



## Central Florida Intelligence Exchange (CFIX)

*Central Florida's All-Hazards Regional Fusion Center*

### Case Study Analysis

### *Acts of Violence Attributed by Behavioral and Mental Health Issues*

Emergency Services & Healthcare Sectors

Situational Awareness Bulletin

15 July 2013



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# Situational Awareness Bulletin

## 15 July 2013

### Acts of Violence Attributed by Behavioral and Mental Health Issues

*The purpose of this bulletin is to increase the awareness and improve response to acts of violence perpetrated by individuals acting out in violent behavior towards healthcare providers and emergency responders. This bulletin provides an analytical overview of significant acts of violence, specifically throughout the Central Florida region, statewide (FL), a nationwide perspective from 2009 – 2013, and statistical analysis of notorious mass shooting incidents throughout the U.S. attributed by claims of mental illness.*

#### BACKGROUND

(U//FOUO) Acts of violence perpetrated against healthcare providers and emergency responders, by patients with behavioral and mental health issues, have been occurring for many years. Recently, there appears to be a significant increase in these events and they are occurring with a higher degree of violence. Not only are these acts of violence occurring throughout Central Florida, but are increasing across the country as well.

#### REGIONAL INCIDENTS (CENTRAL FLORIDA)

(U//FOUO) ORANGE COUNTY (FL) Region 5 – On June 4, 2013, a psychiatric patient had to be restrained when he **became aggressive and irate, banging on a hospital window, throwing objects against the wall and a bedside table at hospital staff.** He threatened staff members by stating, *“I’m gonna come back and shoot ya’ll... I’m gonna stab you and kill your kids.”* He told a nurse that he would come back to the hospital and kill her and her unborn child. One person had to seek medical care for injuries caused while trying to restrain the patient.<sup>1</sup>

(U//FOUO) ORANGE COUNTY (FL) Region 5 – In April of 2013, a man wearing a white lab coat portraying to be a healthcare provider, approached a pediatric patient’s father in the hospital parking garage as he was changing a flat tire on his vehicle. He asked the father why he was at the hospital, and the father told him everything about his child, including the child’s name. The man told the father that he was a doctor and could help his child. **The imposter entered the hospital and attempted to go to the child’s room.** He was stopped by front desk personnel and refused access due to his suspicious nature.

<sup>1</sup> CFIX (Region 5) Intelligence Liaison Officer (ILO) – Hospital Sector; *Security Incident Report*

When approached by security personnel he became confrontational and left the hospital taking off his shirt, running down the railroad tracks located adjacent to the hospital. Law enforcement was contacted concerning the incident.

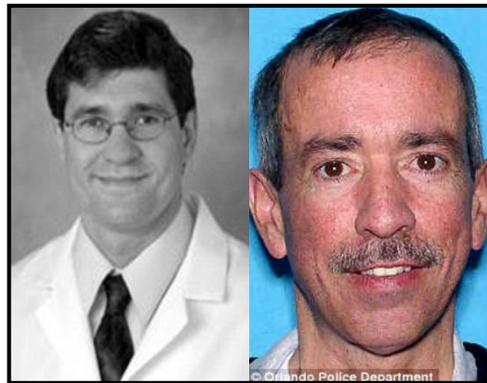
Later, the same man was almost hit by a security vehicle when he ran in front of it. He started hitting the hood of the vehicle and screaming at the security officer before running off again. He left before law enforcement could trespass him. **It was later discovered that the man was recently discharged from the mental health unit at that hospital.**<sup>2</sup>

*Analyst Comment: Although this incident did not turn violent it displayed aberrant behavior that could have lead to injury to an in-patient, clerical personnel, healthcare provider or security staff. This person's behavior was unpredictable, intrusive, and could have turned violent if not handled appropriately. When the front desk staff recognized that something was not right they immediately called for security personnel to assist. This action effectively de-escalated the situation.*

(U//FOUO) ORANGE, OSCEOLA & SEMINOLE COUNTIES (FL) Region 5 - Throughout 2011-2013, a man was routinely **trespassed over eighty times and arrested** due to an extensive history of deceptively seeking treatment for pain medication at hospitals and intake facilities throughout the region. The man's motive was to self-admit or feign a mental illness. Once admitted, he would **become aggressive, disruptive and often threaten to kill hospital staff and security officers** if he did not receive medication.<sup>3</sup>

