The Active Shooter

- Department of Homeland Security (DHS) defines an active shooter as:
  - An individual actively engaged in killing or attempting to kill people
  - In a confined and populated area
- Other definitions have included:
  - One or more suspects participating in a random or systematic shooting spree and demonstrating intent to continuously harm others
  - Deadly physical force on other persons and continues to do so while having unrestricted access to additional victims

New Phenomenon?

- July 26, 1764 – Pontiac's Rebellions School (Pennsylvania) – 4 Lenape American Indians – killed school master and 9-10 children
- 1891 – St. Mary's Parochial School in Newburgh, New York – minor injuries to several students
- Late 1980s to early 1990s increase in gun violence in schools
- Increase vs awareness?

American Exclusivity?

- Australia – 1967 – Martin Bryant - kills 35 and injures 21
- Israel – 1972 – 3 Japanese gunmen enter Lod International Airport in Israel killing 26 people and injuring 72 others.
- Scotland – 1996 – Thomas Hamilton - kills 16 children and 1 adult
- Nepal – 2001 – Prince Dependra – kills 9 members of his family and himself
- Germany – 2002 – Robert Steinhauser – kills 16 people
- Norway – 2011 – Anders Behring Brelvik – kills 77

How to Categorize?

- Presence or Absence of a Target
  - ***Targeted***
    - School
    - Work
    - Religious
    - Political
    - Hate
    - Familial
  - ***Untargeted***
    - Impulsive
    - Premeditated
  - ***Suicide by Cop***

OR:

- Motivation or Characteristics of the Shooter
  - Terrorists – International and Domestic
  - Extremists Groups
  - Gangs
  - Lone Wolf
  - Insider Threat
  - Disgruntled faculty, staff, student
  - Behavioral / Mental Issues
  - Desire for Notoriety
  - Self-Harm

The NYC Report

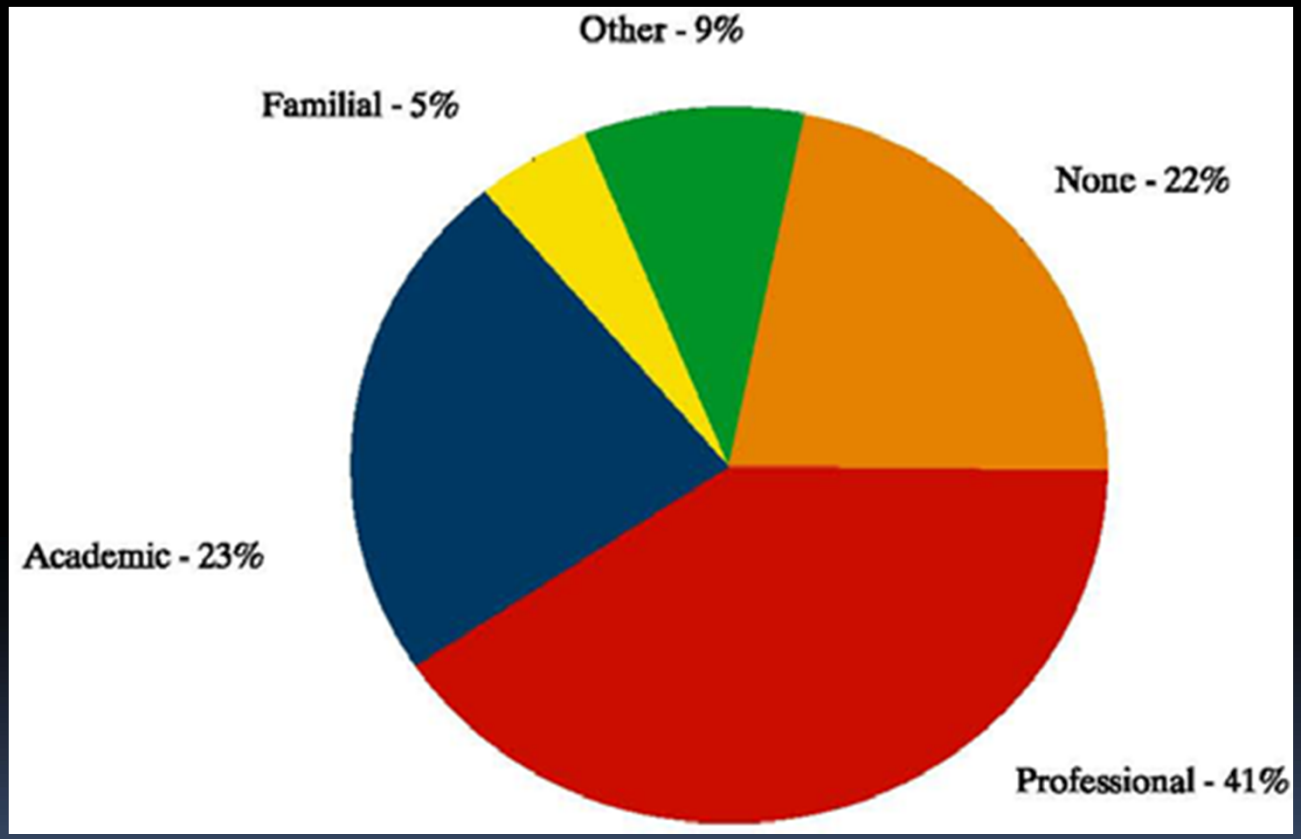
Active Shooter Recommendation and Analysis for Risk Mitigation.
1966 to 2010 assessment - Report by Counterterrorism Bureau of the New York City Police Department (NYPD), led by Deputy Commissioner Richard Daddario and Assistant Chief James R. Waters

