are currently having. Regardless of where we stand on multiple issues—particularly such divisive issues as gun control—contemporary society continues to wrangle and squabble at the micro, mezzo, and macro levels.

This edition of the Social Work and the Courts newsletter holds an interesting mix of articles related to violence in our country and throughout the world. Kathryn Dixon’s article examines bullying, mental health, and gun safety in detail. And George Patterson’s article—written in conjunction with students in his Social Work in the Criminal Justice System course—explores the New York Secure Ammunition and Firearms Act (SAFE) of 2013 in terms of its potential implications for social work practice.

Camielle Call, LCSW  
Sitka, Alaska

Reference: Pierce, Hale, et al. (Eds.) (1856). *Debates and Proceedings in the Convention of the Commonwealth of Massachusetts, held in the year 1788*, 86.



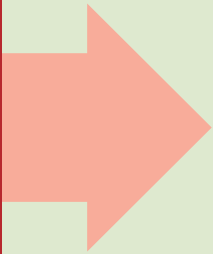
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## IT'S A FACT:

School violence is a complicated societal violence prevention, one must understand

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# OUR AMERICAN VIOLENCE TRIFECTA: Bullying, Mental Health & Gun Safety

KATHRYN DIXON, MSW, LCSW, NCPC

What caused the United States to start focusing on bullying? I wish I could say my own interest in this subject began in adulthood, as a concerned social worker, but the reality is that I, like many of you, was bullied in my youth. During the past decade, hardly a week has gone by when I haven't read or heard of a violent tragedy befalling a family in America. I can recall exactly where I was *more than 10 years ago*, on April 20, 1999—I was talking with a colleague in her office in the juvenile division of the family court—

when I heard the radio announcer report on the events unfolding in Columbine, Colorado. Investigators eventually learned that Eric Harris and Dylan Klebold—the two high school students who went on the shooting spree that killed 12 classmates, a teacher, and then themselves—endured years of *bullying*. They had left suicide notes that called their actions a “revenge killing” to get back at those who had bullied them for years. As an adult, I am most concerned about how the nature and methods of *bullying* have

intensified. The rise of the Internet and electronic communications laid the groundwork for epidemic levels of hurtful rumor. Access to weapons added fuel to the fire. I am struck by what has—and has not—changed about youth violence in more than 10 years. Before I sat down to review and edit this article, I opened the newspaper, as I do every morning, to find headlines once again related to our American violence trifecta: *bullying, mental health, and gun safety*.

Immediately after Columbine, many people in our country started to view youth bullying more critically. Sadly, only a decade later, the suicide of Tyler Clementi on September 22, 2010, once again revealed the horrendous consequences of bullying. In September 2010 alone, at least six youth—all of whom identified as lesbian, gay, bisexual, and transgender (LGBT)—endured a relentless stream of taunts and ended their own lives. Tyler's suicide galvanized a nation to put bullying at the center of attention. In New Jersey, it was

# problem. To understand the scope of the problems schools are facing in the effect violence is having on children and youths in the United States.

Tyler's suicide that prompted new legislation, the New Jersey Anti-Bullying Bill of Rights (P.L. 2010, c.122), which ended up receiving near unanimous support of the entire legislature (NJSA, 2010).

New Jersey's existing gun laws and anti-bullying law are among the strictest in the nation. Senator Loretta Weinberg (D-NJ) told reporters that 22 new bills have been introduced to the state legislature following the 2012 Newtown, Connecticut, incident to "close some loopholes" (Fallon, 2013). The spotlight on childhood bullying has shed light on other kinds as well. Several states have begun proposing legislation for workers to be able to sue for harassment on the job. Parents are realizing that many of their bully classmates grew up to be their coworkers (Hananel, 2013). Upon in-depth review of the anti-bullying law, I see some unaddressed areas in the legislation: there is neither a structure of corrective sanctions requiring *rehabilitative efforts* with the bully in place nor any guaranteed funding source to provide *counseling support* for the targeted youth.

