The Adult Mass Murderer in Europe and North America: The Paranoid Spectrum from Distrust to Delusion

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What do we know about adult mass murder?

• Review of research over past 5 years
• Integrated with previous knowledge
• Integrated with clinical and forensic experience
Mass murder is increasing in the United States

• Despite a continued decrease in violent crime over the past 30 years
• Key studies
  – Harvard Public Health
  – FBI
  – Mother Jones database and M. Follman
Active Shooter Incidents in the United States 2000-2013

FBI

A Study of Active Shooter Incidents in the United States Between 2000 and 2013
FBI Active Shooter Study 2014

• “An individual(s) killing or attempting to kill people in a populated area.”
• 11.4 incidents annually (N=160)
• 6.4 2000-2006
• 16.4 2007-2013
• 150% increase
• Consistent with Harvard public health study (M. Follman, 2012, (www.motherjones.com)

updated July, 2015
However, it is very rare

- 3-4% of homicides in US involve more than one victim (1976-2000)
- Number of mass murders in US between 2000-2012 (four or more victims) was one tenth of one percent (0.1%) of all murders (excluding 9/11)
But definitions matter

• Do we count gang related mass murders?
• Do we count domestic mass murders, e.g., familicides?
• Do we count all casualties or just deaths?
• Do we count the perpetrator?
• Is the death count 3 or 4?
• Do we count attempted mass murders when there are no deaths?
• Read the definitions carefully
Major mental disorder is present in **22-48%** of mass murderers


Stone, 2015

- 235 mass murderers (4% women)
- Indirect assessments
- 87% had 4 or more dead victims
- 1913-2015
- 45 cases were mentally ill (22% males)
- Three fourths within schizophrenic spectrum (72%)
- Rest paranoid delusions, paranoia and depression
Horgan, Gill et al., 2016

- **Lone actor terrorists** show higher prevalence of psychotic disorders (e.g., schizophrenia, delusional disorder)
- **Solo mass murderers** show higher prevalence of depressive disorder, substance abuse disorders, personality disorders, developmental disorders (ASD), and juvenile onset disorders (ODD, CD)
Paranoid conditions are pervasive in mass murder

- Many diagnoses: a spectrum from PD to Paranoid Schizophrenia
- Common dynamics:
  - a pre-emptive strike
  - revenge for cumulative maltreatment

Knoll & Meloy, Psychiatric Annals, 44:236-242, 2014
A nonrandom sample ($N = 30$) of mass murderers in the United States and Canada during the past 50 years was studied. Data suggest that such individuals are single or divorced males in their fourth decade of life with various Axis I paranoid and/or depressive conditions and Axis II personality traits and disorders, usually Clusters A and B. The mass murder is precipitated by a major loss related to employment or relationship. A warrior mentality suffuses the planning and attack behavior of the subject, and greater deaths and higher casualty rates are significantly more likely if the perpetrator is psychotic at the time of the offense. Alcohol plays a very minor role. A large proportion of subjects will convey their central motivation in a psychological abstract, a phrase or sentence yelled with great emotion at the beginning of the mass murder; but in our study sample, only 20 percent directly threatened their victims before the offense. Death by suicide or at the hands of others is the usual outcome for the mass murderer.
“Paranoid symptoms of some kind have been evidenced by all of the men who have killed 10 or more victims in a single incident in the United States.”
There may be a hot zone for the contagion effect

- During two weeks after a highly publicized mass murder, there will be an increase in the frequency of mass murders, then a return to base line.
- Towers et al., PLoS One, 2015
  - Mass killings with firearm, 4+ deaths
  - School shootings, 4+ deaths
  - Average temporary probability increase lasts next 13 days
Lankford & Tomek, 2017

- Suicide and Life-Threatening Behavior
- Same data set as Towers et al., 2015
- Simulated data sets generated
- Random effect, no contagion
- But copycat phenomenon may exist
But contagion and copycat are different