- 281 active shooter incidents from 1966 to 2010 (237 in U.S.)
- Significant variations among shooters and attack elements
- 98% carried out by a single attacker
- Planning tactics range from very little to extensive
- Average number of deaths is 3
- Average number of wounded is 3.6

TARGETS

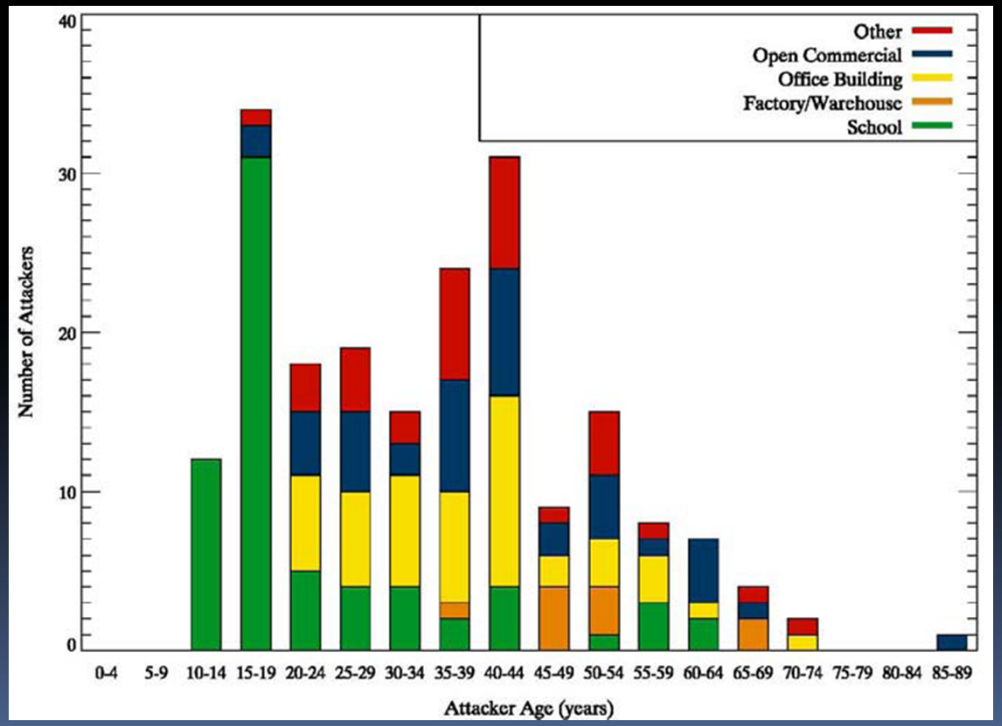
- 29% school
- 23% open commercial
- 22% “other”
- 13% office building
- 13% factory/warehouse

Relationship to Victims



Demographics

- Estimated 76% to 96% Male
- Age – A Bimodal Distribution (may vary with type of shooting)

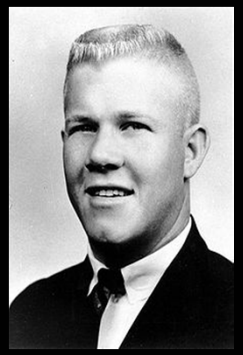


1966-2010 assessment. Report by Counterterrorism Bureau of the New York City Police Department (NYPD), led by Deputy Commissioner Richard Daddario and Assistant Chief James R. Waters

The Data Dilemma

- How Is Data Reported?
- Scope of Data
  - Definitions
  - Time Frame
  - Inclusions and Exclusions
- Ethical Considerations and Dangers of Profiling

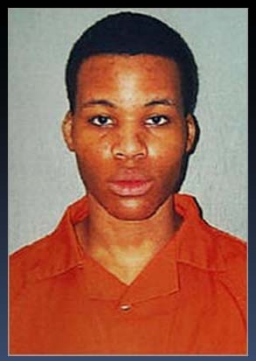
Looking into the Face of the Active Shooter!



