



Active Shooter

One of the most perplexing questions in the active shooter event is what could have been done to prevent the shooting? In recent cases the Fund has investigated there were opportunities to prevent the action of the perpetrator, but the window of opportunity was very narrow and required a level of perception and immediacy of action that was difficult to achieve. Factors in the incidents related to observed behavior, past history, lack of intervention, changes or instability in the shooter's personal life, and an escalating level of frustration.

In most active shooter events, time is in extremely short supply because the shooter's motivation is high, and they know any delay could be detrimental to their intent. The immediate response to the shooting can create delay as people run or hide. The opportunity to escape the shooter is limited by your visibility to the shooter. If you can run, do so despite the danger you may put yourself in if seen. That's why it is important to know where you can go to escape by the quickest, least exposed route.

The second method of delay is to hide and very importantly, lock and barricade the hiding place so the shooter can't enter without a lot of effort (delay). Lock the door or move heavy furniture in front of the door. Then silence your phone or other device, remove noisy jewelry and be silent. Turn off the lights. Staff members hiding during a recent incident heard the shooter move around their offices and look into open offices and try doors that were locked or barricaded. They reported hearing him re-load and drop bullets or casings on the floor. This is why silence is necessary. Any noise in the hiding place indicates a possible target to the shooter.

The last-ditch effort of fighting also creates delay as the shooter must overcome the resistance to continue their sordid task and it might prevent further casualties. The primary purpose of delay is to give people a chance to escape or hide and time for law enforcement to arrive and deal with the shooter.

Prior to the event, are there clues or warnings about what may happen? In some of the school shootings over the last several years, social media carried indications that a shooting might take place. Sometimes classmates were aware of the shooter's intent before the event. In a mental health environment what are some of the indicators that could be red flags for violence?

- A history of violence should be considered with any consumer. What was the nature of the violence? When did it occur? What incited it? Are the consumer's current case managers or therapists aware of the history? Especially as consumers stay in the center system over time, history can get obscured and overlooked as new people take over a case. In recent incidents, shooters had a history of incarceration and extreme violence.

- Odd behavior, including a change in appearance or dress, may indicate a change in the consumer's level of stress or frustration. These changes might also indicate abandoning medication.
- A change in personal life, including a change in treatment routine or family life, could also increase stress levels and frustration.
- Opportunity to intervene missed. In both cases of recent active shooter events, center staff missed opportunities to intervene that might have prevented the shooting. In one case, there was a pattern of frustration and belligerence in the clinic lobby that should have been an indicator for staff involvement with the consumer. In the second case, odd behavior out of the consumer's norm could have been as an indication that something was amiss, like the consumer's abandonment of his medication. A long wait for an appointment and a change in days for the appointment may have contributed to frustration.

The window for intervention was there in both cases but time was short. The willingness to intervene as well as the system supporting intervention has to be there. In the case of obvious anger and belligerence in a clinic lobby, the red flag is quite visible. In the other case of odd behavior and a change in treatment, the indicators were less obvious and there was no system in place to judge whether the observed issues, taken together with the history of extreme violence, were significant enough to warrant intervention.

Other common elements in both cases were that the event began in a clinic setting where the shooters had been waiting for some time. Staff in both clinics observed behavior prior to the shooting event. In one case the consumer became abusive and argumentative while in the clinic lobby. Partly due to reduced staffing because of the pandemic and a staffing decision not to replace a key person in the lobby, no one took any action to try to de-escalate the consumer's behavior.

In the other case there were only two people who interacted with the consumer before he fired his weapon. One was the receptionist who had been with the center for only six months who noticed his odd dress and appearance. The nurse interacted with the shooter when she tried to take his vitals. The consumer refused and she asked him if he was ok. He may have refused because removal of his outer garment might have revealed his handgun. Were these two interactions enough to raise red flags? Taken with the history of extreme violence was that enough? The time available to intervene and the indications that intervention was warranted were very limited.

One other factor should be mentioned in the second case. The office arrangement of the doctor who was nearly killed placed the shooter between his intended victim and the door. The bullet hole in the wall above where the doctor had been sitting is stark punctuation that offices should be arranged so the staff member has unimpeded access to the office door. Apparently, the shooter was so surprised that he missed that he sat still momentarily as the doctor rushed past and ran out of the clinic. The shooter followed and fired another shot outside. Had he stood up and blocked the doctor's path this could have been so tragic.

Finally, with apologies for this partial exercise in hindsight, the object is to learn from what happened and implement strategies to detect potential problems, find time and the staff to intervene, and hopefully prevent future events. The warning signs mentioned were rather non-specific, but the history of violence gave them more weight.