



Focusing on the “What” and not the “Who” in Violence Prevention

In the first six months of 2014, there have already been more than a dozen active shooter incidents across the country. The places that were once believed to be safe: schools, the workplace, places of worship, shopping malls, and movie theaters, have increasingly become targets of violence. Where previously tornado drills were the standard in terms of safety plan protocols for most organizations, now, administrations are quickly becoming aware of the need for violence prevention policies and procedures. But, how do we prevent violence? Many believe that in order to prevent violence, we have to first understand who is committing these acts so that a profile can be established. Wanting a profile, a picture of the “bad guy”, is understandable. It affords us a sense of security and a belief that if we can just know who to look for and avoid, we will be safe. Developing an active shooter profile has increasingly lead to a discussion of mental illness. In January 2014, one person was killed at Purdue University in a shooting at a campus classroom building. The alleged shooter has since suggested in court that he suffers from Schizophrenia¹. It has been reported that the perpetrator of a shooting spree near Santa Barbara, California in April 2014 that left six people dead and several others wounded had been diagnosed with Asperger’s Disorder². In June 2014, a man was charged with killing one student and wounding two others at Seattle Pacific University and a diagnosis of Obsessive-Compulsive Disorder has been offered up as if it might help explain his violent actions³. Diagnosing mental illness is certainly an important undertaking; however, a discussion concerning mental illness is not particularly relevant to a discussion regarding violence prevention. The research on the link between mental illness and violence has been very clear for years. One study, published more than 15 years ago clearly found that, “patients discharged from psychiatric facilities who did not abuse alcohol and illegal drugs had a rate of violence no different than that of their neighbors in the community⁴.” The study goes on to point out that psychiatric patients with co-occurring substance abuse issues typically perpetrated violence against family members, which still does not account for higher rates of community (i.e. school/workplace) violence. Stuart (2003) reviewed the link between violence and mental illness and agreed that, “members of the public undoubtedly exaggerate both the strength of the relationship between major mental disorders and violence, as well as their own personal risk from the severely mentally ill. It is far more likely that people with a serious mental illness will be the victim of violence.⁵” It therefore seems that, contrary to the prevailing public belief, in terms of violence prevention, the focus on contextual determinants of violence (i.e. gender, ethnicity, religious affiliation, mental illness) has unfortunately limited the advancement of primary violence prevention.

Primary violence prevention focused on an evaluation of behaviors rather than individual characteristics. What is meant by “an evaluation of behaviors”? Behaviors that cause concern fall into several categories: boundary-probing behaviors, attack related behaviors, and attack behaviors. Attack behaviors are pretty clearly alarming as this would mean that a person or property has been harmed. The goal for an organization



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should be to detect boundary probing and attack related behaviors. Boundary probing behaviors may include: ignoring rules and regulations, pushing tolerance levels, refusing to cooperate, arguing, etc. Examples of attack related behaviors include: verbal or written threats, discussing an attack plan, physical intimidation, etc. Every member of an organization should be asked to serve as a detector of these behaviors. In other words, if you see something, say something. Every school, workplace, place of worship, etc. should consider creating a central Vortex known to everyone as the go-to person or team of people (depending on the size of your organization) that can be alerted to concerning behaviors. That Vortex must then be tasked with conducting a violence risk assessment (VRA). Remember, the VRA is not intended as a medical or psychiatric evaluation and as a result, no mental health diagnosis needs to be provided. Whoever is tasked with conducting violence risk assessments for your organization should be vetted to ensure they are experienced and knowledgeable in violence risk assessment and not simply mental health evaluations. Again, these serve two very different functions and one cannot be substituted for the other. If the goal is to identify services an individual may need in order to increase productivity or decrease levels of distress, then a mental health evaluation may suffice. However, if an organization is concerned that an employee, student, etc. may engage in violence, a thorough violence risk assessment must immediately be sought. When engaging in a mental health evaluation, self report of a client holds a great deal of weight; however, focusing on self-report in a violence risk assessment can be disastrous. This focus on self-report is often the sign of a professional that has limited experience with risk assessment and often allows a potentially violence individual the opportunity to explain away and minimize their behavior. For example, asking an individual to explain why they engaged in a concerning behavior often elicits an explanation such as: I was angry/joking and it won't happen again. I know what I did was inappropriate and next time I will do x, y, z. Again, keep in mind that when assessing someone's level of risk, why a behavior occurred is far less important than assessing what behaviors occurred and how the person has responded to intervention. Verbal or written threats of violence for example are indicative of a risk for engaging in violence; however, threats can easily be explained away. When confronted, an individual that has made a threat may minimize their risk saying, "what I said was taken out of context" or "I was really angry because I was being bullied." Keep in mind, while "it (is) important to empathize with their plight, it (is) imperative to be unequivocal about the unacceptability of using death threats as a way to communicate distress.⁶" Think about this in terms of an impaired driver. Do you care about their bad day, their relationship problems, or their job stress as a reason why they chose to drink in excess or do you care only about their level of impairment and the potential that their impairment could injure or kill someone on the road? If you wouldn't ask an impaired driver why they are impaired to determine whether it's acceptable for them to engage in drinking and driving behavior, then be careful not to prompt an explanation for behaviors that may suggest a threat of violence.