Charles Whitman
University of Texas Shooting
1966

Major Nidal Malik Hasan
Ft. Hood
2009

Seung-Hui Cho
Virginia Tech
2007



Lee Boyd Malvo
District of Columbia
2002

Dr. Amy Bishop
University of Alabama
2010

Identifying Potential Threat

- Jared Lee Loughner
- Rep. Gabrielle Giffords' Shooting
- Arizona, 2011

Loughner - 2007

Role of the Mental Health Provider

- Not always a mental health issue
- Most individuals with mental illness are not violent
- How good are we at prediction?
- Prescription drugs, asset or problem?
- Understanding the state of mind
  - Delusions
  - Mood Disorders
  - Personality Disorders
  - Just Plain Angry

Mental Health Professional's Dilemma

- Limitations in Access to Mental Health Care
- HIPAA
- Duty to Warn Issue
  - The Tarasoff Mandatory Duty to Warn or Protect
  - Permissive Standard (Texas)
  - No Statutory Standard
  - Statutory Language Limiting Duty to Warn
- Types of Threats that Trigger Duty to Warn
  - General Threat to the Public
  - Specific Threat to an Individual
- Variance in Actions
  - Communicate the Threat to the Victim and Law Enforcement
  - Hospitalization of the Patient
  - No guidelines

PREVENTION and INTERVENTION, *or* MANAGING the RISK

- Can We Always Prevent?
- See Something, Say Something
  - Things people say
  - Changes in frequency or types of behaviors
- Threat Assessment Teams
  - Team approach – law enforcement, mental health professionals and administrators
- Interventions
  - Reach out – restoring our sense of community
  - Requiring /funding counseling
  - Restricting access to weapons for high-risk individuals
  - Voluntary or involuntary commitment

How would you react?

Surviving an Active Shooter Event

Surviving an Active Shooter Event

- RUN
  - Plan ahead – have an escape route
  - Leave your belongs
  - Evacuate regardless of what others do
  - Do not move wounded
  - Prevent others from entering the area
  - Keep your hands visible
  - Call 911 when safe

Surviving an Active Shooter Event

- HIDE
  - Out of the shooter's view
  - Lock door or block entry
  - Silence cell phone
  - Deep breaths – remain clam
  - Wait for Law Enforcement to find you!

Surviving an Active Shooter Event

- Fight
  - Last Restore – imminent danger
  - Take the shooter OUT!
  - Act with as much aggression as possible
  - Improvise weapons
  - Commit to your actions

Surviving an Active Shooter Event

- When Law Enforcement Arrives
  - Follow instructions
  - Put down any item in your hands
  - Raise your hands
  - Keep hands visible at all times
  - Avoid quick movements
  - Avoid pointing, screaming or yelling
  - DO NOT STOP OFFICERS
  - Medical help will arrive!

Preparing for an Active Shooter Event – Special Considerations

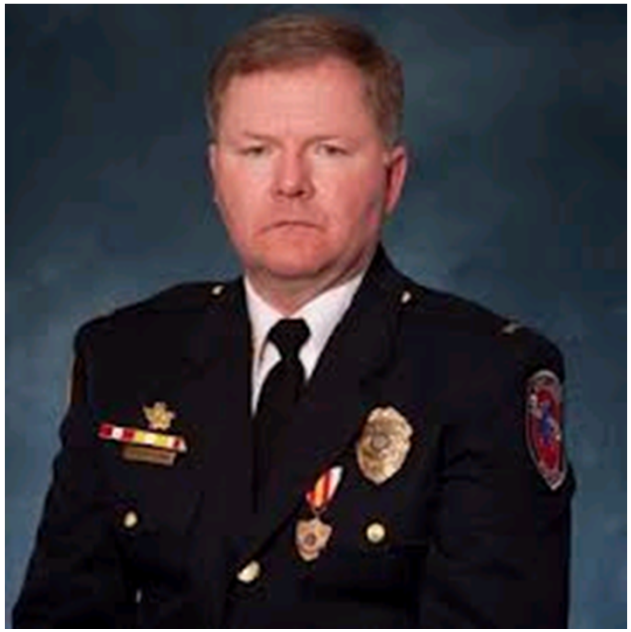
- Individuals that might need assistance
- Safe rooms or locations
- Rally Points
- Physical First – Aid

