



Community Situational Threat Advisory Handbook

Rationale & Need

Between 2011 and 2017, mass shootings, a form of targeted violence in the United States involving the murder of four or more people, tripled in frequency (Harvard et al., 2018). Furthermore, a 20-year review of active shooters in the United States conducted by the Federal Bureau of Investigation (FBI) found that 333 attacks occurred in 43 states and the District of Columbia. Based on the FBI's analysis, active shooter incidents occurred in the United States on average once per month.¹

The rise in active shooter incidents is not resolvable by police alone. The President's Task Force on 21st Century Policing (2015) supports the concept that threat assessment and management teams represent a more holistic response built on "collaborative approaches" involving professionals from across systems making decisions alongside the police regarding planning, implementing, and responding to threats or concerns of targeted violence.²

Current responses to targeted violence threats or concerns generally remain reactive, disparate, and fragmented. The lack of a central coordinating entity with formalized protocols, training, and integrated multidisciplinary advisement teams reduces the efficacy of intervention and management strategies to address individuals at risk for committing acts of targeted violence.

Beyond Crisis Intervention: Community Threat Advisory Committee (CTAC) Mission

The Community Threat Advisory Committee (CTAC) represents a consortium of stakeholders with diverse expertise and access to resources to prevent targeted acts of violence. CTAC's objective is to act as a central clearinghouse of information flow and consultation on developing balanced intervention and case management strategies specific to situations where the risk of violence is assessed to be reasonable.

(CTAC) Structure and Philosophy

Much of the structure and philosophy of CTAC is derived from the Marion County (Oregon) Threat Advisory Team, which has been in existence for nearly two decades, and the Rochester Threat Advisory Committee (ROCTAC).³ CTAC conforms to best practice recommendations from the Association of Threat Assessment Professionals, Salem-Keizer Student Threat Assessment System, Marion County Adult Threat Advisory Team, and ROCTAC.⁴

In 2021, with support and collaboration from the New York State Department of Homeland Security and Emergency Services (DHSES), AT-RISK International led efforts to create regional Community Threat Advisory Committees (CTAC) to act as central clearinghouses of information flow and situational threat assessments. The CTAC assists with specific situations, herein referred to as Threat Cases (TCs), where the risk of future violence is assessed to be reasonable with the presence of clustered risk factors and warning behaviors commonly associated with targeted violence. The CTAC assists the community with developing balanced intervention and case management strategies for TCs presented to CTAC and, if warranted, facilitates expedited and timely intervention actions. The CTAC has no authority to mandate presenting agencies implement or act on suggested intervention and case management strategies and solely acts as an advisory group.

Participating Member Agencies (PMA)

CTAC comprises a multidisciplinary cross-section of key stakeholders from public safety, private security, mental health, education, domestic violence prevention, and the courts. A CTAC member does not act in the capacity of a traditional law enforcement task force officer with dual responsibilities to follow the policies and procedures of the sponsoring task force as well as their agency's policies. The member shall maintain their agency's standard policies and mission and follow all rules and regulations set forth by said agency. For example, a participating member shall comply with matters guiding confidentiality and sharing of sensitive information following their agency's policies. PMAs are expected to conform to agreed-upon CTAC protocols, structure, and commitments specified in a memorandum of understanding signed by each participating agency.

Standard Operating Procedures

It is recommended that CTAC consider the following:

1. CTAC meets on a biweekly basis.
2. Executive management from PMAs meets quarterly or as needed to assess CTAC efficacy and recommend strategies to improve functionality and community-based threat mitigation responses.
3. CTAC will rely upon the collective expertise, education, and training of its members, along with case management and intervention strategies commonly agreed upon and utilized by the majority of the threat assessment community. In addition, the CTAC makes recommendations to improve information sharing, intervention, and care coordination between providers, families, and other systems involved in the TC.
4. CTAC does not conduct a Person of Concern (POC) behavioral threat assessment or case manage the TC. Instead, CTAC conducts situational threat assessments based only on the information provided during TC presentations and subsequent updates.
5. CTAC also serves as a committee of dedicated stakeholders positioned to make recommendations to improve systems protocols relating to threat response, risk mitigation, and timely intervention strategies.
6. Before starting each CTAC meeting, consider reading the following disclaimer: *CTAC acts solely as an advisory group to assist in developing balanced interventions and case management strategies for presenting agencies. We do not mandate that presenting agencies implement or act on suggested interventions and case management strategies. We serve as a resource using a multidisciplinary restorative approach to prevent acts of targeted violence. CTAC's restorative approach balances the community's public's safety needs with the health and wellness needs of the person at risk. It is important to note that the focus of CTAC is to assist the presenting agency in understanding the situation and how best to mitigate safety concerns, coordinate system responses, and share expertise from various disciplines. All members will follow their agency's rules and regulations on confidentiality and information sharing. We will safeguard the integrity of all confidential information lawfully shared in our mission. No minutes of this meeting nor notes that could identify the subjects of the TC will be taken other than that of the presenting agency. As such, all information discussed is considered confidential. All offered suggestions, resources, or data can be utilized by the presenting agency at their discretion and shall not be deemed as a mandated strategy by CTAC. Those in attendance should be trained and familiar with the threat assessment process pertaining to our mission.*
7. By the nature of the CTAC's mission, CTAC serves as a leader in promoting threat assessment training and innovative community-based responses to threats or concerning behavior with a nexus to targeted violence.

8. Collecting and analyzing anonymized TC information, proposed interventions, case management strategies, and TC outcomes are essential to measuring CTAC's efficacy. Additionally, the anonymized data assists in the identification of disproportionate TCs involving POCs from protected classes of people. Identifying disproportionate TCs will assist in assessing and creating new strategies to support CTAC's mission.

Presentation of Threat Cases (TCs)

It is recommended that CTAC consider the following:

1. CTAC serves as a resource for the community to improve targeted violence threat response protocols by providing multidisciplinary expert advice and seamless sharing of threat information across systems to enhance holistic, coordinated responses. CTAC's philosophy is based on a multidisciplinary therapeutic approach to prevent acts of targeted violence that balance the safety needs of the public with the health and wellness needs of the person at risk for committing an act of targeted violence.
2. Any PMA with personnel assigned to CTAC may bring a TC for presentment or facilitate the presentation of TC by non-member agencies with a determined need. CTAC will hear the initial presentation and make recommendations to the presenting agency. The intake process entails the following recommended steps:

Identification of Threat Cases (TC, Triage, and Presenting Agency Form)

LAW ENFORCEMENT PMA

It is recommended that CTAC consider the following:

1. If the TC originates from a law enforcement PMA, it is recommended that the PMA notify the coordinator that their agency owns a TC and requests a presentation to CTAC. The PMA lawfully searches databases owned or granted access to under the agency's mission and policies.
2. The PMA completes the presenting agency form and sends the form to the coordinator. The coordinator and the PMA case presenter review the document to ensure it is completed to the best of the PMA's ability.
3. The TC should be assessed to determine if there is a need for immediate action to mitigate the imminent risk of violence. Based on the training and experience of the coordinator and PMA, if it is reasonable to conclude that an accelerating or impending threat of violence is present, agencies should act per their standard response procedures and policies. If the TC does not meet the criteria for imminent action, it is recommended that the case be scheduled for a non-emergency presentation.
4. The coordinator then notifies all CTAC members (with signed MOUs) that a TC is scheduled for presentation. Before the meeting, the coordinator gives only the name and the date of birth of the subject of the TC to all PMA members.
5. To further the mission of CTAC, presenting agencies can be allowed to submit a fully anonymized TC. A fully anonymized TC will protect the PMA from violating internal and statutory prohibitions on sharing confidential information.
 - a. Note: Anonymized TC reduces the process's efficacy by not allowing for records and database queries by CTAC members; however, the goal is to facilitate a TC presentation when an agency has concerns of potential violence while also complying with internal policies local, state, and federal laws. Even an anonymized TC allows for a multidisciplinary situational threat assessment to detect the presence of cluster and or accelerating risk factors and warning behaviors for targeted violence.

The totality of the circumstances may warrant an exception to the prohibition on information-sharing, thus allowing the presenting agency to provide the name and date of birth with “need-to-know” agencies to mitigate the risk of violence.

NON-LAW ENFORCEMENT PMA

It is recommended that CTAC consider the following:

1. If the TC originates from a non-law enforcement PMA, it is recommended that the coordinator facilitate a law enforcement database search. The search will allow the coordinator to assist with completing the presenting agency form and share appropriate law enforcement records with CTAC in furtherance of public safety and CTAC’s mission (records searches and information sharing must follow the law enforcement agency’s policies, procedures, and the CTAC’s memorandum of understanding).
2. The non-law enforcement agency PMA lawfully searches databases owned or granted access to under the agency’s mission and policies (records searches and information sharing must follow the agency’s policies, procedures, and the committees established a memorandum of understanding).
3. The PMA completes the presenting agency form and sends the form to the coordinator. The coordinator and the PMA case presenter review the document to ensure it is completed to the best of the PMA’s ability.
4. The TC should be assessed to determine if there is a need for immediate action to mitigate imminent the risk of future violence. Based on the training and experience of the coordinator and PMA, if it is reasonable to conclude that an accelerating or impending risk of violence is present, agencies should act per their standard response procedures and policies. If the TC does not meet the criteria for imminent action, it is recommended that the case be scheduled for a non-emergency presentation.
5. The coordinator then notifies all committee members (with signed MOUs) that a TC is scheduled for presentation. In advance of the meeting, the coordinator provides only the name and the date of birth of the Subject of the TC to all PMA committee members.
6. To further the mission of the Committee, presenting agencies can be allowed to submit a fully anonymized TC. A fully anonymized TC will protect the PMA from violating internal and statutory prohibitions on sharing confidential information.
 - a. Note: Anonymized TC reduces the process’s efficacy by not allowing for records and database queries by CTAC members; however, the goal is to facilitate a TC presentation when an agency has concerns of potential violence while also complying with internal policies local, state, and federal laws. Even an anonymized TC allows for a multidisciplinary situational threat assessment to detect the presence of cluster and or accelerating risk factors and warning behaviors for targeted violence. The totality of the circumstances may warrant an exception to the prohibition on information-sharing, thus allowing the presenting agency to provide the name and date of birth with “need-to-know” agencies to mitigate the risk of violence.

NON-PMA OR ORGANIZATION

It is recommended that CTAC consider the following:

Occasionally a non-PMA may request a TC presentation. It is recommended that the coordinator follow the same procedures outlined above with the addition of a peer review of the TC by other committee members to ensure there is no need for immediate action to mitigate the imminent risk of future violence. If the TC does not meet the criteria for immediate action, it is recommended that the case be scheduled for a non-emergency presentation.

It is recommended that the CTAC consider the following:

Depending on the totality of the circumstances, a TC may qualify for emergency presentation or follow-up presentations. Generally, these cases involve proximal attack warning behaviors, clustered or accelerating risk factors, and lack of violence inhibitors. Furthermore, a TC may qualify for emergency presentation if the case is currently stable; however, a follow-up assessment by the PMA identifies an elevation in risk for violence, or new information is gathered that indicates an elevation in risk for violence. The decision to call for an emergency meeting of CTAC is made by the coordinator, PMA, or other agencies involved in the TC.

Appendix A: Community Situational Threat Advisory Handbook

1. CTAC uses the Community Situational Threat Advisory Handbook, hereafter referred to as the Handbook, during the TC presentation to lead conversations relevant to conducting a situational threat assessment. The Handbook is designed to assist in investigating and managing potential targeted violence. The Handbook is not a Structured Professional Judgement (SPJ) Instrument, nor does it constitute a complete Person of Concern (POC) behavioral threat assessment and management process.
2. The Handbook does not predict future violence, nor is it a foolproof method of assessing an individual's or group's risk of harming themselves or others. It is not a checklist, profile, or assessment tool that can be quantified. Instead, it is a Handbook designed to investigate circumstances and variables that may increase the risk for potential violence and assist in developing a management plan. The focus areas in the Handbook are used to illustrate risk factors and should not be the sole determinant in your assessment. Undue significance should not be placed on the presence or absence of the specific listed behaviors. Furthermore, as circumstances change, so too does risk potential; therefore, if reviewing a TC after its presentation, do so while being mindful of the dynamic nature of life, supervision, intervention, and the passage of time.
3. The Handbook should not be used without training specifically designed for its use conducted by a Certified Threat Manager (CTM) or other subject matter expert trained in its use.
4. The Handbook represents a product of the knowledge drawn from personal and collective investigative experience, educational background, specialized training, and research conducted by AT-RISK International CTM experts and others, as well as from published academic research, threat assessment, Structured Professional Judgement instruments, threat assessment and management guides, and known case outcome studies. CTAC's input using the Handbook is not a substitute for a thorough, well-planned investigation and should not be considered all-inclusive.
5. Any assessment or advice is based upon information available when the Handbook is used and assumes that the information set forth is valid and complete. Should additional information or case materials become available later, certain aspects of the situational threat assessment may be subject to modification or change. Therefore, all threats should be taken seriously, and all reasonable measures to minimize the risk of violence should be considered.
6. Concerning situational threat assessment, it is difficult to predict future behavior with certainty. Therefore, the Handbook serves as an advisory tool for those vested in targeted violence prevention and operational support. In addition, the Handbook may assist in identifying appropriate levels of concern based on research and experience.
7. This Handbook and any subsequent situational threat assessment are not evidence of criminal wrongdoing and are not suitable for use as the basis for testimony; however, it may be used by a threat assessment expert or CTM to support their consultation. Generally, the Handbook is used as an intelligence Handbook to inform the appropriate use of risk mitigation resources and prioritize tasks. A situational threat assessment is only valid for the period assessed.