New Jersey's Anti-Bullying Bill of Rights is the product of intense research by Garden State Equality and others who worked with many leading anti-bullying and child welfare experts. Highlights include strengthening of the existing cyber-bullying law, extending it to apply to bullying off school grounds that then carries into schools, and another section applies to the state's public universities and colleges. The Anti-Bullying Bill of Rights protects all students bullied for any reason. The legislation maintains the language of New

Jersey's existing anti-bullying law, originally enacted in 2002, which enumerates protection of students based on their actual or perceived race, color, religion, ancestry, national origin, disability, gender, sexual orientation, gender identity, or expression, and has clear language protecting students bullied for any other reason.

Dr. Dan Olweus of Norway is one of the world's best-known expert of school bullying. He began to study and research student bullying and victimization back in the 1970s; by the late 1980s and early 1990s, the research spread to Japan, England, the Netherlands, Australia, Canada, and the United States. Olweus defines bullying as having three key components: when a person is (1) exposed repeatedly to negative acts, that are (2) intended to harm the victim, and where there is (3) an imbalance of power between the victim and the bully (US-DHHS, 2012). Attention to bullying, and school/youth violence is also not new to the National Association of Social Workers (NASW). A succinct review of our literature shows nearly 20 years of anti-violence and anti-bullying messages (NASW, 2002, 2003, 2009–2012). How we apply these is apparent in daily practice and is reflected in our Code of Ethics, best practices, and policy statements.

Bullying behavior is not a normal part of childhood or youth development; it is a form of victimization that involves disparity of power. Bullying still involves physical assaults (that is, punching, kicking, tripping, throwing things) and verbal abuse (such as ethnic slurs and

comments on appearance, weight, and assumed sexual orientation). And there are newer forms of bullying, too, such as cyber-bullying (that is, vicious texts and emails, Facebook smear campaigns, unflattering photos and videos going viral) and relational bullying (such as manipulation, silent treatment, gossiping, exclusion, and abandonment).

Cyber-bullying is particularly hazardous because it allows real or perceived anonymity through a false identity, screen name, e-mail address, and so forth. Harassing and insulting comments can "go viral," turning an immature statement into a social disaster for the victim. In our Twitter-happy culture, openly identifying as LGBT is particularly laden with peril (Peckham & O'Keefe, 2010). Thanks to social media, a youth's sexual orientation can become very public very rapidly. LGBT students are more likely than other students to think about, plan, or attempt suicide—almost half of them have seriously considered suicide, compared with just over one in five non-LGBT students (47% vs. 19%).

A disproportionate number of LGBT teens are represented in the nation's juvenile justice system, possibly making up as much as 15 percent of the total juvenile justice population in the United States, according to Aisha Moodie-Mills, an LGBT policy and racial justice advisor at the Center for American Progress. The findings were presented by the National Council on Crime & Delinquency. While LGBT youth represent about 5 to 7 percent of the total youth population, estimates show they make up 13 to 15 percent of the population of

young people involved with the nation's juvenile justice system. However, sexual orientation aside, all youth are at risk. According to the American Foundation for Suicide Prevention, suicide is the third leading cause of death for young people between the ages of 15 and 24. The Centers for Disease Control identifies suicide as the second leading cause of death on college campuses.

According to the National Center on Addiction and Substance Abuse, bullied youth are at a greater risk of distress from depression and other mental health problems. Those young persons who have been traumatized learn to defend themselves by shutting down. Warning signs that a child may be being bullied include seclusion (such as coming home from school and locking themselves in their room), cancelling plans with friends, being quick to cry and/or easily triggered by negligible conflicts at home, neglecting hygiene, swiftly gaining or losing weight, sleeping more or less, or refusing to attend school. An astounding number—more than 140,000—of students refuse to go to school because of bullying. Our children's *mental health* is at stake. Kids who have been bullied are more likely to suffer from depression in both the short and long term, have unbearable anxiety symptoms and well as eating or substance disorders, struggle with long-term relationship problems, drop out of school, and engage in suicidal ideation and suicide attempts (Peckham & Trestan, 2010).

