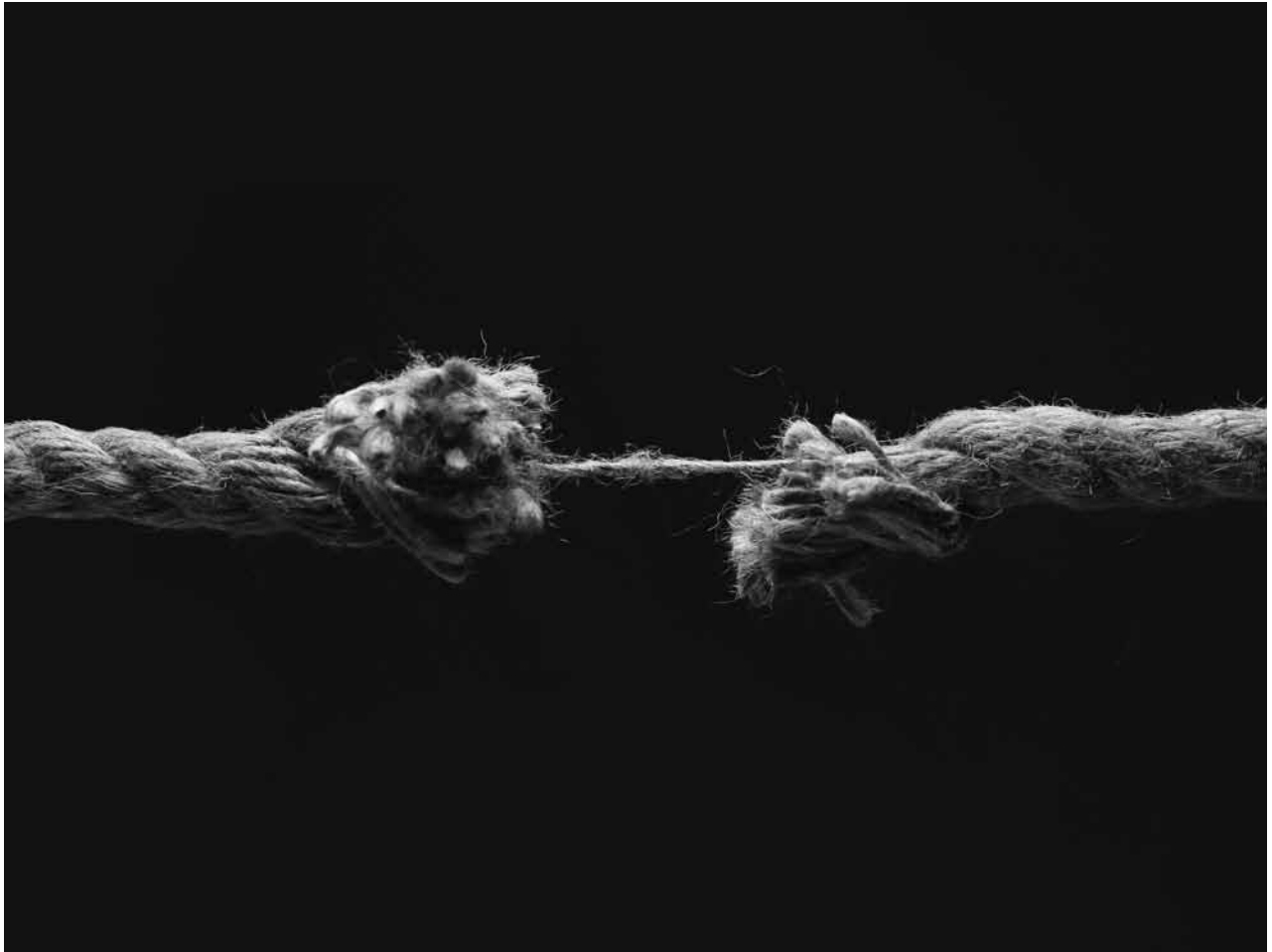


FOR EMERGENCY  
DISPATCH (9-1-1) CENTERS

# Everything on the Line

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Calming and De-escalation of Aggressive and  
Mentally Ill Individuals on the Phone

*A Comprehensive Guidebook for*

*Emergency Dispatch (9-1-1) Centers*

An Edgework Book  
[www.edgework.info](http://www.edgework.info)

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# CHAPTER 2

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## Threat Assessment

### **A**reas of Concern for a Phone Threat Assessment

The information in this chapter isn't offered as a checklist that you tick off, item by item, with each caller. Instead, the information should serve as "red flags." Some of this information will be derived from answers to questions that the caller gives you—others will be behaviors they manifest during the phone call. If, for example, the caller complains about being beaten as a child, there is a flag flying—this person may be very reactive or belligerent to authority, or have a hidden goal of taking revenge on people who are more powerful.