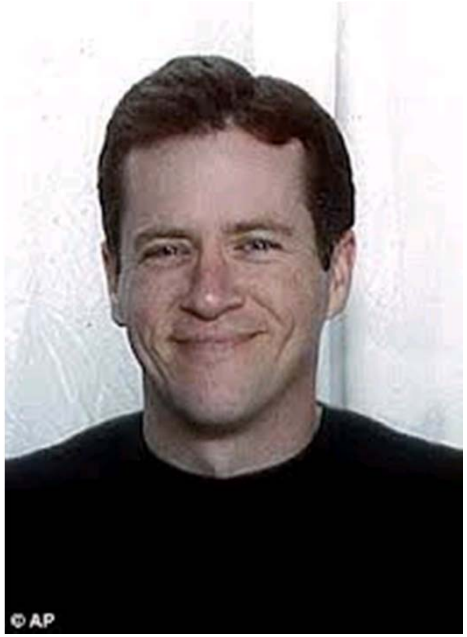
After the Active Shooter Event

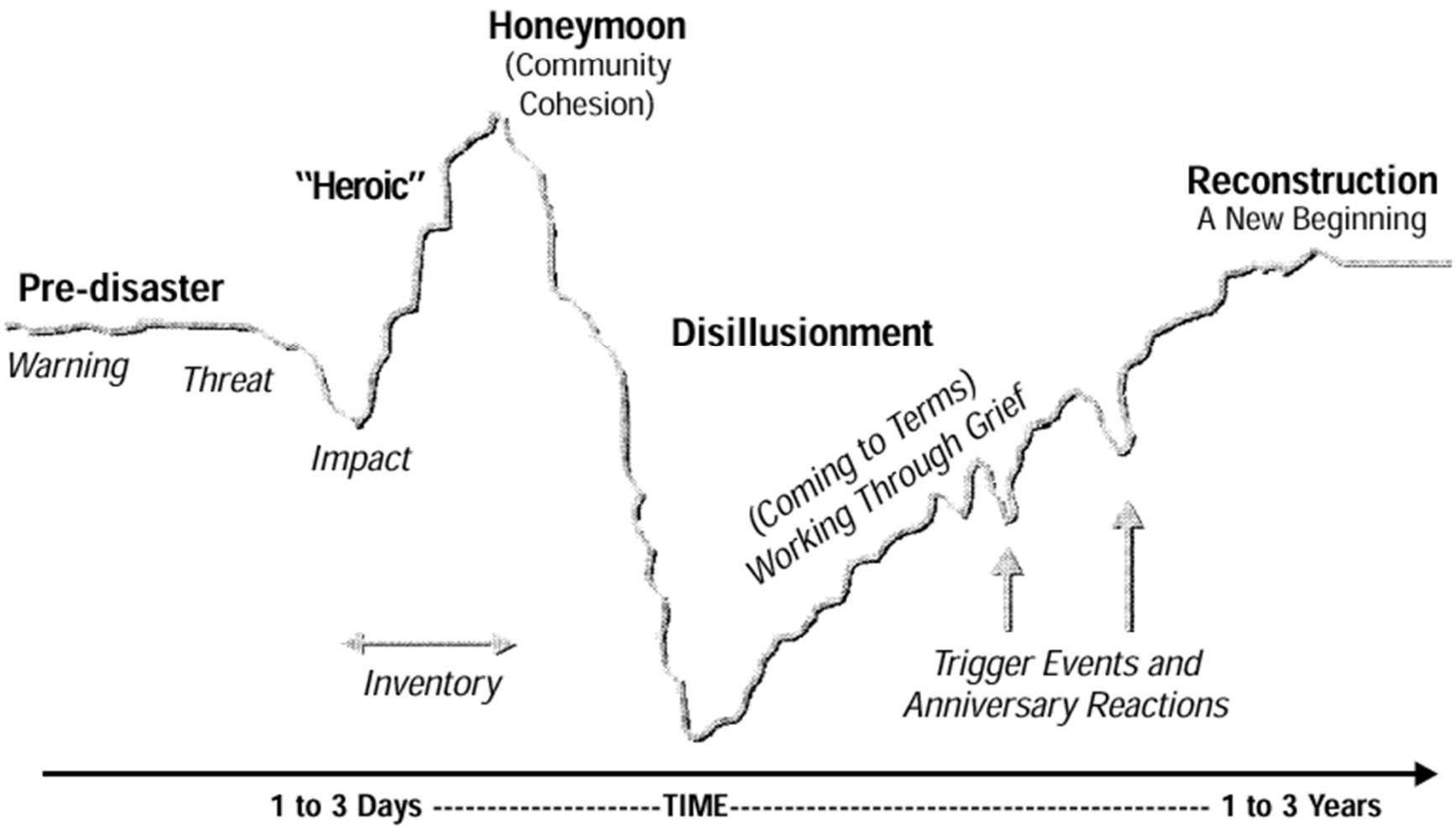
- Continuation of Operation Plan (COOP)
  - Lost of facility
  - Lost of employees
  - Crises Communications
    - Internal
    - External