Environmental changes, medical conditions, neurocognitive impairments, medication (or the lack thereof), alcohol consumption, illegal drugs, personal conflicts, psychological disorders, traumatic events, or other factors can affect the thought process of an individual. These changes can result in violent acts when none were anticipated and complicate attempting to assess the likelihood of violent behavior.

8. The Handbook should be considered confidential and not shared with anyone without a need to know. The storage and distribution of the Handbook should comply with CTAC's guidelines for storing and distributing sensitive documents.

Appendix B: Presenting Agency Form

1. CTAC will need as much information as possible related to the POC and the target/victim. CTAC applies a multidisciplinary holistic approach to situational assessment using the Handbook as a tool to synthesize TC information with targeted violence known risk and protective factors. The Presenting Agency Form captures the target/victim's individual, situational, social, and organizational factors used to triage and initiate the TC for presentation.
2. The form should not include any information identifying the POC, target, victim, or another person with knowledge. If at any time the risk of violence appears imminent, accelerating, or safety conditions are deteriorating, the presenting agency should not hesitate to take actions following the agency's policies and protocols.
3. If possible, the presenting agency should provide a brief narrative of the TC. The report should not be a comprehensive description of the situation but a high-level executive summary. The TC presentation to the CTAC will consist of a detailed oral explanation of the case. CTAC will ask risk-relevant questions during the meeting. Note: If at any time during the involvement by CTAC in a TC, the danger is escalating or imminent, the presenting agency should not hesitate or wait for CTAC to take immediate protective actions following agency rules, regulations, and standing operating procedures.

Threat Case Domestic and Intimate Partner Violence

1. The Handbook and Presenting Agency Form contain a section dedicated to identifying evidence-based factors that share a higher correlation with domestic and intimate partner lethality.
2. The domestic violence/intimate partner violence factors are included in the presenting agency form and the Handbook to assist with triage and dedicating the necessary resources to mitigate the risk of harm to the target/victim or the community.

Threat Case Ownership and Documentation

It is recommended that CTAC consider the following:

1. All responsibilities associated with case ownership, determination of case status, documentation, and custody of case files shall remain with the presenting agency. The presenting agency also maintains full responsibility and authority for case management of the TC. Suggested intervention and case management strategies and resources offered by CTAC or any of its members are not considered binding on the presenting agency. The TC will remain in discussion until the responsible agency reasonably determines that the threat is mitigated,

resolved, or terminates involvement with CTAC. The concept behind active and continuous case assessment/discussion is that cases involving threats of targeted violence are dynamic, and periodic reassessment is a vital aspect of managing TCs. Many factors such as stressors, triggers, or life changes can raise, accelerate, or lower the likelihood that an act of targeted violence may occur. Suppose the responsible presenting agency decides to terminate case management with CTAC. In that case, this does not preclude another agency involved in the case from engaging CTAC.

2. TC documentation is the responsibility of the presenting agency and or the law enforcement agency of jurisdiction assisting the presenting agency. Accordingly, law enforcement presenting agencies should consider classifying TC as an operational application of intelligence-led policing.
3. A law enforcement intelligence investigation should conform to policies on developing and handling criminal intelligence information outlined in 28 CFR Part 23 (note: noncriminal identifying information (NCII) may not be used as an independent basis to meet the requirement of reasonable suspicion of involvement in criminal activity necessary to create a record or file in a criminal intelligence system 28 CFR Part 23).

The Community Situational Threat Advisory Handbook is designed to assist in investigating and managing potential targeted violence. The Handbook is not a Structured Professional Judgement (SPJ) instrument, nor does it constitute a complete Person of Concern behavioral threat assessment and management process. The Community Threat Advisory Committee (CTAC) assists agencies with the development of balanced intervention and a case management strategy for circumstances presented to CTAC. The CTAC acts solely as an advisory group. Additionally, CTAC cannot mandate agencies implement or act on suggested intervention and case management strategies. Finally, the CTAC does not dictate policy or procedural change within agencies.

IF IMMINENT DANGER EXISTS, CALL LAW ENFORCEMENT

1. The CTAC uses the Handbook during the TC presentation to lead conversations relevant to conducting a situational threat assessment. The Handbook is designed to assist in the investigation and management of potential targeted violence.
2. The Handbook does not predict future violence, nor is it a foolproof method of assessing an individual's or group's risk of harm to self or others. It is not a checklist, profile, or assessment tool that can be quantified. Instead, it is a Handbook designed to investigate circumstances and variables that may increase the risk for potential aggression and assist in developing a management plan. The focus areas in the Handbook are used to illustrate a risk factor and should not be the sole determinant in your assessment. Undue significance should not be placed on the presence and/or absence of the specific listed behaviors. Furthermore, as circumstances change, so too does risk potential; therefore, if reviewing a TC after its presentation, do so while being mindful of the dynamic nature of life, supervision, intervention, and the passage of time.
3. The Handbook should not be used without training specifically designed for its use conducted by a Certified Threat Manager or other subject matter expert trained in its use.
4. The Handbook represents a product of the knowledge drawn from personal and collective investigative experience, educational background, specialized training, and research conducted by AT-RISK International Certified Threat Managers (CTM) and others, as well as from published academic research, threat assessment, Structured Professional Judgement instruments, threat assessment and management guides, and known case outcome studies. The Handbook and the CTAC's input are not a substitute for a thorough, well-planned investigation and should not be considered all-inclusive.
5. Any assessment or advice is based upon information available when the Handbook was

used and assumes that the information set forth is valid and complete. Should additional information or case materials become available later, certain aspects of the situational threat assessment may be subject to modification or change. Therefore, all threats should be taken seriously, and all reasonable measures to minimize the risk of violence should be considered.

6. Concerning situational threat assessments, it is difficult to predict future behavior with certainty. Therefore, the Handbook serves as an advisory tool for those vested in targeted violence prevention and operational support. In addition, the Handbook may assist in identifying appropriate levels of concern based on research and experience.
7. This Handbook and any subsequent situational threat assessment are not evidence of criminal wrongdoing and are not suitable on its face for use as the basis for testimony; however, it may be used by a threat assessment expert or Certified Threat Manager to support their consultation. Generally, the Handbook is used as an intelligence Handbook to inform the appropriate use of risk mitigation resources and the prioritization of tasks. A situational threat assessment is only valid for the period assessed. Environmental changes, medical conditions, neurocognitive impairments, medication (or the lack thereof), alcohol consumption, illegal drugs, personal conflicts, psychological disorders, traumatic events, or other factors can affect the thought process of an individual. These changes can result in violent acts when none were anticipated and complicate the process of attempting to assess the likelihood of violent behavior.
8. The Handbook should be considered confidential and not shared with anyone without a need to know. The storage and distribution of the Handbook should comply with CTAC's guidelines for storing and distributing sensitive documents.