Shattered Assumptions: Talking with Children Indirectly Impacted by School Violence

Mass casualty incidents, such as the Parkland Shooting, can cause distress for students not directly impacted. Parents and students are left with many questions, struggling their own shattered sense of security, challenged assumptions about safety, and heightened anxiety. While they seek to cope with their own reactions, they are also charged with the psychological recovery of the children they care for. The following is intended to address some of the questions and concerns we often hear from caregivers.

Communicating with children after a traumatic event starts with asking them what they already know, and clearing up any misinformation they seem to have. For example, if they tell you that they think it was 10 people that were shooting, you can tell them there was actually one shooter. Once you clear up any misconceptions and get a sense of what they already know, follow up by asking them how they feel about what they've heard. This will allow you to get a sense of a) what they know and b) their emotional reactions. It will also help them to acknowledge both their intellectual state and their emotional state. Organizing both of these states will help to process reactions. If they have questions about what happened, answer them but be careful to offer only a small bit of additional information at a time and monitor their reactions. That little bit may be enough and overwhelming them with too much will only lead to increased anxiety. Additionally, limit children's access to media coverage of the event. The intensity of the coverage is often overwhelming for adults and therefore can easily become overwhelming for children.

Many struggle with the question of "why." Why would someone go into a school and kill as many people as they could? Unfortunately, there are rarely satisfactory answers to why questions when it comes to tragic events. Instead, asking "why" increases feelings of hopelessness and helplessness. Therefore it is more productive to focus on the "what." More specifically, what you, as a protector, can do to help them manage any negative emotions they are experiencing such as fear or sadness. Be honest with them. Let them know that you don't know why this happened while also reflecting back the feelings they said they have. For example: I don't know why he shot those kids but you said that you were afraid/sad/etc. What can we do to make you feel less afraid/sad/etc.? If they aren't sure, you can offer several possible options.

Experiencing fear is a natural reaction to having basic assumptions shattered, yet it is important to also realize that fear is contagious. Children learn from their parents and if their parents become afraid of the world, so will children. While it is important to validate your children's fears by letting them know that you are afraid as well, this must be followed up with solutions for managing this fear. Simply telling them not to worry is not helpful. Telling someone to change the way they feel hardly ever works. Validate for children that their feelings are normal while also empowering them to come up with a plan for how to rebuild their comfort zones is a better approach. Suggest that you help



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them talk with their teacher, a school counselor, or their principal to learn about their school's safety plan. Introduce them to their School Resource Officer. Let them know that if they see or hear anything that makes them uncomfortable or frightened, they should let adults know. In addition, help them engage in "anticipatory thinking." For example, if they say they are afraid this might happen to them, talk to them about what to do if someone were to enter their classroom and start shooting. Teach safety skills without causing excessive anxiety. Help them to understand the difference between the *possibility* of something happening and the *probability* that it will happen to them. Let them know that these things don't happen very often and that millions of kids go to school every day without getting hurt; however, if it were to ever happen at their school, there are certain things they can do (e.g. run out of the room, hide, "play dead.").

Ultimately, reactions to trauma, whether a person was directly or indirectly exposed, can vary. As a parent, it is most important to keep in mind, and notice, if your child is deviating from their normal behavior. Are they having difficulty falling or staying asleep, or is their sleep more fitful than usual? Do they seem more withdrawn or irritable? Has their appetite changed? Is their fear interfering with day-to-day activities? Changes in behavior normally mean that a stressor is having an impact. Sometimes, ensuring healthy coping strategies, such as physical activity, relaxation, time with friends, meditation, etc. is enough to reduce stress levels. However, if you notice that there has been little to no decrease in the intensity, duration, interference, or frequency of the problems they are experiencing, it is best to seek additional help. Consequently, if there is an increase in symptoms, professional help is needed even more urgently.

Various resources are available. Remember that there is a difference between grief and trauma counselors. Finding a counselor who "fits" with your child can be a difficult task, and finding a good fit might take trial and error. If your child does not feel rapport with a counselor, do not force them to go back. Instead, find out what they did and did not like, and move on to the next. The best predictor in the outcome of psychotherapy is a good relationship between the therapist and client (your child). Some resources include:

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- Office for Victims of Crime: <https://ovc.gov/news/parkland-fl-benton-ky.html>
- Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event- A Guide for Parents, Caregivers, and Teachers: <https://store.samhsa.gov/shin/content/SMA12-4732/SMA12-4732.pdf>
- Sandy Hook Columbine Cooperative: www.sandyhookcolumbine.org



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On the Parkland Shooting: Too Much, Too Ugly—Understanding the Impact of Direct and Vicarious Exposure on Children to a School Shooting, and What to Do Dr. Katie McMann

