

Premeditated Mass Shootings in Schools: Threat Assessment

STUART W. TWEMLOW, M.D., PETER FONAGY, PH.D., FRANK C. SACCO, PH.D.,
MARY ELLEN O'TOOLE, PH.D., AND ERIC VERNBERG, PH.D.

Premeditated mass shootings by students in suburban and rural secondary schools have surprised and even terrified our country. Although school violence overall has decreased measurably since 1993 (U.S. Departments of Education and Justice, 1999), multiple-victim homicides and woundings highlight an emerging problem for schools previously thought to be safe from acts of extreme violence. In the past 5 years, premeditated mass shootings in schools all occurred in rural or suburban communities. The assailant was not the stereotypical angry, poor, minority teen abusing drugs and failing academically. The schools were not overtly violent with gangs in control; Columbine High School prided itself in 82% college placement and 95% daily attendance rates. Psychiatrists are often asked to help *after* there has been a tragedy, when school shootings create a pressing need for trauma interventions and long-term follow-up. However, child and adolescent psychiatrists can be helpful in preventing such tragedies as well, by dealing realistically with the inexactness of all available techniques for assessing children who threaten homicide in schools, and by careful psychiatric assessment of individual children, family dynamics, the school climate, and factors in the social milieu that have an impact on the child's development. Part of this work might include helping schools develop school threat assessment procedures and select suitable antiviolence programs (Twemlow et al., 2001).

The Threat Assessment Process

School consultants can function most effectively by using their consultative relationship to study and plan interventions into the school climate and by using their clinical skills to help

assess threat on a case-by-case basis. It is unlikely that the clinician will feel comfortable conducting only an isolated individual assessment of the child and family, especially when there is a risk of homicidal violence. Many school districts have formed a threat assessment team, and the clinician may be called in as part of that team (Vernberg and Twemlow, 2000). Although levels of risk are primarily a law enforcement concern, the clinician will undoubtedly be involved in that assessment and should know its elements. The method to assess level of risk is not dissimilar to the way clinicians assess suicidal intent; they assess means, motive, and method. Thus high-risk behavior includes direct, specific threats that are plausible when concrete plans and steps have been taken. Medium-level threats can be concrete and with detail, but no plan or active preparation is detectable; low-level threats are often indirect and with inconsistent detail and implausibility. If a school consultant works in a district where a threat assessment model is not available, useful information is available from O'Toole (2000) and Vossekuil et al. (2000).

The larger social and environmental issues involved in school shootings include factors such as easy access to violent and hate-laden media, weaponry, and information on strategies for terrorist attacks. Less frequently noted is the school's response to fixed patterns of teasing, ostracism, and bullying among various groups in the school. A school climate that tolerates physical and relational aggression, especially by popular groups such as athletes or economic elites, is at high risk for violence (Twemlow, 2000).

Denial of the potential for fatal attacks can blind school staff to the prior warning communications which have preceded school shootings of the past decade, including the following:

- *Previous warning communications:* In contrast to most violent crimes, school homicides have consistently involved some warning communications by the child planning to commit a violent act. Violent intent "leaks out" from the child while he is in school. Yet problems arise: First, the warning leaks are usually expressed to other students, who are caught between betraying a fellow student and trying to prevent harm to others at the school. Anxious peers often minimize the danger and reassure themselves that the person making the threats is just kidding or does not really plan to act on his words.
- *Ambiguous messages:* It is easy to miss or ignore warnings in school writing, drama, video, or other expressive art subjects because it is difficult to judge what constitutes as a real threat

Accepted September 6, 2001.

Dr. Twemlow is Clinical Professor of Psychiatry, University of Kansas School of Medicine; Faculty, Department of Psychiatry, Harvard Medical School, Boston; and Co-Director, Peaceful Schools Project, Menninger Clinic, Topeka, KS. Dr. Fonagy is Director, Child and Family Center and Clinical Protocols and Outcomes Center, Menninger Clinic; Freud Memorial Professor of Psychoanalysis, UCL, London; and Director of Research, The Anna Freud Centre, London. Dr. Sacco is President, Community Services Institute, Springfield, MA. Dr. O'Toole is Supervisory Special Agent, Critical Incident Response Group, National Center for Analysis of Violent Crime, FBI, Quantico, VA. Dr. Vernberg is Associate Professor, Clinical Child Psychology Program, University of Kansas, and Director of the KU Child and Family Services Clinic, Lawrence, KS.