All information has a context. For example, you may become aware that a caller owns several guns. Certainly, that is a risk factor to emergency responders in and of itself. The fact of gun ownership, in itself, isn't enough information. More than half the citizens in the United States own guns. You need to know why they own weapons, how the guns are used and in what context, and what the weapons mean to them.

Such a list isn't an absolute predictor of aggression or violence. Nonetheless, if you are aware of the information below, you will have a much better idea who and what to watch out for. **This is the kind of information that, if known, can save the lives of the emergency personnel that you dispatch.**

- **A past history of violence, including bullying and intimidation.** This is one of the most important factors. Violence is a learned behavior, which becomes easier to use as a problem-solving strategy each time it is used. Furthermore, it is rewarding—some people feel most powerful when they are violent.
- **Possession of weapons, fascination with weapons, and a past history of using weapons.** In particular, we must be concerned when the person has a history of brandishing or using a weapon, talking about a weapon in menacing terms, or fantasizing in a pathological manner.
- **History of being a victim of physical abuse or witnessing physical abuse and violence.** Particularly significant is to have witnessed abuse of a family member. The victim of abuse often hates his own weakness and begins hating weakness in others as well. Once this occurs, it is a natural move for some people to begin victimizing what they hate—the weak.
- **Head injury or dementia.** These are associated with impulse control problems.
- **Fear of attack.** Fearful people often lash out in defensive violence.
- **Poor impulse control and low frustration tolerance.** Inability or unwillingness to tolerate limit setting. "I want what I want and I want it now and you'd better not keep me from it."
- **Recent stressors and losses.** Such as bereavement, separation, and divorce can make one more willing to become violent. One also feels that one has nothing left to lose.

- **A feeling of victimization and grievance.** Every problem is ALWAYS someone else's fault.
- **Use of intoxicating substances.** Almost all intoxicating substances tend to dissolve the internal barriers that hold us back from our base desires, among them aggression.
- **Physical pain or discomfort (chronic pain especially).** These include medication side-effects or withdrawal from drugs. People who hurt are irritable, as if to say, "There's got to be someone at fault for me feeling so miserable."
- **The individual who has already "given up".** They expect interaction to be difficult or negative. Their response can be, "What the hell—nothing will help. If I'm aggressive, I matter—at least I can make my mark on the world—or on you."
- **Severe psychopathological symptoms:**
  - a. **Rapid mood swings.** Such a person is unpredictable, and can suddenly flare into rage just when the responder thinks he/she has solved the problem.
  - b. **Hallucinations, command hallucinations.** A person may be hearing voices that are telling them to do something terrible. If you think someone is hearing voices, ask what they are hearing.
  - c. **Mania.** This is a state of excitement, typified by rapid speech, grandiose thinking, very poor judgment, and impulsive behavior. It is a behavior we see in people with bipolar disorder (manic-depression) or intoxication on methamphetamine or cocaine. One sign of this is extreme boisterousness or markedly loud, self-centered happiness.
- **Interactional factors between the aggressor and victim.** Particularly in domestic violence situations, the aggressor views the victim as being inflexible or controlling, or denying the aggressor his/her due. In short, the aggressor usually believes he/she is the victim. They will view emergency responders as further victimizing them.
- **Religious and cultural clashes.** We must be aware that different religions and cultures sanction violence according to different values. This isn't only true for cultures of nations or ethnic groups. For example, street-gang culture regards humiliation (being "dissed") as the worst possible experience and sanctions violence on the part of the humiliated person. Let me be quite clear that I'm not calling for any accommodation on the part of a 9-1-1 call-taker regarding divergent cultural rules. However, if a caller gives an indicator that they or someone else intends to be violent, knowledge of the cultural ideology that might drive that violence gives the call-taker something to discuss when communicating with the caller as well as information to pass on to the first-responders.
- **Post Traumatic Stress Disorder (PTSD).** When in a panic engendered by PTSD, the brain believes that one is in a survival situation. Survival demands simplicity, therefore, the only options the brain in survival mode offers are fight, flight, freeze, or faint. Obviously, "fight" in this case, means that the person believes they must fight for their life. PTSD is often evoked during certain holidays associated with loud, popping noises such as the fourth of July or Memorial Day. Even more central are any events that evoke memories, or worse, re-experiencing the traumatic event. Smells, more than any other sense, seem to be tied directly to memory and hence, are particularly likely to evoke such an episode.

- **History of prior arrests.** This presents with a number of risk factors as listed below:
  - a. The person may have resentment towards authority, blaming them for what they perceive as unjust treatment.
  - b. They may be afraid of being arrested again, and thus, more willing to fight to resist this.
  - c. They are very possibly rule-breakers.
  - d. Even if their arrests were for non-violent crime, they may have experienced and been trained towards violence during their incarceration.

## The Art of Threat Assessment

The following are information that might be relevant in specific situations. The more personal information you acquire about the caller, the safer emergency responders will be. A call-taker should try to get such information about the caller, the subject of the call and any witnesses.