Resources

- www.ReadyHouston.gov
- www.iWatchHouston.org
- 1-855-i-WATCH4 (855-492-8244)




© AP



Source: Zunin/Meyers

Psychological First Aid PFA

Field Operations Guide
2nd Edition

Safety and Comfort

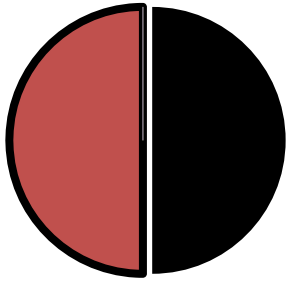
Practical Assistance

Connection

<u>Support for Healthy Coping</u>

200 Trained City/County Employee Responders

Long-Term Effects

About  of Americans go through a traumatic event.

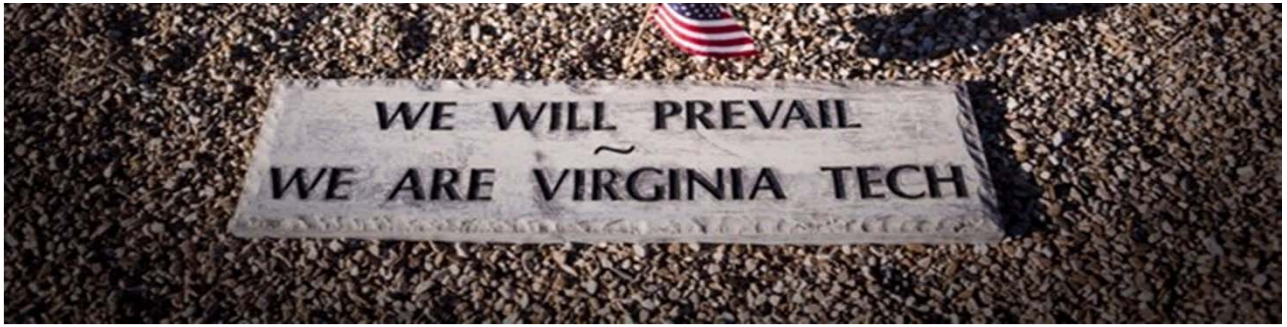
Most **improve without professional help.**

About 5% of those exposed get PTSD.

<u>After a shooting</u>, it's up to 1/3.