Complete the Handbook through a multidisciplinary approach.

- Understand that any action or inaction by the Presenting Agency (PA) during the Threat Case (TC) life can lead to three possible outcomes: better, worse, or no effect on the TC. Therefore, discussions and advice on suggested interventions should be calculated using the better, worse, no-effect matrix dictated by the totality of the circumstances.
- Consider first using the least intrusive method of fact gathering and progress to more invasive methods as risk factors cluster, accelerate, triggers become evident, or assessed level of dangerousness increases.
- When appropriate, consider using gateway threat assessment instruments (i.e., violence risk assessments, personality, domestic violence, workplace violence, suicide risk, etc.)
- Consider including representatives from partnering agencies, not necessarily represented within the team.
- Consider all available sources for information, including databases, relatives, social media, friends, co-workers, employment resources, neighbors, etc.
- Examine safety concerns and threatening situations using the questions contained in the Handbook as an investigative tool.
- Protect and safeguard the integrity of all confidential information lawfully shared to further the CTAC's mission to advance public safety or caretaking of all involved in the threat case.
- If the Presenting Agency (PA) takes notes using the Handbook, they are responsible for safeguarding, storing, and sharing information with whom they decide.

Step 1: Anonymized Threat Case Information

Instructions: The CTAC member responsible for data collection should complete the below.

Note: Avoid all identifying information including but not limited to names, addresses, doctors, workplaces, or any other data that could connect this form to a person of concern, victim, target, or persons with knowledge.

Tc Case # _____ Date: _____ Presenting Agency: _____ Presenting Person: _____

Person Of Concern Age: _____

Person Of Concern Race & Ethnicity: _____

Person Of Concern Is A Domestic Or Intimate Partner: Yes No

Target Race & Ethnicity: _____

Person Of Concern Mental Health Factor: Yes No

Person Of Concern Mental Disorder (i.e., Schizophrenia, Depression, Personality): _____

Person Of Concern Is Suicidal Or Has A History Of Attempts: Yes No

Target Mental Health Factor: Yes No

Target Mental Disorder: _____

Substance Abuse Is A Major Contributor: Yes No

Substances Identified: _____

Current Agencies Involved: _____

Person Of Concern Is Employed: Yes No

Type Of Employment: _____

Person Of Concern Has A History Of Violence: Yes No

The Person Of Concern Has Suffered A Major Loss In Love Or Life: Yes No

Category Of Suggested Interventions (i.e., tripwire, on the radar, law enforcement, mental health, etc.): _____

Involved Agencies: _____

Outcome Reported (i.e., treatment, counseling, arrest, incarceration, commitment, etc.):

The data collected must be anonymized and used solely for tracking Threat Cases (TCs). The primary purpose for data collection is to account for any disproportionalities in TCs presented, support analysis of CTAC's efficacy, and contribute to research in behavioral threat assessment and management.

Step 2: Areas of Investigation, Discussion, and Information Gap Analysisⁱ

Each question is a prompt for exploration of circumstances that may involve the escalation of violence. Review the questions as an outline for a guided conversation investigating situational factors or concerns that suggest an increase in the risk of acted-out violence. Address each question with answers about the explored factor rather than with yes or no responses. If the answer to a question is “unknown or unsure,” a discussion should ensue on the safest way to clarify if the behavior, risk factor, risk enhancer, or risk inhibitor exists. Following the discussion and reasonable efforts to clarify the factor if the answer is still unknown or unsure, consider answering with “no evidence.”

- The below areas of inquiry represent a product of the knowledge drawn from personal and collective investigative experience, educational background, specialized training, training programs, and research conducted by AT-RISK International Certified Threat Managers (CTM), Operation Managers, Domestic Violence Subject Matter Experts, Forensic Psychiatrist, as well as from published academic research, publicly available studies/guides, and known case facts (see endnotes for contributing sources).
- The data collected must be anonymized and used solely for tracking Threat Cases (TCs). The primary purpose for data collection is to account for any disproportionalities in TCs presented, support analysis of CTAC’s efficacy, and contribute to research in behavioral threat assessment and management.

The below questions represent areas of inquiry and discussion. Based on the totality of the TC, the group should utilize its training and experience to identify other areas of investigation that could provide information on behavior, violence risk factors, risk enhancers, or risk inhibitors.ⁱⁱ

<p>How was the threat communicated?</p> <ul style="list-style-type: none"> • Was the threat made directly, indirectly, as veiled, or vague statements, or conditional to demand or control • What was the form of communication (written, verbal, social media, visual, other) • Were threats made as emotional reactions to perceived danger or attack • Does the threat appear to be related to a state of psychosis • Has the POC communicated attack plans to a third-party (leakage) • Are there communications addressing possible imminence or setting of deadlines 	<p>Are there expressed interests in possible targets, including identifiable and available targets?</p> <ul style="list-style-type: none"> • Are there possible collateral targets or an indicated selection of backup targets or schedule options • Are targets clear or vague • Is the target the focus of the subject’s grievance • Has the POC identified details relating to the attack 	<p>Has there been any strange, awkward, or intimidating behavior with potential targets?</p> <ul style="list-style-type: none"> • Stalking or approach behavior, Following, harassing, or excessive communication with potential targets. • An increase or variation of previously noted activities related to the target. • The attacker does not necessarily contact the target, just increase proximity or fixation and/or preoccupation with the target or target’s network (including virtual).
<p>Is there a perception that the situation or future is hopeless, desperate, unbearable, or overwhelmingly stressful combined with a suggested inability to cope?</p> <ul style="list-style-type: none"> • Triggers or stressors such as Family, Financial, Recent trauma, or loss (honor, job, status, love, family, dignity) 	<p>Is there any indication of focused or inappropriate interest in acts of violence, terrorism, previous rampage/ community attacks or attackers, anti-social characters, notorious criminals, murderers, or gangs (historical or fictional)?</p> <ul style="list-style-type: none"> • Fixation • Identification 	<p>Is there a noted grievance, justification, and/or motive for violent action?</p> <ul style="list-style-type: none"> • Is the grievance cloaked or framed in moral outrage and or a sense of injustice, revenge, and/or mission • Have there been reasonable attempts to address the person of concern’s grievance