- Although you will always try to get the callers full name and date of birth, this is particularly important when your caller seems to be mentally ill. In addition to criminal records, there may be very important information in their files in hospitals and mental health agencies. Furthermore, asking demographic information can sometimes be an effective way of assisting a panic-stricken or agitated person to calm down. The attention required to give “vital statistics” helps people order their thoughts. *If they have a military history, vital information, otherwise not recorded, can be secured by the police of the Department of Veterans Affairs.*
- Listen for background noises, i.e., passing trains, whistling of tug-boats, etc., to ascertain a possible location for patrolling officers to locate the troubled subject.
- Occasionally, the caller, particularly one in an abusive situation, will be afraid to give their address or other identifying information, and as noted earlier, if they’ve called on a cell phone, you won’t know where they are unless they tell you. They desperately want intervention, but at the same time are terrified that their abuser will find out that they called. A good first step is to say, “We need to send officers to help you now, please tell me where you are...” But sometimes, particularly with a child or terrified person, they won’t give you their location. In such a case, don’t argue with them to get the address information right away. Ask other questions to flesh out the situation. As they talk with you, and answer your questions, they will begin to trust you and thus, a few minutes later, when you ask again, they may be willing to tell you where they are located.
- Ask for a description of the problem: then ask further questions to understand the context.
- Ask open-ended questions, not leading questions: For example, don’t ask, “Was he white?” Instead ask, “What race was he?” Don’t ask, “Did he have a beard?” Ask, “Did he have any facial hair?”
- Always try to ascertain if the individual or anyone else involved in the crisis is currently using or has recently used drugs or alcohol. This includes prescription medication.
- If there is any sense of chaos, violence, or danger, ask if anyone has been hurt. If so, ask how and get specific. In some situations, try to speak to others in the house to get a general picture from each person what is going on. If you are on the phone with a child and it is safe to do so, try to remain on the phone with them. Kids are literal and generally don’t lie. As a call-taker, you have to think about prosecution in many calls, and the honest statements of a child on 9-1-1 audio are very powerful in trial.

**Figure 2 CAUTION**

If you ask a child or cognitively-impaired individual if they feel “safe,” they might answer in the affirmative because they feel safe now while talking to you. You need to ask further questions to find out if a potential aggressor is nearby or soon returning and if the person will continue to feel safe once the phone call is terminated.

**Core Questions Regarding Potential Violence**

Situations will arise requiring you to remain on the phone with a caller for an extended period of time. Even though emergency response personnel are on their way, the person may be barricaded, or otherwise not immediately accessible upon their arrival. Given your responsibility to do whatever you can to try to ensure responders’ safety, you must try to gather information regarding the caller’s potential for violence. Ask direct questions in a powerful, yet calm manner. You are striving to demonstrate that you are able to handle anything they might mention, even angry or threatening statements. Reminder: the quality of their answer such as tone of voice, when they pause, what they skip over, what they reference in an oblique rather than direct way. The quality of their answer such as tone of voice, when they pause, what they skip over, what they reference in an oblique rather than direct way is as important, or more so, than the specific answer they give. In asking questions the following will be helpful:

- Ask direct questions to ascertain if there is any threat of violence or suicide. For this reason, ask questions so that the person has to elaborate, rather than asking “yes” or “no” questions. For example, “So he hit you? Did he use a weapon or just a part of his body? Was his hand open or closed?”
- Always ask if the person has access to weapons, particularly if an emergency response is being considered.
- Ask if other people in the location have weapons as well.
- Some people get remarkably overly specific in crisis situations. For example, without any intention of being dishonest, they will truthfully inform you that *they* don’t have a weapon, but not mention, unless asked, that their brother is armed with a knife at all times.
- Others have their own personal definition of a weapon, only including, for example, a gun. A knife, on the other hand, is a tool. Ask if they or anyone else has ever used any object to hurt other people or to defend themselves.
- Ask if anyone has made such statements, as “They won’t take me alive,” or “I’m not going back to jail.”

In more extended phone contacts, questions beyond the basics can include the ones listed below. (NOTE: This isn’t a complete list. These examples are to help you understand the scope and nature of the questions you need to ask.):

- “Have you hit someone in the last six months?” “How about the last year?” “Have you ever been arrested for assault?” “How about for fighting with someone?” Notice the nuanced levels of the questions. You are able, here, to assess their familiarity with the legal system (what if they



deny assault, but confirm an arrest for “fighting.) By asking “six months,” you may get a more manipulative person, who otherwise might lie, to say, “Not in six months,” because they think that’s all you care about.

- “Tell me what happened today?” The context of why callers were assaultive, what it meant to them, why they thought they had no other options, and why they might have chosen violence first, not last. All of this is vital information.
- “I’m just asking a question to understand where you are at. I also want to make sure that you are treated with respect. What kind of thing might someone say that might make you mad?”
- “When you get mad at someone, what do you do? How do you handle it?”