What can social workers do to help? Educate parents. Because the effects of bullying can last a



lifetime, making a referral to a social worker is recommended—sooner not later. In most cases, educators and lawmakers have not taken a sufficiently proactive stance toward intervention in bullying situations. Many maintain the belief that youth who have been targeted should “fight back” or “ignore” the bully and his or her behavior. Stan Davis, a social worker with expertise in bullying, advocates for using strengths-based approaches to help youth victims steer clear of internalizing harmful messages that can contribute to or exacerbate mental health conditions (Malamud, 2011).

Parents and social workers can forge a strong collaborative front in their efforts to stop bullying. Social workers are an instrumental source to affect change and influence positive outcome for families, schools, and communities. As the “grown-ups,” we must model kind, respectful behavior and become unified in teaching our children. Adults should guide kids in their evolution from bystanders to “up-standers” and contribute to more tolerant, accepting communities. Moms, dads, and teachers should reflect acceptance toward minorities, LGBT kids, children with special needs, and others, and help children through open discussions about interpersonal issues. Adults should never downplay bullying, whether their child is the perpetrator or the victim, and must get their children counseling—in either case, it is the appropriate parent/guardian “respond-ability” (NASW, 2002, 2003, 2009–2012).

I see examples of bullying and violence in my current private practice experience almost

weekly. For the past several years, I have been working with the highest-conflict separated/divorced parents. Many have been engaged in waging “emotional and financial war” with their ex-spouse for nearly a decade. Actual circumstances or allegations often include child abuse, addiction, mental health problems, parental alienation, withholding children or child support, filing (false) police reports, vandalism, harassment, and domestic violence—all are commonplace “psychological ammunition” and adult forms of “he said/she said” bullying. As a court-appointed neutral party, I am charged to assist parents with ending the chaos and stress. It is no wonder that children engage in bullying: they are often mimicking the behavior their parents modeled for them.

According to the Centers for Disease Control, homicides and suicides by guns are correlated with states with fewer laws. States with the most gun control laws had 42 percent lower gun-related death rates than others. Former Representative Gabrielle Giffords spoke fewer than 20 words in her emotional call for gun control measures: “Be bold. Be courageous. Please support background checks,” she said (AP, 2013). “Can our elected officials summon the political courage to defy the gun lobby and protect our communities?” (Melady, 2013).

Although controversy still exists over the best way to address the problem, everyone agrees that bullying and violence are major issues facing families and communities today. Decades of research and tragedy underscore the need to establish stronger preventive, intervention, and rehabilitative measures for our

youth nationwide. In addition to the efforts to help victims and to put an end to bullying, these measures should include mental health examinations to accompany annual school physicals and background checks for gun purchasers. Our society’s growing concern with ending bullying provides an opportunity for social workers to accelerate the development of comprehensive, multifaceted, and cohesive systems of support (CMHS at UCLA, 2011). When I sat down to finalize this article, I opened the newspaper—as I do every morning—to read headlines, once again, related to our American violence trifecta: bullying, mental health, and gun safety. Stand up for others.

**Kathryn Dixon, MSW, LCSW, NCP, is the founder and executive director of Interstate FACTS, LLC. She formerly served as NJ Judiciary Adult Criminal Drug Court Coordinator and as Treatment Assessment Services for the Court (TASC) Evaluator, Bergen Superior Court, Family Part. Ms. Dixon is an adjunct professor at Bergen Community College and has lectured extensively. She can be contacted at [kathryndixonmsw@gmail.com](mailto:kathryndixonmsw@gmail.com).**

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## RESOURCES

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# NEW YORK Secure Ammunition and Firearms Act (SAFE) of 2013: Implications for Social Work Practice