*Analyst Comment: (Best Practice) A brief was developed by the CFIX (#12-2-84) on behalf of the Orange County Sheriff's Office warning regional partners of the man's threatening behavior. Local ambulance crews keep the brief readily available for distribution to law enforcement, in the event the man is transported by ambulance with similar intentions. Additionally, he has been arrested based on trespass violations and awareness provided by hospital security and ambulance crews generated from this brief.*

(U) ORANGE COUNTY (FL) Region 5 - In May of 2011 Dr. Dmitry Nikitin, a transplant physician who practiced at Florida Hospital in Orlando, was standing with several acquaintances on an upper floor of the hospital parking garage. This group was standing near the elevator conversing when suspect Nelson Flecha approached, **pulled out a pistol, fired a shot, killing the physician.** Flecha walked away and began to leave the garage. Once on the first floor **Flecha turned the pistol on himself and committed suicide.** It is unclear the motivation behind this killing but the patient reportedly demonstrated unusual behavior.



Dr. Dmitry Nikitin

Nelson Flecha

<sup>2</sup> CFIX (Region 5) Intelligence Liaison Officer (ILO) - Hospital Sector; *Security Incident Report*

<sup>3</sup> CFIX *Situational Awareness Brief #12-2-84; February 3, 2012, Requested by the Orange County Sheriff's Office*

The witnesses stated that they were completely surprised by the event as there was no demonstration of anger toward the physician prior to the shooting.<sup>4</sup>

*Analyst Comment: This incident demonstrates the "unpredictability" of a person suffering from behavioral health issues. It is not uncommonly reported that a behavioral health patient will appear completely calm just prior to committing a violent act. The instability demonstrated by this person could have led to the deaths of multiple people in the garage.*

### STATEWIDE INCIDENTS

(U//FOUO) NORTHWEST (FL) – In May of 2013, a man became agitated after being denied a prescription for narcotics at a local health department clinic. The man became aggressive, and swung his cane towards clinic personnel, **threatening to "return to prison if he has to"**. Law enforcement was notified.<sup>5</sup>

(U//FOUO) SUMTER COUNTY (FL) – On May 17, 2013, an ambulance crew was dispatched to a residence for a patient with convulsions. Upon arrival the patient became combative and attacked an emergency medical technician and paramedic. **While attempting to provide treatment, the paramedic was kicked in the face and stuck with a contaminated needle by the patient. The technician was also scratched and bit by the patient.** Both the paramedic and technician were screened and treated for their injuries.<sup>6</sup>

*Analyst Comment: In this incident the patient was restrained; however, managed to break free from those restraints. Actively violent patients should be properly restrained by physical means, medications (as a chemical restraint), or a combination of both if necessary. Such intervention is a best practice to prevent harm to patients, responders, healthcare providers, and others. This also provides a safer evaluation to determine the cause of the erratic behavior. Once the patient is restrained, close monitoring and constant observation should be conducted for the safety of personnel during transport and provision of medical treatment.*

### NATIONWIDE INCIDENTS

(U) NORTHFIELD (VT) – On March 23, 2012, a 28 year-old man was seeking care of his mother in the emergency room and became agitated after being asked basic triage questions. He began with several verbal assaults and eventually **grabbed a nurse by the hair and face and threw her to the ground.** He was arrested and later ordered by the court to pay \$13,000 to the nurse in restitution for her injuries.<sup>7</sup>

<sup>4</sup> Orlando Sentinel; Surgeon killed in murder-suicide at Florida Hospital parking garage; [http://articles.orlandosentinel.com/2011-05-27/news/os-shooting-florida-hospital-garage-20110526\\_1\\_transplant-surgeon-murder-suicide-parking-garage](http://articles.orlandosentinel.com/2011-05-27/news/os-shooting-florida-hospital-garage-20110526_1_transplant-surgeon-murder-suicide-parking-garage)

<sup>5</sup> Northwest Florida Fusion Center (Region 1) Public Health Liaison; phone interview (May 30, 2013)

<sup>6</sup> CFIx (Region 5) Intelligence Liaison Officer (ILO) – Emergency Medical Services; Incident Investigative Summary

<sup>7</sup> NH Sentinel Source.com; Man jailed for assaulting Keene emergency room nurse; [http://www.sentinelsource.com/news/local/man-jailed-for-assaulting-keene-emergency-room-nurse/article\\_d4a767db-b34b-52dd-a877-0578301b31af.html?TNNNoMobile](http://www.sentinelsource.com/news/local/man-jailed-for-assaulting-keene-emergency-room-nurse/article_d4a767db-b34b-52dd-a877-0578301b31af.html?TNNNoMobile)