Reprint requests to Dr. Twemlow, 942 County Road, Great Barrington, MA 01230-9314; e-mail: stwemlow@aol.com.

0890-8567/02/4104-0475©2002 by the American Academy of Child and Adolescent Psychiatry.

versus what is just eccentric schoolwork or common adolescent reactivity.

Although recent school shootings have generally involved children from relatively affluent homes, a U.S. Secret Service study of 37 incidents of school shootings since 1974 found a wide range of social and individual characteristics among attackers, including a number of children from minority families (Vossekuil et al., 2000). In the 41 individuals involved in these attacks, several helpful common features emerged that could apply to children from any socioeconomic level. In more than three quarters of the incidents, attackers preplanned the murders, often months before the attack; revenge was a motive for half of the attackers. Three quarters of the children held a grievance communicated to peers before the attack, but in only 2 of the 37 cases was the threat communicated to an adult. In more than half the cases, the attacker told more than one individual, and in one instance at least 24 friends and classmates were told; some were actually warned not to go to school on the day of the proposed killings.

The attackers came from a range of family situations, from intact to neglectful, and a range of academic performances, from outstanding to failing. The children also ranged from socially isolated to popular and had variable behavioral problems, including discipline problems. Few of the children had been diagnosed with psychiatric illness or drug or alcohol abuse prior to the attack. In fact, few studies have looked at the relationship between psychiatric illness and adolescent violence. An exception is Johnson et al. (2000), a prevalence study in which adolescents with cluster A and B disorders and paranoid, narcissistic, and passive-aggressive symptoms showed increased risk for violence. Thus a formal psychiatric diagnosis of this type may increase the consultant's index of suspicion. More than three quarters of the children had previously threatened to kill themselves or made suicide attempts, and more than half had a history of depression or feelings of desperation. In more than three quarters of the instances there was a loss of status in a significant relationship, a personal failure, or a jilting by a girlfriend.

It should be noted that assessing threat is not the same as assessing potential for violence. A threat may be verbal, an action such as the purchase of weapons, or symbolic such as a school essay or video. Additional factors seem important in assessing a child who has actually made a threat:

1. *Availability of guns.* In more than two thirds of the cases the attackers took the guns from their own home or that of a relative. More than half of the children had familiarity with the use of guns. Thus any attempt to purchase, prepare, or use a weapon may be considered a serious prodromal signal. This would include investigation of the Internet Web sites for purchase of guns and other weapons of destruction. If the parent has used the Internet to purchase a firearm, the child can perform the same search and visit the same
- Web site by looking at the list of most recently executed URLs (a URL is a Web address linked to a specific, corresponding Web site) that appear in the URL address window at the top of the Web browser screen. A child can also insert key words (e.g., gun, weapons, etc.) in a Web browser search window and execute his or her own search. In the second instance, a parent could see the most recently activated URLs by anyone who has used the computer (as long as they have not been deliberately erased). Law enforcement officials can look at the history section of a computer's file listings (a more technical although simple investigation) and determine Web sites visited by that computer.
2. *Victimization by social groups or individuals.* In more than two thirds of the cases, there was clear and obvious bullying by social groups and individuals. Besides individual evaluations, the consultant can assess this factor by inquiring into the existence of social cliques and other coercive power struggles affecting the school climate. Suggestions for an approach are given by Twemlow et al. (2001).
3. *Concern expressed by adults or peers.* In more than half of the cases, at least some people had expressed concern about the shooter's behavior, including a range of adults, school administrators, teachers, and school security personnel. Information from any individuals concerned about the student should be requested and evaluated by the school consultant. Written materials are often prominent in the initial report of threat, including themes of hatred and/or despair from school essays. In one instance, a movie depicting the last day at school was videotaped through the crosshairs of a telescopic rifle sight.
4. *Mimicry of media figures.* The school consultant may also notice patterns of behavior in children that appears to mimic media figures. For example, one assailant was an honor student at a high school in Kentucky. He killed a teacher and a janitor in the same way as was described in Stephen King's short story *Rage*. Questions directed at reading interests and knowledge of the meaning of certain music and media figures can be illuminating and clinically useful but must be evaluated in the context of the total clinical picture.
5. *Change in emotions and interests.* Often such children are perceived to have changed and narrowed their focus of interest and have shown extremes of emotion rather than a chronic pattern of misbehavior. After they have decided to commit the murders they seem to develop a compulsion to aggressively blame others for the killing as if they have no alternative but to kill, or as if the killings are part of justifiable revenge. Many of the shooters were fanatical collectors of injustices that became the fuel for their violent and nihilistic expressions. Their dark sense of humor contrasts with the typical oppositional student. A number of assailants have been seen as very persuasive and manipulative as a way to distract from taking them seriously. The pressured nature