GEORGE T. PATTERSON, PHD, LCSW-R

The New York Secure Ammunition and Firearms Act (SAFE) of 2013 is among the toughest state gun laws in the country and the first to pass both the state house and senate since the fatal school shooting in Sandy Hook, Connecticut. New York State Governor Cuomo signed SAFE into law on January 15, 2013. Among the provisions of this legislation are: limits on the ability for individuals convicted of felonies to obtain a firearm; limits for individuals with mental illness who are assessed as dangerous to access weapons; a ban on high-capacity rounds, limiting any magazine that holds more than seven rounds; a requirement for immediate background checks on all ammunition purchases, required tracking of ammunition purchases as they occur; a requirement for individuals to recertify their handguns and assault weapons

every five years, requiring universal background checks even at private sale events; imposing a mandatory penalty of life in prison without parole for killing a first responder in the line of duty; safe storage requirements for weapons; a penalty for possessing a weapon on school grounds; tougher penalties for illegal gun use; a requirement for judges issuing orders of protection when victims feel perpetrators will use a gun to demand that perpetrators surrender the weapon; extending Kendra’s Law for two years, through 2017, as well as extending the period of mandatory outpatient treatment from six months to one year; and requiring assessment prior to releasing an inmate with mental illness.

A central provision of SAFE legislation for social work practice is the mandated reporting requirement.



Presently, SAFE defines four groups of mental health professionals who are required to report patients who may pose a risk of danger to self or others. These four professional groups are physicians, psychologists, registered nurses, and licensed clinical social workers. These mental health professionals are exempt from civil or criminal liability when making a report. Individuals who are reported by these mental health professionals and who possess a gun can have their gun license revoked or suspended,

and gun(s) removed from their possession. In sum, this provision is a mandated reporting law that does not require patient consent. Furthermore, confidentiality does not apply in this situation and only information such as name, address, age, race, and gender, among other demographic information, can be reported. Such clinical information as diagnosis or treatment approach is not reported.

This article examines the implications of SAFE legislation for social work practice. Relevant provisions of the law include the mandated reporting requirement and revisions to Kendra's Law, which strengthen the current mental hygiene law in New York State. Graduate social work students examined the legislation relative to the licensed clinical social work reporting requirement and identified areas in need of further clarification as SAFE is implemented throughout the state.

### **EXCERPTS OF NEW YORK STATE SOCIAL WORK LICENSING LAW**

New York issues two tiers of social work licensing: licensed master social worker (LMSW) and licensed clinical social worker (LCSW). As noted above, SAFE legislation contains provisions for only the LCSW to report individuals who pose a danger to self or others relative to gun license and possession. LMSW social workers are excluded from the SAFE reporting requirement. In New York State, social work graduates are immediately eligible to apply for the LMSW. In sum, eligibility for the LCSW requires a minimum of three years of full-time social work experience providing such services as diagnosis and

psychotherapy, and 12 credit hours of clinical coursework. The New York State Education Department (NYSED), Office of the Professions, defines that practice of licensed master social work as "the professional application of social work theory, principles, and the methods to prevent, assess, evaluate, formulate and implement a plan of action based on client needs and strengths, and intervene to address mental, social, emotional, behavioral, developmental and addictive disorders...licensed master social workers engage in the administration of tests and measures of psychosocial functioning, ...case management, counseling..." (NYS Social Work: Laws, Rules & Regulations: Article 154, 2011, p. 1).

NYSED defines the practice of clinical social work as including the above scope of practice and in addition "the diagnosis of mental, emotional, behavioral, addictive and developmental disorders and disabilities and of the psychosocial aspects of illness...the provision of crisis oriented psychotherapy and brief, short-term and long-term psychotherapy and psychotherapeutic treatment... diagnosis in the context of

licensed clinical social worker practice is the process of distinguishing beyond general social work assessment..." (NYS Social Work: Laws, Rules & Regulations: Article 154, 2011, p. 1). As noted, SAFE legislation does not require the reporting of clinical diagnostic information.

Over the past five years, many more LMSW licenses have been issued than have LCSW licenses. For instance, in 2012, 1,049 LCSW licenses were issued, but 2,835 LMSW licenses were issued, representing a more than double rate of licensing. In 2008 the rate was nearly four times as many social workers were licensed as LMSW (2,115), compared to LCSW (454) (NYS Social Work: License Statistics, 2013).