- **Contagion**: brief time frame (days or weeks), imitation of the act
- **Copycat**: longer time frame (months or years), identification with the actor
- Copycats aggregated over time may lead to a cultural script, e.g., the Columbine effect (*Mother Jones*: 88 plots since 1999 in US; 75% thwarted)
Cultural Script, Dr. White:

- “cultural scripts”—prescriptions for behavior—a schema
- that point the way toward an armed attack as a model for problem solving,
- particularly for altering the shooter’s reputation from that of a loser, socially marginalized, to that of a notorious antihero;
- a masculine solution to lessen an inferior social position.
Lone actor terrorists and solo mass murderers are more similar than different

- 71 US lone actor terrorists
- 115 US solo mass murderers
Lone actor terrorists more likely to:

- Attempt to recruit others
- Interact with others in a wider network, both in virtual and terrestrial world
- Make public statements before attack
- Have university, military, and combat experience
- Change address before attack
- Live alone and be socially isolated
• Engage in dry runs
• Show escalating anger before attack
• Stockpile weapons
• Engage in more leakage
  – Verbalize intent (59%)
  – Express desire to hurt others (69%)
  – Others aware of their attack planning (37%)
Solo mass murderers more likely to

- Have a substance abuse problem
- Experience being degraded in run up to the attack
- Experience being a helpless victim
- Problems with personal relationships
- Recent and chronic stress
- Have a history with event location
Some pathways are becoming runways

- Meloy & Pollard, *J Forensic Sciences*, 2017
- There is a pathway, but shortened, eg, recruitment elements of ISIS and subsequent knife attacks
- Planning and partial preparation, then impulsive act
Warning Behaviors (Meloy, Hoffmann, Guldemann & James, BS&L, 2012; 30:256-279)

- Pathway
- Fixation
- Identification
- Novel aggression
- Energy burst
- Leakage
- Directly communicated threat
- Last resort behavior
Fixation Warning Behavior

• An increasingly pathological preoccupation with a person or a cause, accompanied by a deterioration in social and/or occupational life

• TRAP-18 Manual, gifrinc.com
Identification Warning Behavior

• A psychological desire to be a pseudocommando or have a warrior mentality; closely associate with weapons or other military or law enforcement paraphernalia; identify with previous attackers or assassins; or identify oneself as an agent to advance a particular cause or belief system.
“Fixation is what one constantly thinks about; identification is what one becomes.”

- TRAP-18 Manual
Fixation and Identification are key warning behaviors

• “It kept going around, floating round my head, day after day after day. And then after awhile I became that thought you know, I was going to do it.”
  • David Copeland, neo NAZI lone terrorist, UK, 1999

• From preoccupation to self-identity

• Research suggesting evolution from fixation to identification will distinguish (with a large effect size) POCs without intent from attackers: our North American study in progress (Meloy, Genzman, Goodwill & Katsavdakis)
Horror movie drove Nazi bomber to kill

The bomber drove alone to his workplace after watching the infamous Holocaust horror film. His favorite film was Hellraiser: Hell on Earth.

The bomber ended up killing two of the victims of a previous serial killer who followed the lead of the film and who is associated with victims.
Leila Khaled, 1968, PFLP

• “My work as a freedom fighter has given me happiness: you identify yourself with the struggle. It is the difference between a freedom fighter and an ordinary person.”
Are jihadists the only terrorists?