Other effects…

- Substance Abuse
- Anxiety
- Suicide
- PTG

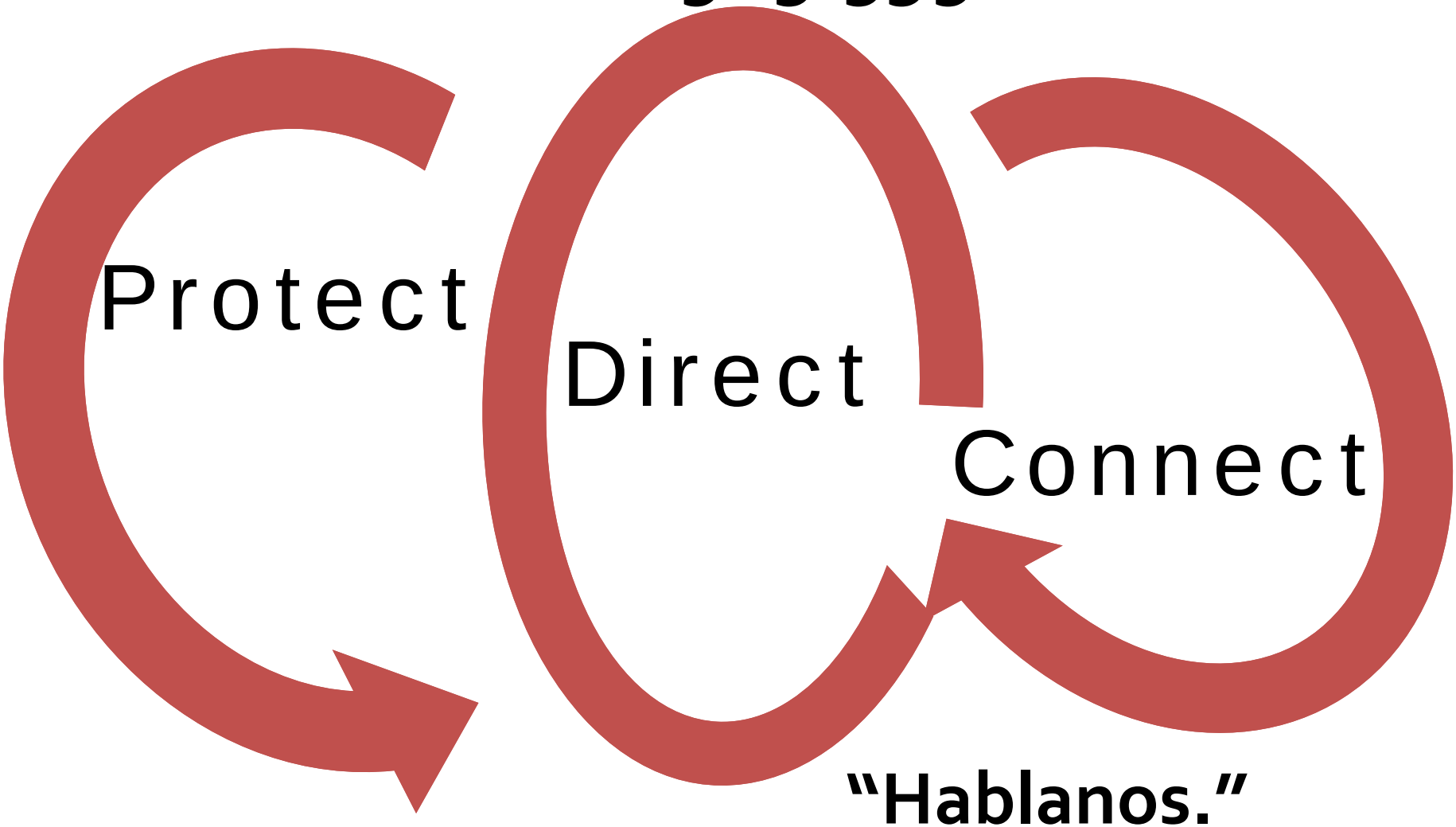


IMPACT ON COMMUNITY

- **Always unique:**
  --economy
  --severity
  --trauma history
- **Healing comes from within, includes memorials.**

Disaster Distress Helpline

1-800-985-5990



"Hablanos."

How You Can Help

1. **Be personally ready.**
2. **Plan and drill.**

More Ways To Help

3. **Spread the message: Treatment works.**
4. **Communicate and collaborate.**
5. **Get active.**

Information Resources

- Substance Abuse and Mental Health Services Administration at http://www.samhsa.gov/trauma
- American Psychological Association at http://apa.org/helpcenter
- National Center for PTSD at http://www.ptsd.va.gov
- American Red Cross at http://www.redccross.org
- The National Child Traumatic Stress Network http://www.nctsnet.org
- National Institute of Mental Health http://www.nimh.nih.gov/health/topics
- Centers for Disease Control and Prevention http://www.bt.cdc.gov/mentalhealth/

Direct State and Federal Resources

- 2003 – Homeland Security Presidential Directive #5 established NRF with ICS as structure for integrated response including 15 Emergency Services Functions
- Local to State to Federal by invitation through the Office of Emergency Management
- Department of Public Safety

Local Governmental and Non-Governmental Organizations

- American Red Cross, Greater Houston Area Chapter (GHAC)
- City of Houston Health Department/Harris County
- Mental Health America of Greater Houston (MHA)
- Houston Interfaith Disaster Response Alliance (HIDRA)
- EAPs
- Houston Voluntary Organizations Active in Disaster (VOAD)
- Bo's Place
- MHMRA