of their hatred and violence is exemplified in a seemingly endless fascination with and collection of extremist literature that espouses violent solutions to world problems. The obsession with killing can override all other matters, even relationships with friends and family, as could be seen in the pitiful legacy of explanatory videotapes left by Klebold and Harris of the Columbine High School tragedy. The school consultant then should focus assessment not only on the specific preoccupations of the child, but on what options children have in a school setting for coping with their vengeful and desperate feelings. Obviously, children who see no options and are very narrowly focused are at higher risk for violent acting-out than those who see some options for growth in their school, family, and social environment.

6. *Families low in emotional closeness and knowledge of adolescent's life.* In the special case of the affluent suburban shooters, the child's family life is often turbulent but not in the traditionally disruptive way found in families of children with behavior disorders. Most shooters were from intact families who appeared to lack emotional closeness and intimacy. The shooters often seemed to have reversed the roles within their families; parents seemed afraid of their children and unwilling to set reasonable limits and boundaries. These parents seemed disinterested in their children's behavior at school, as if the school was burdening the parents with reports of their children's problems. The shooters appeared to have demanded (and received) inordinate amounts of privacy within their families. When the parents were confronted with their child's behavior, they tended to minimize it and expressed tolerance for extreme behavior in their child. Essentially, many shooters were successful at manipulating their parents into defending extreme behaviors, a useful clue for the school consultant. In addition, on the whole, such parents seem to have remarkably little knowledge of their children's habits, friends, interests, and school

performance, and may be quite defensive when such ignorance is investigated. These families need to be handled with maximum therapeutic tact. Their defensiveness may be extreme and unpleasant, which will tax even the most experienced clinician's skill; these parents are usually well educated and consider themselves good parents, "respecting" their child's right to privacy and independence. Family therapy subtly focused on parenting themes including reading materials can be helpful.

Assessing children who threaten violence demands significant tact and clinical acumen from the school consultant, as definitive empirical research is not available. Nonetheless, if besides individual and family evaluations, the consultant can also offer the school suggestions for improving the school climate, the results are likely to be more useful.

REFERENCES

- Johnson JG, Cohen P, Smailes E et al. (2000), Adolescent personality disorders associated with violence and criminal behavior during adolescence and early adulthood. *Am J Psychiatry* 157:1406-1412
- O'Toole ME (2000), *The School Shooter: A Threat Assessment Perspective*. Critical Incident Response Group (CIRG), National Center for the Analysis of Violent Crimes (NCAVC), FBI Academy, Quantico, VA 22135
- Twemlow SW (2000), The roots of violence: converging psychoanalytic explanatory models for power struggles and violence in schools. *Psychoanal Q* 69:741-785
- Twemlow SW, Fonagy P, Sacco FC (2001), An innovative psychodynamically influenced intervention to reduce school violence. *J Am Acad Child Adolesc Psychiatry* 40:377-379
- US Departments of Education and Justice (1999), *Annual Report on School Safety*. Washington, DC: US Department of Education Publications Center
- Vernberg EM, Twemlow SW (2000), Profiling potentially violent youth: comments and observations. *Children's Services: Social Policy, Research, and Practice* 3:171-173
- Vossekuil B, Reddy M, Fein R (2000), *USSS Safe School Initiative: An Interim Report on the Prevention of Targeted Violence in Schools*. National Threat Assessment Center, US Secret Service, 950 H Street NW, Suite 9100, Washington, DC; available at www.treas.gov/ussstntac