<p>Does the person of concern have the intellectual and mental capacity to plan and act out in a premeditated manner?</p> <ul style="list-style-type: none"> · If capacity is limited, does the person believe they have the capacity? 	<p>Has there been a novel act of aggression, seemingly unrelated to the usual warning signs and the attacker's primary target, which would appear to be testing the person of concern's ability to carry out an attack and the subsequent response?</p>	<p>Is there a history of violent and or aggressive behavior?</p> <ul style="list-style-type: none"> · What type, affective or predatory, intended, etc.? · Antisocial
<p>Does the person of concern display empathy for others?³</p> <ul style="list-style-type: none"> · Lacks remorse · Does not accept responsibility · Superficial · Grandiose · Deceitful 	<p>Have there been any recent behavioral changes?</p> <ul style="list-style-type: none"> · Self-care changes, sleep disturbances, psychological changes, appetite changes, marked agitation, or a drastic change from agitation to a relaxed or euphoric attitude · Are changes indicating an escalation toward targeted violence? 	<p>Has there been any consideration and/or attempt to harm self?</p> <ul style="list-style-type: none"> · Murder-suicide is best viewed as a subset of suicide. · Are any final act or last resort behaviors present?
<p>Are weapons available, or has there been an attempt to secure or possess weapons?</p> <ul style="list-style-type: none"> · What is the history of use, skill, and/or interest in weapons? 	<p>Has there been any noted pathway-related behavior?</p> <ul style="list-style-type: none"> · Research and planning Preparation-acquiring the means to conduct an attack. 	<p>Has the person of concern stated or implied (word or deed) a perception that options are limited and the alternatives to violence are decreasing or lost?</p>
<p>Has the person of concern stated or implied (word or deed) an acceptance of the consequences of acting out violently?</p> <ul style="list-style-type: none"> · Are any final act or last resort behaviors present? 	<p>Are there any significant approaching dates?</p> <ul style="list-style-type: none"> · Birthdays, holidays, the anniversary of divorce, tragedy, humiliating event, or other dates? · Dates can be positive or negative. 	<p>Has there been an event or experience that has triggered or may trigger the consideration of a violent act?</p> <ul style="list-style-type: none"> · A significant event that may act as the final straw, such as a loss of a significant inhibitor or the sudden introduction of a major accelerator to the path of violence? · It is important to note that the loss or humiliation is in the attacker's eyes and may not seem logical to a reasonable person.
<p>Is there an absence or presence of positive social/emotional supports or other stabilizing factors that reduce the potential for people to resort to violence?</p> <ul style="list-style-type: none"> · Vocation, hobby, family, pro-social beliefs, religious beliefs against violence, relationships, future goals, etc. 	<p>Do others have concerns?</p> <ul style="list-style-type: none"> · Family, friends, co-workers, followers on social media, public safety entities, and other bystanders. 	<p>Are there social endorsements and support (in words and/or actions) of violent behavior and ideas from peers and/or family?</p> <ul style="list-style-type: none"> · Do peers and/or family have an excessive history of violence? · Virtual communities or peers · Attitudes that condone violence

<p>Are there environmental/psychological Factors/mental health issues that impact coping skills and stress management?</p> <ul style="list-style-type: none"> · Is there a history of poor self-control, intense and frequent fear or anger, hopelessness, and despair, or an indication of severe personality issues? · Childhood exposure to violence/ adverse childhood experiences. · Is there a history of Central Nervous System Trauma? · Is the subject actively engaged in mental health counseling and/or taking medication? 	<p>Are there medical issues that would cause a loss of hope, such as extreme pain, serious or terminal illness?</p> <ul style="list-style-type: none"> · The POC · A close friend, spouse, or family member 	<p>Is there an indication of drug and alcohol use or abuse, excessive prescription drug use or addiction, or recent unexplained changes in usage?</p> <ul style="list-style-type: none"> · Consider if the sudden use reduction may suggest that the person of concern is cleansing and preparing for a more competent attack strategy.
<p>What levels of safety planning are in place?</p> <ul style="list-style-type: none"> · Target Harding · Intelligence sharing · Victim safety planning · Children or others in the sphere of the person of concern 	<p>Can reliable threat management partners be identified?</p> <ul style="list-style-type: none"> · Friends' family, associates, co-workers of either person of concern or target/victim · Public safety · Courts Corrections · Support agencies · Schools 	<p>Is the concerning behavior escalating?</p> <ul style="list-style-type: none"> · Are stressors mounting · Coping mechanisms are fading or lost · Frequency · Severity
<p>Other factors not discussed:</p>		

<p>Domestic/Intimate Partner Related-The committee should use this section to ensure discussions occur related to DV/IPV risk factors</p>	<p>Does the POC share a domestic or intimate partner relationship with the Target</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Domestic/Intimate Partner Circumstances & Risk indicators^v</p>	<p>Is the Target connected to domestic violence supports <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Safety planning for the Target <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Physical abuse <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>POC extreme minimization or denial of violence <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Direct threat of violence <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Attitudes that support or condone violence <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Sexual violence/Forced Sex <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Target is Isolated or lacks resources <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Target is vulnerable due to age or mental capacity <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Target extreme minimization or denial of risk for violence <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Prior domestic incidents with the use of weapons or threats of death <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>The POC possesses a history of non-fatal strangulation event <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Extreme jealous and possessiveness <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Sexual proprietariness (resentment of infidelity and target's attempt to leave) <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Target is taking steps to end the relationship or has already done so <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>The target possesses biological children from a previous partner present in the home <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Is the frequency, severity, or intensity of any of the above increasing <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>POC is stalking the target <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Level of intimacy or interpersonal relationship between target and threatener (perceived or real) <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Case Interventions

Consider the below as a starting point for discussions on possible case interventions. This is not a checklist or all-inclusive. Out-of-box thinking is encouraged; however, each intervention should be considered using the better, worse, no effect calculation. Levels of intrusiveness are dictated by the behavior of the POC, perceived escalation in risk of violence, presence or absence of risk factors, warning behaviors, and protective factors.^{vi}

- Safety Plans for Target or others
- Security Enhancements
- Weapon removal/Extreme Risk
- Law Enforcement Bulletins
- Interview of Subject
- Mobile Crisis Intervention Team
- Identify and Engaging Third-Party Inhibitors to Violence
- Criminal Charge
- Civil Action
- Order of Protection
- Court Ordered Assisted Outpatient Treatment
- Establish a police contact for the victim
- Administrative action
- Computer/Phone examination Consensual or Court authorized
- Other Search Consensual or Court Authorized
- Collaboration with Courts
- Collaboration with District Attorney's Office
- County Probation/Federal Probation action
- State Parole action
- FBI/JTTF action, BAU Presentation
- Engage Threat Assessment Investigation Company with Operational or Forensic Psych consult
- Mental health commitments
- Engaging POC or Target's Employer in threat mitigation