(U) BALTIMORE (MD) – On September 16, 2010, a distraught **gunman critically injured a doctor at Johns Hopkins Hospital and later killed himself and his mother.** The hospital was on lockdown for over two hours.<sup>8</sup>



John Hopkins Hospital Scene (Source: Baltimore Sun)

(U) VALLEY STREAM (NY) – On September 11, 2010, a **man broke a chair and used one of its legs to beat a 53-year-old nurse** at a Valley Stream, New York hospital. That **nurse required eye surgery after suffering wounds in the head, face and neck.**<sup>9</sup>

(U) LAURINBURG (NC) – On February 19, 2010, a **gunman opened fire in a trauma room** at a Laurinburg, North Carolina hospital after a bar fight, **shooting a patient and attempting to shoot the victims girlfriend.**<sup>10</sup>

(U) COLUMBUS (GA) – On March 27, 2009, a **man who was dissatisfied with his mother's treatment** at a Columbus, Georgia hospital **killed a male nurse, a hospital administrative assistant and another hospital worker before being shot and wounded.**<sup>11</sup>

(U) DANBURY (CT) – On March 2, 2009, an 85-year-old man **shoots a nurse three times when she enters his room to provide treatment.** The nurse then attempted to subdue the gunman when he also shot himself. The nurse was treated for non-life threatening wounds.<sup>12</sup>

### MASS SHOOTINGS & BEHAVIORAL HEALTH:

Nationwide, the numbers of **mass shootings involving perpetrators with behavioral health issues have noticeably increased.** A collection of data and analysis involving mass shooting occurrences between January 2011 to May 2013, concludes that **79%** of perpetrators demonstrated signs of continuous behavioral health issues and mental illness. (A graph of analysis is provided on the following page.)

<sup>8</sup> The Baltimore Sun; *Police: Man upset over mother's care at Hopkins kills her, himself*; [http://articles.baltimoresun.com/2010-09-17/news/bs-md-ci-shooting-hopkins-20100916\\_1\\_mother-hospital-staff-east-baltimore](http://articles.baltimoresun.com/2010-09-17/news/bs-md-ci-shooting-hopkins-20100916_1_mother-hospital-staff-east-baltimore)

<sup>9</sup> Valley Stream Herald, Crime Watch; *Man sentenced in Franklin Hospital nurse attack*; <http://www.liherald.com/valleystream/stories/Man-sentenced-in-Franklin-Hospital-nurse-attack,40232>

<sup>10</sup> Wral.com; *Police: Bar fight led to shooting at Scotland Memorial Hospital, Raleigh-Durham-Fayetteville*; <http://www.wral.com/news/local/story/7037030/>

<sup>11</sup> RedOrbit, Your Universe Online; *Suspect Charged in Fatal Georgia Shooting*; [http://www.redorbit.com/news/health/1316691/suspect\\_charged\\_in\\_fatal\\_ga\\_hospital\\_shootings/?source=r\\_health](http://www.redorbit.com/news/health/1316691/suspect_charged_in_fatal_ga_hospital_shootings/?source=r_health)

<sup>12</sup> Boston.com; *Police: Patient 85, shoots Connecticut hospital nurse*; [http://www.boston.com/news/local/connecticut/articles/2010/03/02/police\\_patient\\_shoots\\_nurse\\_at\\_conn\\_hospital/](http://www.boston.com/news/local/connecticut/articles/2010/03/02/police_patient_shoots_nurse_at_conn_hospital/)

# (U) Mass Shooting Incidents U.S. Case Studies [2011 - 2013]



**Christopher Dorner**  
CA (2013) - mass shooting  
(work related); 4 killed, 3  
injured  
*Work-related Shooting Spree*



**John Zawahri**  
Santa Monica, CA (2013)  
Community college/ other  
locations; 4 killed, 5 injured  
*Previously hospitalized for  
mental issues*