### **SOCIAL WORK AND CRIMINAL JUSTICE EDUCATION**

Criminal justice textbooks often overlook the legislative component of the criminal justice system. Typically, three components of the criminal justice system—law enforcement, courts, and corrections—are described. The legislative component cannot be ignored, and as SAFE legislation illustrates, legislation guides social work practice. Kendra's Law, New York State legislation that was enacted in 1994, articulates requirements to provide court-ordered assisted outpatient treatment to individuals experiencing mental illness who need community supervision. The legislation was enacted after Kendra Webdale died from her injuries after being pushed in front of a subway train in New York City by a mentally ill individual. Kendra's Law is statewide

legislation that affects how social workers provide treatment to individuals with mental illness.

An elective course titled "Social Work in the Criminal Justice System" offered at the Silberman School of Social Work at Hunter College of the City University of New York and comprised primarily of MSW students in their final semester explored the recent SAFE legislation. As part of a class project, students were assigned to small groups where they explored various topics related to this legislation, such as the need for more clarity, licensing issues, and the reporting requirement and the supervision of LMSW social workers. The deliverables from this project include an in-class presentation that provides resources for students about SAFE.

### **GRADUATE STUDENT CONCERNS ABOUT SAFE LEGISLATION**

In addition to examining the implications of SAFE legislation for social work practice in small groups, students also described their reactions to the legislation from the viewpoint of soon-to-be LMSW social workers. Students' reactions, as article coauthors, were summarized to create the following narrative.

As pending graduates, we have learned the importance of mandated reporting in classes and internships. Social work practice with various clients can expose the social worker to numerous unknown risks, and LMSW exclusion from the reporting requirement appears to be a disservice to communities. Given the sudden surge in gun violence—especially among youth—the

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exclusion of LMSW-level social workers as mandated reporters could pose a threat to public safety. Many students observed that LMSW social workers report to their LCSW supervisors during supervision, and it appears that the LCSW will rely on the assessments of the LMSW to make a reporting decision. Others observed that not all supervisory relationships will involve an LCSW social worker.

Social work professionals do not react but instead respond to situations; SAFE appears to be a reaction instead of a response. This reaction may not enhance public safety by excluding LMSW social workers from mandated reporting. The LMSW are the largest group of licensed social work practitioners in the state and perhaps have more contact with more mentally ill clients than do the LCSW. How will these issues be managed with SAFE?

In addition to the issues surrounding who should be

mandated to report, there also appears to be confusion about how the required information that is reported will be used and by whom. Furthermore, at this point, it is unclear what type of criminal justice system involvement individuals with mental illness will have, and whether individuals who have a gun(s) removed will be labeled as a criminal offender. This should be disconcerting to mental health professionals who are required to report. Overall, students discussed the need for more clarity regarding SAFE legislation.

### CONCLUSION

It is too early to determine if SAFE legislation will be fully implemented as it is currently articulated. Court challenges have already been prepared, arguing that SAFE is unconstitutional and violates state and national laws. Moreover, given the differences in licensing rates between the LMSW and LCSW—and a similar scope of practice except for psychotherapy and

diagnosis (although diagnoses will not be reported) among a few others—the future holds clear implications for the social work profession as SAFE legislation becomes implemented.

At this time, it is unclear if the LMSW omission is accidental, resulting from a lack of understanding of social work practice and profession, or intentional to include only those professional who hold a clinical license. For example, if both tiers of licensing adhere to danger to self and others regulations, such as instances of child abuse and suicidal ideation, then why is SAFE legislation different? More professional advocacy is needed to clarify these issues. As graduate students who are approaching LMSW licensing suggest, SAFE legislation should be monitored for its effects on the social work profession and on individuals experiencing mental illness who own or possess weapons.

This article was written by **George T. Patterson, PhD, LCSW-R**, associate professor at Hunter College's Silberman School of Social Work and 23 students from his Spring 2013 course "Social Work in the Criminal Justice System" (SSW-793.10). He can be contacted at [gpatter@hunter.cuny.edu](mailto:gpatter@hunter.cuny.edu).

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