



Understanding Psychosocial Factors in School Mass Shooters: What are the Public Health Implications?

Suzanne R. Hawley, PhD, MPH¹; Amy Chesser, PhD¹; Melissa Armstrong, MA, PhD-C²

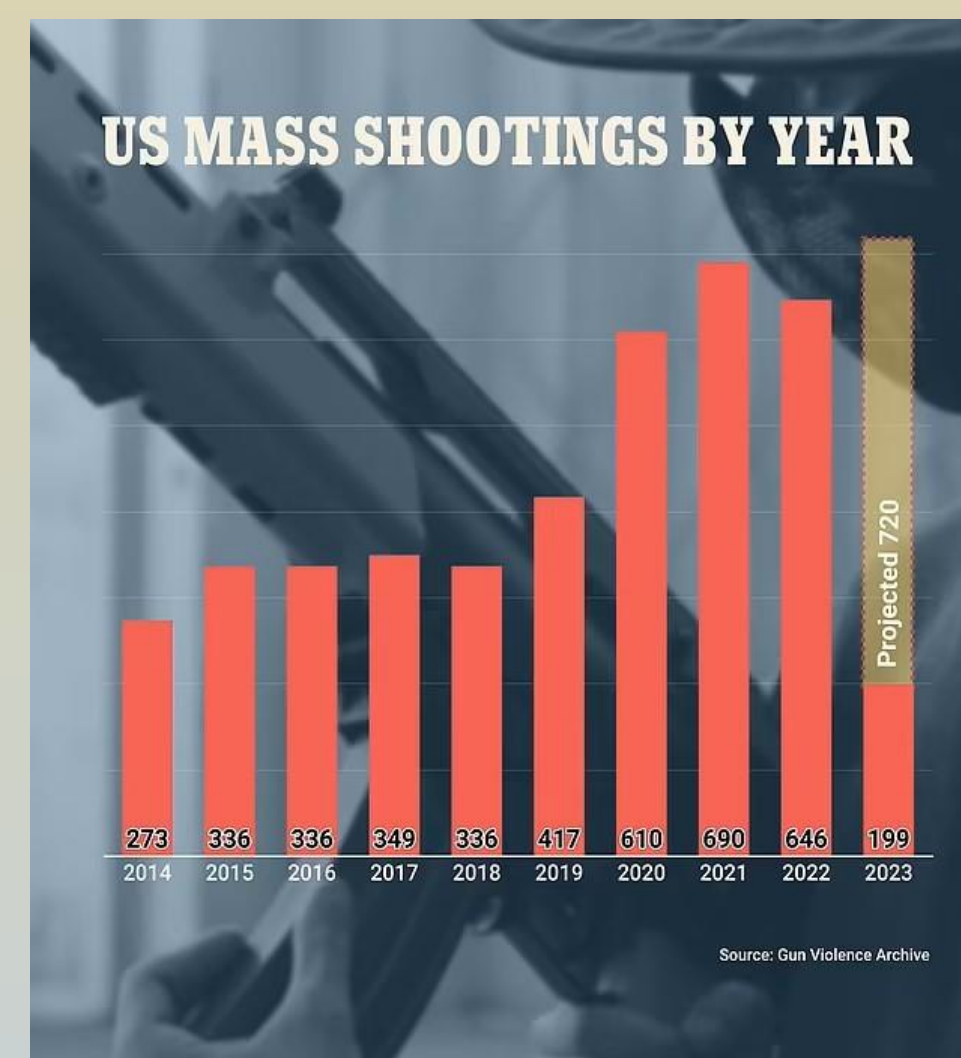
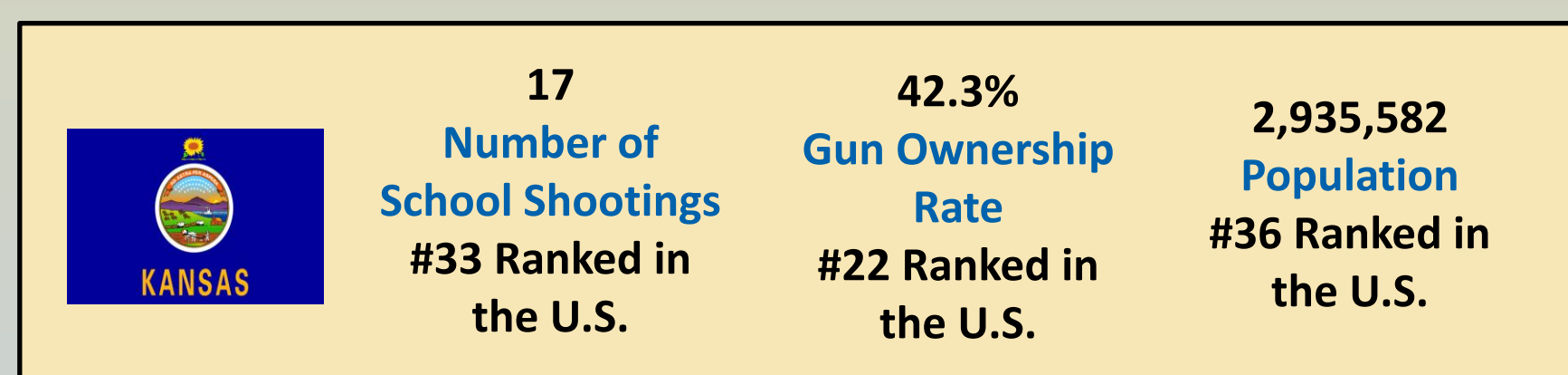
¹Wichita State University, Department of Public Health Sciences;