**Wade Michael Page**  
Oak Creek, WI (2012)  
Sikh Temple shooting;  
6 killed, 4 injured  
*Hate Crime*



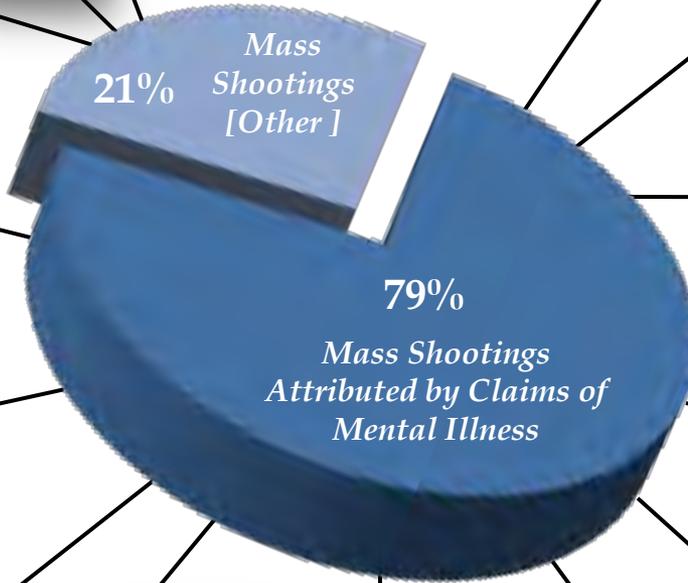
**Kurt Myers**  
Herkimer, NY (2013)  
Car wash and barber shop  
shooting; 4 killed, 2 injured  
*Unknown motive*



**William Spengler**  
Webster, NY (2012)  
Firefighters ambushed;  
2 killed, 2 injured  
*Released from a Corrections  
Mental Health Facility*



**Jeong Soo Paek**  
Atlanta, GA (2012)  
Health Sauna shooting; 4  
killed  
*History of mental illness*



**Adam Lanza**  
Newtown, CT (2012)  
Sandy Hook Elementary;  
27 killed, 2 injured  
*History of mental illness*



**Jared Loughner**  
Tucson, AZ (2011)  
Constituent meeting at a  
supermarket;  
6 killed, 13 injured  
*History of mental illness*



**Andrew Engeldinger**  
Minneapolis, MN (2012)  
Accent Signage Systems  
workplace shooting;  
5 killed, 3 injured  
*History of mental illness*



**Eduardo Sencion**  
Carson City, NV (2011)  
IHOP shooting;  
4 killed, 7 injured  
*History of mental illness*



**James Eagan Holmes**  
Aurora, CO (2012)  
Century 16 movie theater;  
12 killed, 58 injured  
*History of mental illness*



**Scott Evans Dekraai**  
Seal Beach, CA (2011)  
Shooting at Salon Meritage;  
8 killed, 1 injured  
*History of mental illness*



**One L. Goh**  
Oakland, CA (2012)  
Oikos University shooting;  
7 killed, 3 injured  
*Psychiatric evaluations  
deemed mentally ill*



**Ian Lee Stawicki**  
Seattle, WA (2012)  
Seattle Café shooting; 5  
killed, 1 injured  
*Family claimed history of  
mental illness*

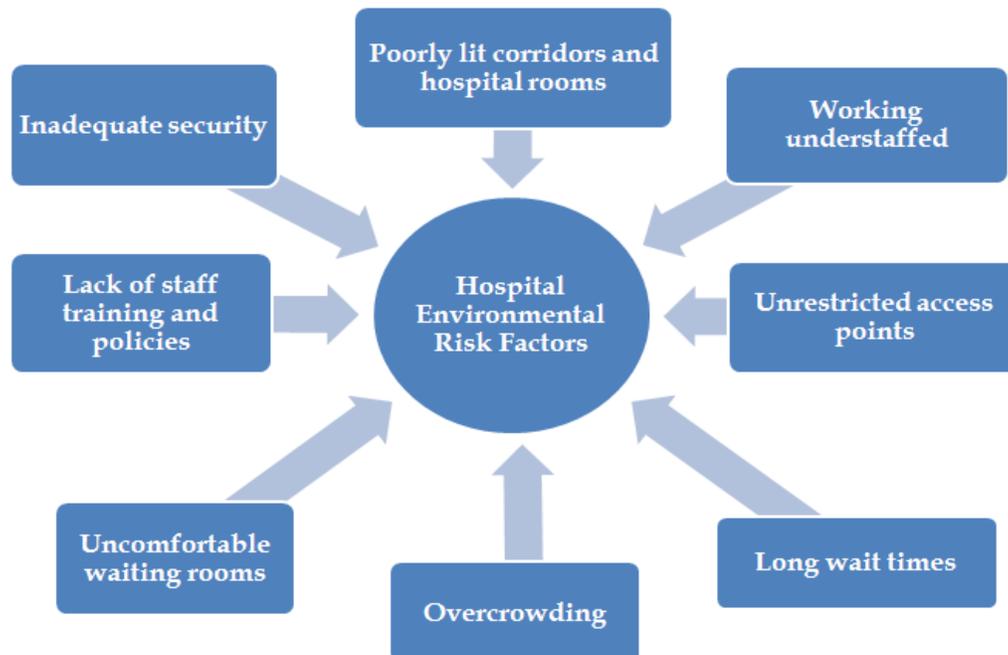
*[Analytical Disclaimer: The data analyzed in this case study is based on incidents involving acts of violence by individuals targeting both random and pre-identified victims. Claims of mental illness or diagnosis is derived by a variation of documentation and open source reporting. Information is accurate at the time of original publication and consistent with multiple-source reporting.]*

