

## ACTIVE SHOOTER REALITIES

*Caller: "Yes, I am a teacher at Columbine High School, there is a student here with a gun, he has shot out a window... I believe... um ..."*

*Dispatcher: "Columbine High School?"*

*Caller: "I don't know what's in my shoulder, if it's just some glass or what. OK" Dispatcher: "Has anyone been injured ma'am?"*

*Caller: "I am, yes ... yes!" "OK"*

*"Yes! ... and the school is in a panic, and I'm in the library. I've got ... students down! Under the tables kids, heads under the tables!"*

- Patti Neilsen Columbine High  
School Original 9-1-1 caller

This transcript is just the beginning of a panicked call for help from Columbine High School on April 20<sup>th</sup> 1999, Jefferson County, Colorado. The shooting involved a well-planned attack by students Eric Harris and Dylan Klebold. When it was over 12 students and one teacher were dead, and 27 were injured. The two shooters committed suicide.

This was not the first nor the last mass school shooting but it was a turning point. Our world had changed and we were not prepared. The violence associated with the nation's inner cities had entered the mainstream population.

In September of this year NBC News reported that there have been "Nearly two mass shootings (four or more victims) per month since 2009.

This month USA Today explored mass shootings across America finding that there have been 232 cases since 2006.

The February issue of Psychiatric Times explored the issue in the article "Mass Shootings: Research and Lessons" by Dr. James Knoll, IV. The article pointed out that overall crime is down throughout the United States. However, mass murder appears to be increasing.

While these violent events are not new, they "have taken on a different quality. This quality has been affected by cultural shift, social media, and enhanced media coverage," according to Dr. Knoll.

Dr. Knoll reports in his article that research is limited and hampered by "methodological problems." Nonetheless, he suggests that there are certain consistent psychosocial factors including problems with self-esteem, persecutory and paranoid outlooks, narcissism, depression, suicidal tendencies

and social rejection associated with mass shooting suspects.

During a class I attended in January, Dr. Jeffrey Mitchell, Clinical Professor of Emergency Health Service, at the University of Maryland Department of Emergency Health Services, mentioned the impact of media and mental health in mass school shootings.

Dr. Mitchell summarized five factors common with all the shooters:

- All had well documented mental health disorders
- All had engaged in target range shooting
- All were heavily involved in electronic gaming
- All were frequently left alone as children
- All were utilizing prescribed psychoactive medications

The study “Violence and School Shootings” suggests that there may be other factors which explain school shootings such as culture, social ecology of a school, or other community factors. No doubt this is true. Do you think social media, television, music, and other things such as trophies for everyone because everyone is a winner have become problematic for our children?

The articles “Violence Exposure, Psychological Trauma,” and “Suicide Risk in a Community Sample of Dangerously Violent Adolescents”, which appeared in a 2001 issue of the Journal of American Academy of Child Adolescence Psychiatry, suggested “there are differences between urban and suburban school shootings – some acts are related to threats to the perpetrator’s social identity.”

“Rampage: The Social Roots of School Shootings” argues that “Suburban and rural shootings may be characterized by social alienation, whereas urban incidents may be associated with a general inner-city tolerance of violence. The issues of social marginalization and familial dysfunction are other common findings.”

Studies support the finding that shooters who expressed threats online were frequently bullied and depressed. Their online threats presented a clear intention of what they were planning. Verbal threats indicated problems with impulse control and delinquent behavior.

Mass murder also occurs with domestic violence and work place violence. Goleta is still home of one of the largest work place shootings in the country when, on January 30, 2006, Jennifer San Marco killed her neighbor before killing six postal employees and committing suicide. Other notable postal shootings include Edmond, Oklahoma in 1986, Ridgewood, New Jersey in 1991, Royal Oak, Michigan in 1991, Dearborn Michigan and Dana Point, California in 1993, and Baker City, Oregon in 2006.

Is our society creating narcissistic people and enabling extremely destructive behavior under the guise of political correctness, equal opportunity, or just a simple lack of honesty or worse - profit?

The rampage of former Navy Lieutenant and LAPD officer Chris Dorner is a recent example.

The entire world watched on television and commented endlessly in social media forums as if they were somehow personally involved.

Copycat shootings are also an issue. Mental health treatment for depression, suicidal urges and impulse control issues were present in a majority of copycat incidents. Nevertheless, according to studies it appears that “the assertion that severe mental illness is to be blamed for mass shootings are a distraction. In reality, research shows that even if one assumes that the association between severe mental illness and recorded violent crime is entirely causal... the overall contribution of patients with severe mental illness is a mere 5 percent.”

In the quest for answers it appears that “other factors that contribute to mass shootings, particularly cultural and social ones, it is impossible to avoid the issues of narcissism and media responsibility. Narcissism is the classic American pathology, but there is concern that it may be proliferating ‘virally’ and gaining momentum.”

The study “The Narcissism Epidemic” reports “crimes due to narcissism or a wounded ego are directly relevant to mass shootings.” Studies showing that social rejection and narcissism are factors working together to cause aggressive behavior are well documented in the histories of mass murder shooters.

For the disenfranchised, the depressed or the person looking for attention Knoll says, “It becomes difficult to deny that the media coverage given to mass shooting perpetrators has sent the message that committing a spectacular act of murder or killing is a great way to get attention.”

As the problem grows, so does the need to address how to respond to such an active shooter incident. I was recently at a meeting about active shooter training for first responders. Currently, firefighter/paramedics and EMT’s are forced to remain in a safe area until law enforcement can make a scene safe to enter. This can significantly delay the medical response to victims.

One California metropolitan fire chief at the meeting said they have active shootings every day in their city. The chief said, “The only way we are going to get our murder rate down is to reduce our EMS response time.”

Fire departments and ambulance companies are looking for ways to reduce their response time to these incidents and increase their safety. While grants are readily available to law enforcement for safety equipment such as vests, the fire community has to seek out other funding sources for such equipment. The same holds true for training. This is changing, however. More and more agencies recognize the need to properly equip their first responders.

As public safety officials take on new training and response tactics, we need to stop and think about the real challenges that impact the safety of our children and sanctity of our community.