• No

• Strong bias within government and the media to only consider jihad inspired terrorism and dismiss other ideologically motivated acts of mass murder as terrorism
  – Dylann Roof—racist lone actor terrorist
  – James Hodgkinson—extreme left lone actor terrorist
Charleston, SC, June 17, 2015
Alexandria, VA, June 14, 2017
Charlottesville, VA, August 12, 2017
Psychotic mass murderer

Lucerne, Switzerland 2013

- Employee shot four co-workers & committed suicide
- Married and 3 children
- Thought that dark forces and colleagues were spying on him
- Psychiatric autopsy revealed paranoid schizophrenia
Non-psychotic mass murderer

Lörrach, Germany 2010

- Attorney killed 5 year old boy and husband
- Destroyed her home with a firebomb
- Shot three strangers and attacked a hospital
- Shoot-out with police
Mass murderers - a threat assessment perspective

Allwinn, Hoffmann & Meloy

• 33 cases in Germany (2000-2010)
• 94% male
• 25 – 78 years; average 47 years
• 35 dead victims, 86 injured
• 49% unemployed, 55% lived alone
• 46% attacks on more than one location
• 80% moved from buildings to public space
Psychotic vs. non-psychotic mass murderers

- 30% suicide, 4 (attempted) suicide by cop
- 2 times more non-psychotics suicide
- Psychotics mostly attack strangers in public places
- No psychotic killed intimate partner
- Non-psychotics often personal or professional relationship with victims
- 33% intoxicated
Planning and Preparation

• 52% planned attack for weeks, months or years
• 13% up to 24 hours
• 35% no planning
• Psychotics caused less fatalities****
• 47% criminal record, psychotics (20%) less than non-psychotics (67%)
Significant differences

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<thead>
<tr>
<th></th>
<th>Psychotic</th>
<th>Non-psychotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt offended easily</td>
<td>17%</td>
<td>80%</td>
</tr>
<tr>
<td>Fantasies of revenge</td>
<td>13%</td>
<td>60%</td>
</tr>
<tr>
<td>Persecutory delusions</td>
<td>73%</td>
<td>0%</td>
</tr>
<tr>
<td>Experience with firearms</td>
<td>60%</td>
<td>93%</td>
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### Stressors within one year prior to attack

<table>
<thead>
<tr>
<th>Category</th>
<th>Psychotic</th>
<th>Non-psychotic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejection romantic relationship</td>
<td>0%</td>
<td>37%</td>
</tr>
<tr>
<td>Relationship problems</td>
<td>9%</td>
<td>26%</td>
</tr>
<tr>
<td>Financial problems</td>
<td>36%</td>
<td>42%</td>
</tr>
<tr>
<td>One crisis or more</td>
<td>46%</td>
<td>74%</td>
</tr>
</tbody>
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Presence of warning behaviors

In every case, at least one warning behavior

- Average 5.18 psychotics
- Average 6.11 non-psychotics

A pattern of warning behaviors can be expected preceding an act of mass murder
Warning behaviors of German mass murderers

More direct threat \( (\, p < 0.5) \) and more pathway \( (\, p < 0.10) \) for non-psychotic offenders
### Institutional visibility before attack

<table>
<thead>
<tr>
<th>Category</th>
<th>Psychotics (%)</th>
<th>Non-psychotics (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational</td>
<td>45</td>
<td>16</td>
</tr>
<tr>
<td>Psych./Medical</td>
<td>73</td>
<td>26</td>
</tr>
<tr>
<td>Work</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Legal/Police</td>
<td>64</td>
<td>89</td>
</tr>
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***97% had problem behavior in at least one institution***
Prevention of non-psychotic mass murder

- TATM in public services, universities, companies etc.
- Awareness
- Internal contact person
- Look for further warning behaviors
- Violence in the past or criminal record?
- Case documentation
- Contact others who had problems with individual of concern
- Link to police and TATM professionals
Prevention of psychotic mass murder

- Sensitize for warning behaviors in hospitals and mental health institutions
- Inform professionals about TATM
- Case documentation
- Contact others who had problems with individual of concern
- Involve family members with supportive attitude
- Collaborations between mental health system and law enforcement, e.g. LAPD Crisis Response Support Section, FTAC
Our presentation in PDF

- www.DrReidMeloy.com
- www.i-p-bm.com
- www.vdm-ip.com