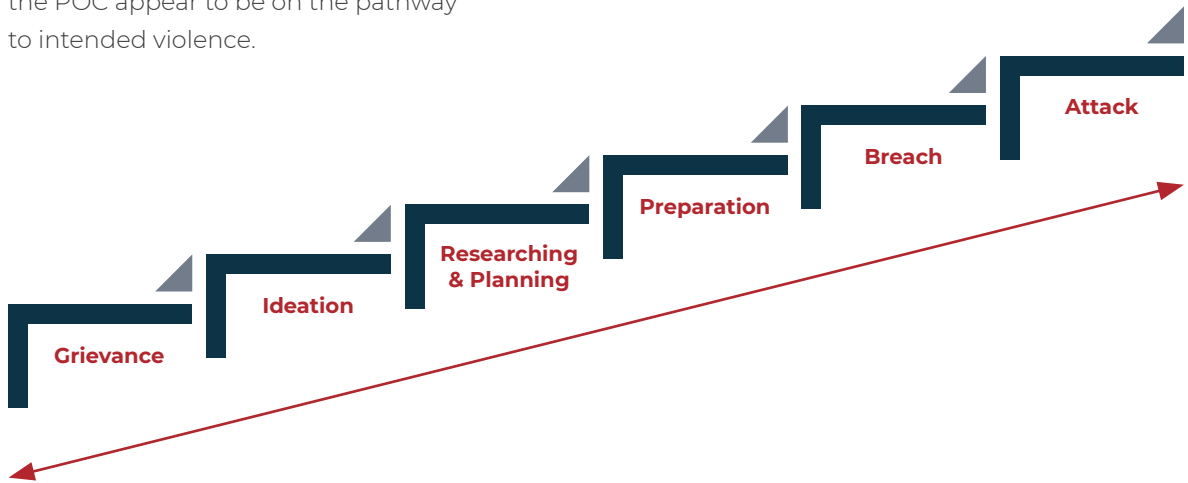
Case Management

Consider the below as a starting point for a discussion on possible case management strategies. This is not a checklist or all-inclusive. Out-of-box thinking is encouraged; however, each management strategy should be considered using the better, worse, no effect calculation. Levels of intrusiveness are dictated by the behavior of the POC, perceived escalation in risk of violence, presence or absence of risk factors, warning behaviors, and protective factors.^{vii}

- Continued Communication with Target Check & Connects
- Engaging Third-Party Tripwires
- Reviewing/Enhancing Victim Safety Plans
- Active Wait and Watch/ Maintain Contact with Tripwires
- Contact with Subject “on the Radar” Check & Connects
- Scheduled Records checks
- Reconnect with Third-Party Inhibitors to Violence
- Updates to Threat Assessment Teams
- Status Updates from Collaborative Agencies
- Office of Mental Health Oversight
- Scheduled Law Enforcement Database checks
- Scheduled social media checks
- No action/Passive wait and watch
- Address Grievance
- Setting specific boundaries and limits
- Community Resources to engage the subject in healthy hobbies, interests, or career development

Idea to Action Framework: Pathway to Intended Violence (Calhoun & Weston, 2003).^{viii}

Based upon the totality of the circumstances, does the POC appear to be on the pathway to intended violence.



The following represents an amalgam of factors taken from the Behavioral Threat Assessment and Management body of knowledge. Use this section as a source to inform the Committee's discussion centered on the SITUATIONAL THREAT ADVISORY HANDBOOK Step 2 process.^{ix}

Warning Behaviors

- Pathway
- Fixation
- Identification
- Novel Aggression
- Leakage
- Directly Communicated Threat
- Directly Communicated Threat
- Approach Behavior
- Energy Burst
- Sudden Withdrawal from Life Patterns
- Sudden Cessation of Medicine or Substances

Common Triggers and Stressors

- Financial
- Family
- Trauma
- Recent loss
- Medical
- Anniversaries
- Relationships
- Divorce
- Employment
- Termination
- Arrest
- Suspension
- Social and or Professional Standing (reputation)
- Humiliating event (perceived or actual)
- Substance abuse
- Mental health
- Unmet Psychological Needs – Love & belonging, Esteem

Appendix B

Presenting Agency Form

Directions: The Committee will need as much information as possible related to both the Person of Concern (PC) and the Target/Victim. The Committee applies a multidisciplinary holistic approach to situational assessment. Suggested interventions are designed to prevent violence and address the underlying causes. Please be prepared to answer questions related to the POC's and the Target/Victim's individual, situational, social, and organizational factors. Below are questions that should be answered before the presentation and emailed to your designated contact. Please do not include in this form any information that could identify the POC, Target, Victim, or other Person with Knowledge.

If at any time the risk of violence appears imminent, accelerating, or safety conditions are deteriorating, do not hesitate to take action following your agency's policies and protocols.

Tc Case # _____ Date: _____ Presenting Agency: _____ Presenting Person: _____

Person Of Concern Age: _____

Person Of Concern Race & Ethnicity: _____

Person Of Concern Is A Domestic Or Intimate Partner: Yes No

Target Race & Ethnicity: _____

Person Of Concern Mental Health Factor: Yes No

Person Of Concern Mental Disorder (I.e., Schizophrenia, Depression, Personality): _____

Person Of Concern Is Suicidal Or Has A History Of Attempts: Yes No

Target Mental Health Factor: Yes No

Target Mental Disorder: _____

Substance Abuse Is A Major Contributor: Yes No

Substances Identified: _____

Current Agencies Involved: _____

Person Of Concern Is Employed: Yes No

Person Of Concern Has A History Of Violence: Yes No

The Person Of Concern Has Suffered A Major Loss In Love Or Life: Yes No

If possible, please provide a brief narrative of the Threat Case (Note: your narrative should not be a comprehensive description of the situation but a high-level executive summary. Your presentation will consist of a detailed oral explanation of the case. The Committee will ask more detailed questions during the meeting. Note: If at any time you or others involved in this case assess danger is escalating or imminent, do not hesitate to take immediate protective actions following your agencies rules, regulations, and standing operating procedures:

If the Threat Case involves a Domestic and or Intimate Partner relationship, please complete the below section. If you are unsure how to answer the question, select unknown. Following reasonable efforts to clarify the factor if the answer is still unknown or unsure, consider answering with “No Evidence.” If you are confident that the factor does not exist in the TC, select “No.”