²University of Kansas School of Medicine-Wichita, Department of Population Health



Background/Issue

School Safety and injury prevention has been a long-standing public health priority. Mass shootings have become an epidemic with little progress. This study investigates characteristics of mass shooters from 1989-2022 obtained from “The Violence Project Database” which is the largest, most comprehensive source of information on the psychosocial histories of mass public shooters in the U.S. (Peterson & Densley, 2022). KS has had 1, but shooting are still a concern.



Methods

Data was abstracted for mass shooting in locations only in K-12 schools that met the Congressional Research Service definition of a mass public shooting. Subjects included 15 in depth profiles of mass shooter analyzed to identify trends and themes. Variables investigated were psychosocial factors including Adverse Childhood Experiences (ACEs), incidence of warning of crisis, suicide and/or death of the shooter, and method of access to guns.

Results & Discussion

The results indicate that while psychosocial history of school mass shooters are notable, active signs of distress, suicidality and desire for the shooter to be killed, access to guns are critical factors in understanding this complex act of violence. The benefits of including more active mental health resources for schools and the limited efficacy of mass shooting drills in schools, are important public health prevention considerations when addressing this issue. This includes suicide prevention/training and gun regulation (safety & wait-time). Improving these factors could impact public health policy and public safety.

Recommendations

KS-TRAIN currently has online and FREE <https://www.train.org/ks> *Preventing Suicide: #WeSupportU (1108633)* and has been found to be effective in high school students which is where the most school shootings in general occur.



Gun regulation in Kansas: Kansas is #37 in the country for gun law strength (50 = worst) This is a “weak” states in gun law strength and suffers gun violence rates above the national average. In 2021, Kansas lawmakers voted to allow 18- to 20-year-olds to carry concealed, loaded handguns in public without a permit, including on college campuses. In K-12, school personnel or any permit holder of guns are currently allowed to carry guns in K-12 schools.

WHAT KANSAS DOESN'T HAVE:



- **UNIVERSAL BACKGROUND CHECKS**
- **GUN OWNER LICENSING**
- **EXTREME RISK PROTECTION ORDERS**
- **MOST DOMESTIC VIOLENCE GUN LAWS**
- **ASSAULT WEAPON RESTRICTIONS**
- **LARGE CAPACITY MAGAZINE BAN**
- **WAITING PERIODS**
- **CONCEALED CARRY PERMIT**
- **OPEN CARRY REGULATIONS**
- **CHILD ACCESS PREVENTION LAWS**

SUPPLEMENTAL RESULTS & HANDOUT

Mass School Shooter's background related to school performance and signs of crisis before the violent event (1989-2022; N=15)

Background of shooters were consistently young white adult males and no military background.

- 87% of mass shooters also showed signs of crisis before the school shooting.
- 80% had ongoing signs of crisis (53% had signs for years while 27% had signs for months.)
- 73% had notably depressed mood, while 60% had increased agitation.
- 80% were suicidal and 1/3 of those suicidal persons planned to die in the shooting.

From the information provided about the signs of crisis observed in mass shooters before their violent acts, the following qualitative themes emerge:

1. **Substance Abuse and Criminal Behavior:** Several individuals engaged in drug and alcohol abuse or were involved in minor criminal activities.
2. **Mental Health and Emotional Struggles:** Symptoms such as hearing voices, hallucinations, and *suicidality* were noticeable in several cases. There was a frequent mention of depression and rapid mood swings.
3. **Past Traumas and Current Stresses:** Personal experiences such as molestation, the death of a loved one, or significant life changes and disappointments (e.g., job loss, relationship breakups, rejection from the Marines) acted as triggers or exacerbating factors.
4. **Behavioral and Academic Issues:** Troubles at school, uncharacteristic anger, changes in academic performance, and involvement in violence or disruptive behaviors in educational settings were observed in multiple cases.
5. **Isolation and Withdrawal:** Many exhibited tendencies to isolate themselves from family and society. This includes reduced social interactions, blacking out windows, and primarily interacting online.
6. **Obsession with Violence:** Obsession with previous mass shootings, displaying violent imagery in school assignments, creating threatening content online, and fascination with weapons or bombs were prevalent in some cases.

Overall, while these themes provide insights into potential warning signs, it's important to note that not every individual exhibiting such signs will engage in violent behavior. Recognizing and providing appropriate support and intervention for those displaying multiple signs of crisis can be vital.

- **Suicide prevention outreach and education** is important in community health improvement plans and governmental public health partnering with mental health centers.
- **FREE evidence-based suicide prevention training is available** on the national TRAIN LMS system online and in person. The Health, Outreach, Prevention & Education (HOPE) Services at Wichita State University has created this training along with branded marketing prevention programs that have been highly successful with high schools, county health departments, hospitals, and the food and beverage industry.
- **For more information contact: Suzanne Hawley at Suzanne.hawley@wichita.edu**

