

# Don't Blame Mental Illness for Mass Shootings; Blame Men

By Michael Grunwald | Jan. 17th, 2018

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The year 2017 brought the deadliest mass shooting in modern history to the United States, which has become home to more gun massacres than any other country in the world. The response offered by many of our political leaders, both Democrat and Republican, has been to focus on the role of mental illness in such shootings. The day after Stephen Paddock took to a hotel room in Las Vegas with 23 firearms and murdered 59 people this past October, President Donald Trump told reporters that Paddock was “sick” and “demented,” even as evidence suggested Paddock did not have a confirmed mental health disorder. Trump was also quick to blame mental illness on the mass shooting at a Texas church in early November, saying at press briefing the following day that it the tragedy was not “a guns situation” but instead “a mental health problem at the highest level.”

But as we begin a new year, it's time to have a more nuanced discussion about what might really be to blame for the trend of mass shootings in America—as well as the gun violence epidemic more broadly. No, it isn't mental illness. It's gender. If we want to stop the problem of mass shootings, we need to fix the problem of toxic masculinity.

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If you take time to dig into the research, you'll find that mental illness doesn't play the role in mass shootings and other gun violence that many, especially our politicians, seem to think it does. Serious mental illness has been found to be conclusively present in a minority of mass shootings—only 14.8 percent of all of the mass shootings committed in the U.S., defined as a shooting which injures or kills four or more people, between 1966 and 2015. (Another study focusing on different data collections of generalized “mass murder” from 1949 to 2015 attributes 23 percent of those incidents to the mentally ill.) Studies have also found that those with serious mental illness are responsible for just 4 percent of the incidences of interpersonal violence and less than 1 percent of all gun-related homicides annually in the United States. Generally speaking, people with mental illness are far more likely to be victims of firearm violence than commit it.

Yet, while most mass shooters in the past 35 years have *not* been found to have a serious mental illness, nearly all of them do have one thing in common: their sex. Of the 96 mass shootings committed since 1982, all but two were committed by men. (Most of them were white.)

Men don't just constitute almost all mass shooters in recent history; they are also responsible for the vast majority of gun-associated deaths in the country. Men own guns at triple the rate of women in the U.S., at 62 percent compared to 22 percent—and also commit suicide at nearly triple the rate of women. Eighty-nine percent of murder-suicides are committed by men, and most often include an unwitting female partner or ex-partner. (Murder suicides claim 1,200 American

lives annually; nearly all of them are committed with a gun.) In fact, more than half of mass shootings (54 percent) are actually domestic violence incidents. And according to the Bureau of Justice Statistics, which tracks court cases involving domestic violence, 86 percent of the perpetrators of domestic violence documented in court cases are men.

To be sure, a variety of factors are associated with committing serious violence, such as a history of binge drinking, childhood abuse, living in a neighborhood with a high rate of violent crime and experiencing stressful life events. But being a male is often listed as one of the top two predictive risk factors for committing serious violence in peer review papers on the topic—more than any mental health diagnosis. In addition to gender, a history of alleged or convicted domestic abuse has also been found to be more prevalent among mass shooters than a definitive mental health diagnosis, something that's just starting to get much-needed attention.

Furthermore, women live through the same experiences, from childhood abuse to stressful life events, at rates similar to or even higher than men. (One notable exception is binge drinking, which men do at double the rate of women.) Women are also up to 40 percent more likely than men to develop mental health conditions, according to a 2013 study by Oxford University. The Oxford study found women were nearly 75 percent more likely than men to have depression and around 60 percent more likely to have an anxiety disorder, while men and women were found to suffer from schizophrenia in more or less equal numbers. Given these numbers, if the propensity to commit gun violence and mass shootings were based largely on mental health or life events, then you would expect women to commit violent attacks at rates similar to, or higher than, men. And yet, women commit a very tiny fraction of these incidences. In fact, being of the female sex is actually considered a protective factor against becoming a perpetrator of serious violence.

So, what's going on? According to sociologist Eric Madfis, the male gender-mass shooter connection may stem from cultural standards of how men are expected to react to stress and perceived victimization as compared to women.

“Women tend to internalize blame and frustration, while men tend to externalize it through acts of aggression,” says Madfis, who is an associate professor at the criminal justice department at University of Washington-Tacoma and author of a 2014 journal article exploring the intersectional identities of American mass murderers.

This isn't just because of how men are built physically. While it's true that having higher testosterone is often related to aggression, recent research indicates that testosterone is likely a result rather than a cause of violent behavior. This suggests that societal influences probably play a larger role in violence than any biological factor. After all, our culture is saturated in messages—whether in the media, in our military, in sports, at the workplace, or in our education and health care systems—that embrace and even endorse a distorted view of masculinity, which tends to value and encourage expressions of aggression by men.

Even those men who might be suffering from mental illness are unlikely to seek out counseling because it is often stigmatized as “weak” for men to seek out help and admit vulnerability. Among those who do make it into an therapist's office or mental health program, domestic abusers are notoriously resistant to treatment protocols.

Madfis also notes that many men who commit mass shootings tend to be those who have failed to achieve financial and romantic success in ways that our society values and accredits as “manly.” As a result, Madfis explains, men may feel emboldened to resort to violence to gain both revenge and some level of notoriety as compensation for being denied what they thought they were owed, or felt pressure to attain. Elliot Rodger went on a shooting spree in Santa Barbara, California, in 2014 after he taped a video of himself complaining about

beautiful women denying him sex. James Oliver Huberty shot up a California McDonald's in 1984 after his business ventures failed. We could also consider the trend of post office shootings committed by disgruntled postal workers or former workers, or the fact that nearly a third of all mass shootings often occur in workplaces, or the many incidents involving a woman being shot for leaving or threatening to leave her abusive male partner.

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“If violence was just due to genetics, [mass shootings] would not be happening with increasing frequency or occur so much more often in the United States than other places,” says Madfis. “It’s time to have a close look at our culture and what is going in terms of how masculinity is defined and characterized, which is often as something that is performed or ‘proven’ through acts of aggression and even violence.”

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