Domestic/Intimate Partner Related	Does the POC share a domestic or intimate partner relationship with the Target	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic/Intimate Partner Circumstances & Risk indicators	Is the Target connected to domestic violence supports <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Safety planning for the Target <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Physical abuse <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	POC extreme minimization or denial of violence <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Direct threat of violence <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Attitudes that support or condone violence <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sexual violence/Forced Sex <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Target is Isolated or lacks resources <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Target is vulnerable due to age or mental capacity <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Target extreme minimization or denial of risk for violence <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Prior domestic incidents with the use of weapons or threats of death <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	The POC possesses a history of non-fatal strangulation event <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Extreme jealous and possessiveness <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sexual proprietariness (resentment of infidelity and target's attempt to leave) <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Target is taking steps to end the relationship or has already done so <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	The target possesses biological children from a previous partner present in the home <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the frequency, severity, or intensity of any of the above increasing <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	POC is stalking the target <input type="checkbox"/> No Evidence <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Level of intimacy or interpersonal relationship between target and threatener (perceived or real) <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Active Shooter Incidents 20-Year Review, 2000-2019, Federal Bureau of Investigation, U.S. Department of Justice, Washington, D.C.
2. https://cops.usdoj.gov/pdf/taskforce/taskforce_finalreport.pdf. COPS Office. 2015. President's Task Force on 21st Century Policing Implementation Handbook: Moving from Recommendations to Action. Washington, DC: Office of Community Oriented Policing Services
3. John Van Dreal et al. *Assessing Student Threats: Implementing the Salem-Keizer System* 2nd ed. (Maryland: Rowman & Littlefield, 2017) 147.
4. <https://knowledgebank.criminaljustice.ny.gov/rochester-threat-advisory-committee>

-
- i. Amman, M., Bowlin, M., Buckles, L., Burton, K. C., Brunell, K. F., Gibson, K. A., Griffin, S. H., Kennedy, K., Robins, C. J. (2016). Making prevention a reality: Identifying, assessing, and managing the threat of targeted attacks. Federal Bureau of Investigation Behavioral Analysis Unit. p. 32.
 - International Handbook of Threat Assessment (2 ed.) (2021) Edited by: J. Reid Meloy and Jens Hoffmann. Oxford University Press
 - Babiak, P., & Hare, R. D. (2006). *Snakes in suits: When psychopaths go to work*. New York: Regan Books.
 - Douglas, K. S., Guy, L. S., & Hart, S. D. (2009). Psychosis as a risk factor for violence to others: A meta-analysis. *Psychological Bulletin*, 135(5), 679-706.
 - Fein, R., Vossekuil, B., & Holden, G. (1998). *Protective intelligence and threat assessment investigations: A Handbook for state and local law enforcement officials*. Washington, DC: U.S. Department of Justice. Retrieved from http://www.secretservice.gov/ntac/PI_Handbook.pdf
 - Fein, R., & Vossekuil, B. (1999). Assassination in the United States: An operational study of recent assassins, attackers, and near-lethal approachers. *Journal of Forensic Sciences*, 44(2), 321-333
 - Silver, J., Simons, A., & Craun, S. (2018). A Study of the Pre-Attack Behaviors of Active Shooters in the United States Between 2000 – 2013. Federal Bureau of Investigation, U.S. Department of Justice, Washington, D.C. 20535.
 - Swanson, J. W., Swartz, M. S., Van Dorn, R. A., Elbogen, E. B., Wagner, H. R., Rosenheck, R. A., Stroup, T. S., McEvoy, J. P., & Lieberman, J.A. (2006). A national study of violent behavior in persons with schizophrenia. *Archives of General Psychiatry*, 63(5), 490-499.
 - Elbogen, E. B. & Johnson, S. C. (2009). The intricate link between violence and mental disorder: Results from the national epidemiologic survey on alcohol and related conditions. *Archives of General Psychiatry*, 66(2), 152-161.
 - Glied, S., & Frank, R. G. (2014). Mental illness and violence: Lessons from the evidence. *American Journal of Public Health*, 104(2), e5-e6.
 - Monahan, J., Steadman, H. J., Silver, E., Applebaum, P. S., Clark Robbins, P., Mulvey, E. P., Roth, L. H., Grisso, T., & Banks, S. (2001). Rethinking risk assessment: The MacArthur study of mental disorder and violence. Oxford University Press.
 - Joiner, T. E. (2014). *The perversion of virtue: Understanding murder-suicide*. Oxford University Press. p. 90
 - Joiner, T. E., Pettit, J., Walker, R. L., Voelz, Z. R., Cruz, J., Rudd, M. D., & Lester, D. (2002). Perceived burdensomeness and suicidality: Two studies on the suicide notes of those attempting and those completing suicide. *Journal of Social & Clinical Psychology*, 21(5), 531-545.
 - Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review*, 103(1), 5-53.
 - Joiner, T. E. (2014). *The perversion of virtue: Understanding murder-suicide*. Oxford University Press. p. 74
 - Meloy, J. R., Hoffmann, J., Guldemann, A., & James, D. V. (2012). The role of warning behaviors in threat assessment: An exploration and suggested typology. *Behavioral Sciences and the Law*, 30(3), 256-279.
 - Meloy, J. R. (2000). *Violence risk and threat assessment: A practical Handbook for mental health and criminal justice professionals*. Specialized Training Services. p. 83
 - Meloy, J. R., Mohandie, K., Knoll, J. L., & Hoffmann, J. (2015). The concept of identification in threat assessment. *Behavioral Sciences and the Law*, 33(2-3), 213-237.
 - Meloy, J. R., and O'Toole, M. E. (2011). The concept of leakage in threat assessment. *Behavioral Sciences and the Law*, 29(4), 513-527.
 - Meloy, J. R. (2014). Seven myths of mass murder. *Violence and Gender*, 1(2), 102-104.
 - Meloy, J. R., Hempel, A. G., Gray, B. T., Mohandie, K., Shiva, A., & Richards, T. C. (2004). A comparative analysis of North American adolescent and adult mass murderers. *Behavioral Sciences and the Law*, 22(3), 291-309.
 - Meloy, J. R. (2000). *Violence risk and threat assessment: A practical Handbook for mental health and criminal justice professionals*. Specialized Training Services.
 - Meloy, J. R., Mohandie, K., Knoll, J. L., & Hoffmann, J. (2015). The concept of identification in threat assessment. *Behavioral Sciences and the Law*, 33(2-3), 213-237.
 - Calhoun, F. S. & Weston, S. W. (2003). *Contemporary threat management: A practical Handbook for identifying, assessing, and managing individuals of violent intent*. Specialized Training Services.
 - Knoll, J. L. (2010). The "pseudocommando" mass murderer: Part I, the psychology of revenge and obliteration. *Journal of the American Academy of Psychiatry and the Law*, 38(1), 87-94.; Knoll, J. L. (2010). The "pseudocommando" mass murderer: Part II, the language of revenge. *Journal of the American Academy of Psychiatry and the Law*, 38(2), 263-272;
 - Dietz, P. (1986). Mass, serial, and sensational homicides. *Bulletin of the New York Academy of Medicine*, 62(5), 477-491.; Knoll, J. L. (2010). The "pseudocommando" mass murderer: Part I, the psychology of revenge and obliteration. *Journal of the American Academy of Psychiatry and the Law*, 38(1), 87-94.
 - Hempel, A. G., Meloy, J. R., & Richards T. C. (1999). Offender and offense characteristics of a nonrandom sample of mass murderers. *Journal of the American Academy of Psychiatry and the Law*, 27(2), 213-225.
 - ii. Adapted from: Van Dreal, John. (2017). *Assessing Student Threats: Implementing the Salem-Keizer System*, 2nd Edition. Rowman & Littlefield
 - iii. Babiak, P., & Hare, R. D. (2006). *Snakes in suits: When psychopaths go to work*. New York: Regan Books
 - iv. Joiner, T. E. (2014). *The perversion of virtue: Understanding murder-suicide*. Oxford University Press. p. 74
 - v. Jacquelyn C. Campbell, Daniel Webster, Jane Koziol-McLain, Carolyn Rebecca Block, Doris Campbell, Mary Ann Curry, Faye Gary, Judith McFarlane, Carolyn Sachs, Phyllis Sharps, Yvonne Ulrich, and Susan A. Wilt. (20). *Assessing Risk Factors for Intimate Partner Homicide*. (2003). *NIJ Journal*
 - Campbell, Jacquelyn C., *Assessing Dangerousness: Violence by Sexual Offenders, Batterers, and Child Abusers*, Newbury Park,