On February 14, 2018 a gunman entered Marjory Stoneman Douglas High School in Parkland, Florida. 17 people were killed, and more were injured. That was the footprint of the physical injury. The psychological footprint spans much further. High school students, teachers, and administrators witnessed the shooting. Even more heard the gunfire, and either sheltered in place or ran as fast as they could to cover, many jumping fences or encountering other obstacles, with no destination in mind—only safety. They worried about their friends and classmates when they could not find them. Students not in school that day worried about their friends and teachers. Students at Coral Springs High School, Coral Springs Charter School, J.P. Taravella High School, Coconut Creek High School, and more, worried about their friends as they got updates on social media. Parents worried about their children. Others in the community wondered what was happening as they were sitting in their offices, or out running errands, as they saw police cars and fire trucks fly down Riverside Drive and Coral Springs Drive with their lights and sirens, a somewhat rare sight in one of the Safest Cities in America.

I grew up in Coral Springs, Florida, a mere three miles from Stoneman Douglas. My family is still there, along with many friends from high school and church. I continue to hear and see the pain from my community during phone calls and through social media posts. I have dealt, professionally, with many traumatic events, but this one is deeply personal. I have gotten questions from people, directly and indirectly, about how to help the students who were directly impacted by this trauma, cope.

The students, teachers, and administrators who were present at Marjory Stoneman Douglas High School on February 14 directly experienced an incredibly traumatic event. They were in fear for their lives. The trauma experienced by the people in the school that day is something out of a nightmare—a nightmare with the potential to haunt them for the rest of their lives, unless something is done now.

Direct Exposure

Students can have a number of different reactions after an event like this. Some may feel nothing, and move along with their lives with no problems. Others may feel guilty—why are they alive while their best friend was killed? Others are rightfully angry. Many are grieving. Some will become withdrawn and depressed, others will be irritable and anxious. Many are fearful. Whatever emotional reaction a child is having, is normal. There is no way a person “should” feel. Parents can help their children by validating whatever emotional reaction they are having, and making sure their children feel safe to express such. Even if a parent does not know what to say, and many will not, being empathic and validating will help.



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Some students will experience intrusions or flashbacks of the event, meaning that thoughts of what happened will continue to run on a loop in their head, or they will re-experience what happened. Sometimes this happens through nightmares. Other times, it will happen through a triggering event. For example, the sound of fireworks, a bottle of champagne popping, or a nail gun, will remind them of the sound of gunfire. That sound will bring them back to Stoneman Douglas and relive their experience. Flashbacks of particular odors (gunpowder, the metallic smell of blood, etc.) can be especially triggering, and have been increasingly recognized as one of the most distressing causes of vivid, emotional flashbacks. Other senses, such as sight (seeing a particular hallway, a certain colored backpack, etc.) and touch can cause a person to be triggered and to experience a flashback. Intrusions are vivid thoughts that occur throughout the day. The time before bed, when the mind begins to shut off and distractions are few, is an especially vulnerable time. The presence of intrusions or flashbacks indicates that the trauma needs to be processed. Talking or writing about what happened, therefore creating a narrative, in detail, is the best way to do so. However, getting a teenager to open up can be difficult. In instances such as this, professional help is recommended. The sooner the student gets help, the better, as trauma often finds a way to seep deep into the brain. The longer you wait, the more difficult it is to process and cope. Find a psychotherapist that specializes in trauma.

Parents can also help their traumatized students in other ways. Safety is one of the biggest concerns following a traumatic event like this. Talk to your child about their fears, and come up with solutions to make them feel safe. This may mean, initially, the student wanting to sleep closer to you, so they know they are being watched over, or being uncomfortable driving themselves to school, practice, or to dinner with their friends. You may find yourself leaving work early, or coming in later, for example, to be with them for activities in which they were once independent. However, there is a fine line between ensuring your child feels safe and providing comfort temporarily, and sheltering them and allowing them to avoid life's challenges long-term. After some time, you must allow them to experience and cope with the discomfort of doing activities alone.

Of utmost importance is ensuring that your child has adequate coping tools. Physical activity is one of the best ways to reduce stress levels, and to cope with trauma. While many students are involved in school sports, some competitions may bring up a variety of emotions, as rival teams declare their support for the school. While they should not necessarily stop participating in school sports, additional activities with less emotional ties are important. Go for walks together, or swim at the beach. Play tennis. Additionally, social support is necessary. Teens tend to withdraw when they are experiencing distress, which is the opposite of what they need. Spend time as a family and encourage them to spend time with their friends. Get them involved in hobbies so they spend time productively.

Lastly, media exposure can be triggering for students, and they are constantly exposed via social media. Set limits around phone, iPad, and computer time. After every mass casualty event, conspiracy theories arise, which can create intense anger in those who had



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to experience it. Be aware of this, talk to your student about it, and about how they might cope with it. Limit their exposure to newspapers or news broadcasts. Some students have found purpose in this event by becoming activists. While this may work for some, it can also cause additional strain for others, as it increases attention to the incident, and creates hysteria.

Indirect Exposure

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