

School shootings: What we know and what we can do

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Since the early 1970s school shootings at American elementary, secondary and higher education institutions have been a painful reality for American society. After each incident – like the recent attack in Newtown, CT – there is voluminous dialogue about what can be done to prevent the next, such tragedy. But can anything realistically be done to prevent these horrific crimes? A new article¹ by Dr. Daniel J. Flannery at Case Western Reserve University, and colleagues, scheduled to appear in the January issue of Springer's *Current Psychiatry Reports*, attempts to parse out what we have learned from past events, and what we can do about stopping the next attack.

The article conducts a thorough examination of past studies on the topic, focusing primarily on "targeted" and "rampage," or "spree," shootings. Targeted shootings are those where there is a specific target, individual group or institution, and rampage or spree shootings are those that involve multiple victims, either known or unknown to the assailant. What the article finds is that, while there are some characteristics shared by past shooters – narcissism, depression, [low self esteem](#) and a fascination with violence – there are not enough similarities to develop any distinctive profile of a potential shooter.

The authors conclude that the most effective way of trying to prevent these tragedies is through threat assessment, which requires fundamental testing of such traits as: [suicide risk](#), homicide risk, [thought processes](#), reality testing, mood and behavior as well as relevant social and developmental histories. Also helpful is to pay particular attention to any

obsession with firearms or violence, and the presence of writings or drawings with violent themes. While this may seem obvious, unfortunately, the resources available to [mental health](#) workers in schools do not sufficiently provide for these assessments. The authors also conclude that [mental health workers](#) and adults must be socialized to take threats of interpersonal violence seriously, as they have been with threats of suicide.

Finally, Flannery and colleagues urge for a renewed focus on treatment for the victims of such crimes. Usually most of the focus in the aftermath of such events lies in trying to come up with a reason why someone would perpetrate such a crime, or in other words, trying to make some sort of sense out of these tragedies. While this is understandable, considerable care must be given to ensure that the victims of these crimes receive the mental health treatment they require.

"[School shootings](#) are not all the same and may require different approaches to prevention and treatment, especially with respect to identifying risk factors at the individual, school or community levels, and particularly with regard to examining the role that mental health issues may play to increase risk for perpetration," the authors conclude. "Community mental health providers and professionals, particularly psychiatrists, are essential partners and must continue to seek avenues for working with schools to conduct thorough threat assessments, to identify young persons with significant mental health needs and to develop protocols for identification, prevention, and treatment that will effectively support the social and emotional needs of our most vulnerable youth and communities."

More information: Flannery D et al (2013). Violence and School Shootings. *Current Psychiatry Reports*; [DOI 10.1007/s11920-012-0331-6](https://doi.org/10.1007/s11920-012-0331-6).

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