- CA: Sage Publications, 1995. Campbell, Jacquelyn C., Phyllis W. Sharps, and Nancy Glass, "Risk Assessment for Intimate Partner Violence," in *Clinical Assessment of Dangerousness: Empirical Contributions*, ed. Georges-Franck Pinard and Linda Pagani, New York: Cambridge University Press, 2000: 136-157.
- Campbell, Jacquelyn C., Daniel Webster, Jane Koziol-McLain, Carolyn Rebecca Block, Doris Williams Campbell, Faye Gary, Judith M. McFarlane, Carolyn Sachs, Phyllis W. Sharps, Yvonne Ulrich, Susan A. Wilt, Jennifer Manganello, Xiao Xu, Janet Schollenberger, and Victoria Frye, "Risk Factors for Femicide in Abusive Relationships: Results From a Multisite Case Control Study," *American Journal of Public Health* (93) (2003): 1089-1097.
- vi. Amman, M., Bowlin, M., Buckles, L., Burton, K. C., Brunell, K. F., Gibson, K. A., Griffin, S. H., Kennedy, K., Robins, C. J. (2016). Making prevention a reality: Identifying, assessing, and managing the threat of targeted attacks. Federal Bureau of Investigation Behavioral Analysis Unit. p. 32.
- vii. Amman, M., Bowlin, M., Buckles, L., Burton, K. C., Brunell, K. F., Gibson, K. A., Griffin, S. H., Kennedy, K., Robins, C. J. (2016). Making prevention a reality: Identifying, assessing, and managing the threat of targeted attacks. Federal Bureau of Investigation Behavioral Analysis Unit. p. 32.
- viii. Calhoun, F. S. & Weston, S. W. (2003). Contemporary threat management: A practical Handbook for identifying, assessing, and managing individuals of violent intent. Specialized Training Services.
- ix. Meloy, J. R., Hoffmann, J., Guldemann, A., & James, D. V. (2012). The role of warning behaviors in threat assessment: An exploration and suggested typology. *Behavioral Sciences and the Law*, 30(3), 256-279.
- Meloy, J. R., Mohandie, K., Knoll, J. L., & Hoffmann, J. (2015). The concept of identification in threat assessment. *Behavioral Sciences and the Law*, 33(2-3), 213-237.
- Amman, M., Bowlin, M., Buckles, L., Burton, K. C., Brunell, K. F., Gibson, K. A., Griffin, S. H., Kennedy, K., Robins, C. J. (2016). Making prevention a reality: Identifying, assessing, and managing the threat of targeted attacks. Federal Bureau of Investigation Behavioral Analysis Unit.
- Silver, J., Simons, A., & Craun, S. (2018). A Study of the Pre-Attack Behaviors of Active Shooters in the United States Between 2000 - 2013. Federal Bureau of Investigation, U.S. Department of Justice, Washington, D.C. 20535.
- Meloy, J. R., and O'Toole, M. E. (2011). The concept of leakage in threat assessment. *Behavioral Sciences and the Law*, 29(4), 513-527.
- John Van Dreal et al. *Assessing Student Threats: Implementing the Salem-Keizer System* 2nd ed. (Maryland: Rowman & Littlefield, 2017) 147.
- Silver, A., Simmons, A., & Craun, S. (2018). A Study of the Pre-Attack Behaviors of Active Shooters in the United States Between 2000-2013. Federal Bureau of Investigation. U.S. Department of Justice, Washington D.C, 20535. p.6
- Swanson, Jeffrey W. et al. "Mental Illness and Reduction of Gun Violence and Suicide: Bringing Epidemiologic Research to Policy." *Annals of Epidemiology* 25.5 (2015): 366-376. PMC. Web. 25 June 2018.

Domestic Violence/Intimate Partner Violence References

- x. Jacquelyn C. Campbell, Daniel Webster, Jane Koziol-McLain, Carolyn Rebecca Block, Doris Campbell, Mary Ann Curry, Faye Gary, Judith McFarlane, Carolyn Sachs, Phyllis Sharps, Yvonne Ulrich, and Susan A. Wilt. (20). *Assessing Risk Factors for Intimate Partner Homicide*. (2003). NIJ Journal
- Campbell, Jacquelyn C., *Assessing Dangerousness: Violence by Sexual Offenders, Batterers, and Child Abusers*, Newbury Park, CA: Sage Publications, 1995. Campbell, Jacquelyn C., Phyllis W. Sharps, and Nancy Glass, "Risk Assessment for Intimate Partner Violence," in *Clinical Assessment of Dangerousness: Empirical Contributions*, ed. Georges-Franck Pinard and Linda Pagani, New York: Cambridge University Press, 2000: 136-157.
- Campbell, Jacquelyn C., Daniel Webster, Jane Koziol-McLain, Carolyn Rebecca Block, Doris Williams Campbell, Faye Gary, Judith M. McFarlane, Carolyn Sachs, Phyllis W. Sharps, Yvonne Ulrich, Susan A. Wilt, Jennifer Manganello, Xiao Xu, Janet Schollenberger, and Victoria Frye, "Risk Factors for Femicide in Abusive Relationships: Results from a Multisite Case Control Study," *American Journal of Public Health* (93) (2003): 1089-1097.

AT-RISK International is a global protection agency specializing in security services for individuals and organizations. Our team of experts creates and maintains secure environments by providing threat analysis, protection, investigations, consulting, intelligence and security training services. Since 2003, our mission has been to discretely mitigate security threats before they occur. Through advanced research, analysis and preparations, we protect companies and individuals throughout the Americas, Europe, the Middle East, the Caribbean and Asia Pacific.

