

Chapter 64

Adolescent and Adult Mass Shooters: Trauma, Mental Health Problems, and Early Prevention

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ABSTRACT

Understanding why people commit mass shootings in the United States is perplexing and discerning perpetrators' motivations is difficult because there have been a fairly limited number of shootings. In addition, there is incomplete research on mitigating historical evidence about the perpetrators. Thus, this chapter takes a broader approach to understanding why these shootings may have happened by reviewing the empirical literature to identify possible correlations from childhood and adolescent trauma experiences (and subsequent mental health problems) to later adult violence. This review supports a hypothesis that these experiences are potential links to explaining mass shooting outcomes. The trauma experiences that are identified to be most impactful include maltreatment, poverty, witnessing violence, domestic violence, deaths (violent and non-violent) of family and friends, and adolescent bullying.

MASS SHOOTINGS

Mass shootings are rare events and the reasons for these tragedies are not well understood. Because so few mass shooting events have occurred, though their impact can be dramatic and disproportionate in media coverage or policy changes (Luca, Malhotra, & Poliquin, 2016), limited research on the perpetrators has been completed (Knoll & Annas, 2016). However, within such limitations, some themes have emerged.

The Federal Bureau of Investigations studied 150 mass shooter incidents and found 70 percent of the shootings took place at work or school locations, 98 percent were carried out by the person alone, 40 percent of the shooters committed suicide, and 96 percent were male (Blair & Schweit, 2014). In a more specific review of 37 targeted school violence incidents, the perpetrators had often considered

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or attempted suicide before the violence, had leaked their intent to peers, or engaged in behaviors that showed intent - weapon seeking, disturbing writings, odd behaviors, et al. (Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002). And in a more limited review of five mass shooters, all were found to have been bullied during childhood and socially alienated as young adults, had paranoid tendencies, and held grudges and past humiliations that evolved into violent revenge fantasies (Mullen, 2004).

Mass shooting events have been most notably found to not be the result of a single event or incident that the perpetrator experienced, but a process of troubles and difficulties over time. Typically, it is the interaction and intersection of these difficulties that impact the person to such a degree that mass shootings and murders are the outcome (Fox & DeLateur, 2014). Across the research literature, these difficulties have been identified as psychopathology (to varying degrees), traumatic life events, emotional turmoil, and unique precipitating factors for each person (for example, job firing, home violence, or substance abuse) (Declercq & Audenaert, 2011; Knoll & Meloy, 2014; Martone, Mulvey, Yang, Nemoianu, Shugartman, & Soliman, 2013). Regarding psychopathology or mental health disorders, there is not a direct link from these difficulties to mass shootings or extreme violence. However, there are common characteristics (symptoms, not diagnoses) across mass shooting perpetrators – depression, suicidality, narcissism, and paranoid outlooks. Many of these symptoms are evident during the perpetrators' adolescent and young adult years (Knoll, 2012; Modzeleski, Freucht, Rand, Hall, Simon, Taylor, et al., 2008; Mullen, 2004).

Because of the empirical findings to date on mass shooters, this paper reviews two broad themes – childhood and adolescent trauma experiences and related mental health problems. It is postulated that these difficult younger person experiences do indeed have a lasting and cumulative (or comorbid) impact, and that in young adult and adulthood, the graver impact of other difficulties increases the risk to commit heinous crimes, including mass shootings. So by recognizing that the histories of mass shooters to date do include certain trauma histories, and that across the literature these experiences place adolescents and young adults at much greater risk of externalizing violence (a much more likely outcome for males), it is important to continue to research this possible link and to know there are prevention and intervention approaches available for younger people. Thus, this chapter first reviews the prevalence and impact of young people's trauma experiences and related mental health disorders, followed by an overview of prevention approaches that have been found effective in addressing these problems for this population.

The Prevalence of Childhood and Adolescent Trauma

Trauma impacts many children, adolescents, and their families. Some of these traumatic experiences are more readily identified – growing up in poverty, living in unsafe and violent neighborhoods, and being victimized by abuse. However, other traumas – including neglect, school bullying, and losing family members or friends (by death, prison, or other unexpected reasons) - are less frequently cited as significantly impactful, though may be just as difficult for young people to handle. These traumas often lead to nefarious difficulties both in the short- and long-term, including mental health problems, and for some, long-standing disorders. In addition, children's exposure to more than one form of trauma, referred to as **poly-victimization**, and traumas experienced over time are of serious concern, increasing the risk for school problems, youthful and adult offending, and violence. In other words, trauma is cumulative: the greater the number of experiences, the greater the impact on the young person's development, mental health, and offending behaviors (Greenwald, 2002; Klain, 2014).

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