## STATISTICAL ANALYSIS

- The majority of all nonfatal assaults (nearly 60%) and violent acts in the workplace occur in the healthcare industry.<sup>13</sup>
- Nearly half of all nonfatal assaults and violence that results in days away from work are committed against registered nurses.<sup>14</sup>
- Most incidents occur between 11pm and 7am.
- The most frequently reported activity that emergency nurses are involved in, when they experience physical violence, are triaging a patient, restraining or subduing a patient or performing an invasive procedure.

## RISK FACTORS

Several risk factors have contributed to a greater prevalence in patients acting out in violent behavior. These similarities include; a poor economy, unemployment, limited access to mental healthcare, widespread drug and alcohol use, gang presence and the pressures of society.<sup>15</sup>



<sup>13</sup> U.S. Department of Labor, Bureau of Labor Statistics, revised April 2011

<sup>14</sup> Source: Emergency Nurses Association, Emergency Department Violence Surveillance Study, 2011

<sup>15</sup> Emergency Department Violence, American College of Emergency Physicians. <http://www.acep.org/content.aspx?id=21830>

The American College of Emergency Physicians state that the primary reason for this violence includes:

- Increased prevalence of drug and alcohol use in society.
- Unavailability of acute psychiatric treatment, so emergency department provide “psychiatric clearance.”
- Prolonged waits for patients seeking medical care, sometimes compounded by unpleasant waiting room environments.
- Use of emergency departments for “medical clearance” of drug- and alcohol-related arrests.
- Increased presence of gangs, particularly in urban, inner-city settings.
- Distrust of physicians, nurses and paramedics since they may represent the “establishment” to some population segments.
- Increased numbers of private citizens arming themselves related to perceived threats of violence in their neighborhoods.

**INDICATORS OF VIOLENCE**

The following are indicators of potential violence: <sup>16</sup>

BEHAVIORAL INDICATORS	HISTORICAL/EPIDEMIOLOGICAL INDICATORS
<div data-bbox="203 1018 553 1171"> <p><b>Posture</b> Tense Clenched</p> </div> <div data-bbox="203 1199 553 1352"> <p><b>Speech</b> Loud Threatening Insistent</p> </div> <div data-bbox="203 1379 553 1533"> <p><b>Motor</b> Restless Pacing Easily startled</p> </div>	<ul style="list-style-type: none"> <li>✓ History of violence (especially if frequent, serious or unprovoked)</li> <li>✓ Threats, plans or symbolic acts of violence</li> <li>✓ Substance abuse (either acute intoxication or withdrawal)</li> <li>✓ Acute psychosis (especially acute mania or acute schizophrenia)</li> <li>✓ Acute organic brain syndrome</li> <li>✓ Personality disorders</li> <li>✓ Partial complex seizures, temporal lobe epilepsy</li> </ul> <div data-bbox="711 1457 1252 1581"> <p><b>TIME INDICATORS</b> Incidents are more likely to occur between the hours of 11pm – 7am</p> </div>

<sup>16</sup> New York City Police Department; *Active Shooter Recommendations and Analysis for Risk Mitigation*, 2012 Edition;

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The analysis conducted in this bulletin is being provided to emergency services personnel and healthcare providers for situational awareness regarding the acts of violence attributed by behavioral and mental health issues.

CFIX encourages further dissemination of this bulletin to those with a valid need-to-know within the emergency services, healthcare, public safety and fusion center communities. **This brief is not for publication or media release.**

To report similar trends or suspicious activity, please contact CFIX for further analysis at 407-858-3950 or [CFIX@OCFL.NET](mailto:CFIX@OCFL.NET).

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The Central Florida Intelligence eXchange (CFIX) is an all-hazards fusion center dedicated to the safety and security of our emergency responders, Intelligence Liaison Officers (ILOs) and fusion partners within Region 5 of the Domestic Security Task Force.

For more information or comments regarding this bulletin please contact:

The Central Florida Intelligence eXchange (CFIX)



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*NOTE: This fusion product may contain information that still requires additional research and validation. Any new information will be forwarded as it is identified. The accuracy of this information is based solely on the sources from which it was derived. This information is being provided for situational awareness.*