

Mental Behavioral Response for Mass Violence Incidents

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OVC's Definition of a Mass Violence Incident (MVI)

- *An intentional violent criminal act, for which a formal investigation has been opened by the Federal Bureau of Investigation or other law enforcement agency, that results in physical, emotional, or psychological injury to a sufficiently large number of people as to significantly increase the burden of victim assistance and compensation for the responding jurisdiction.*

MVI: Terrorism or hate crimes

People are targets because of...

- Who they are - race, ethnicity, sexual orientation, gender identification
- What they believe - religion, political affiliation, ideology
- What they do - government workers, company worker, elected officials, law enforcement, military, physicians
- Where they live - citizen, resident, event participant, congregants, member, customer

Goals

- Inspire persistent fear and terror in all members of the group
- Force them to significantly change their lifestyles and behavior
- Erode confidence in societal identity, institutions, and customs
- Spawn social or political change

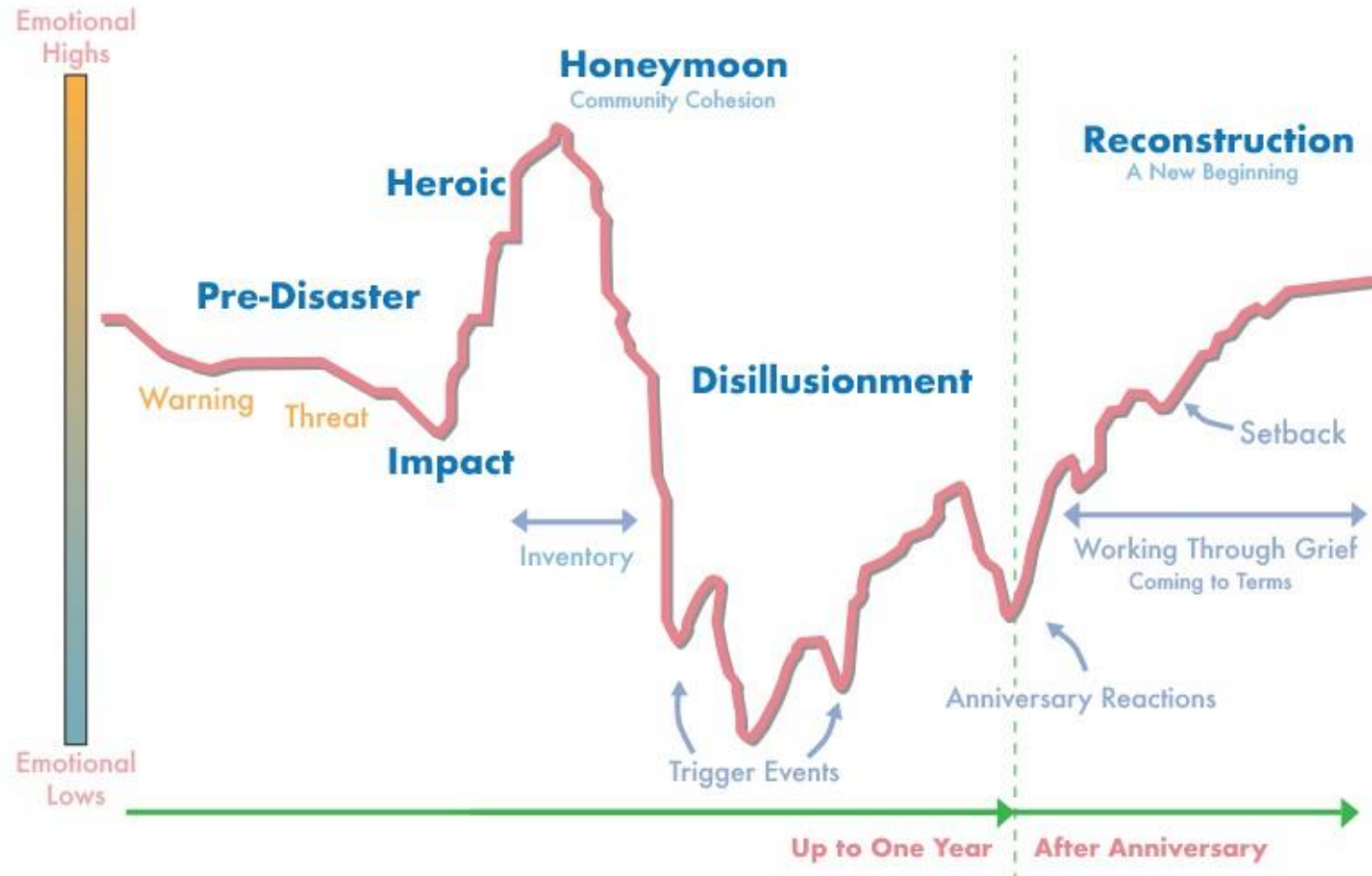
Difficult to alter your target status

Considerations

Hate based MVIs have a long-term impact on individuals and communities

When a hate-based MVI occurs in a place perceived as safe and sacred such as a church, mosque, or synagogue that can significantly complicate recovery

Community Phases After Disaster



Ripple Effects
of MVIs: 2019
GALLUP POLL

Nearly Half in U.S. Fear Being the Victim of a Mass Shooting

BY MEGAN BRENNAN



EFFECTS OF MASS VIOLENCE ON COMMUNITIES:

Findings from Parkland, El Paso, and Pittsburgh

Following mass violence incidents (MVIs) in Parkland (FL), El Paso (TX), and Pittsburgh (PA), a sample of 2078 adults from these communities completed a needs assessment survey to identify the prevalence of PTSD and depression. Beyond PTSD and depressive symptoms, additional questions assessed the degree of MVI exposure, social support, impact and history of prior physical or sexual assault, fear of subsequent violent crime and MVIs, and the adaptive and maladaptive strategies employed by respondents.

Based on a representative sample of 2,078 adults, rates of PTSD were...



Compared to the national average (4.7%)



NMVVRC

Readiness · Response · Resilience

Social support plays a critical role in one's adaptation to an MVI

LESS THAN

50%

OF RESPONDENTS AT ALL SITES REPORTED HIGH LEVELS OF SOCIAL SUPPORT



THOSE WITH LOW SOCIAL SUPPORT AT SIGNIFICANTLY GREATER RISK FOR PTSD AND DEPRESSION



THOSE WITH HIGH SOCIAL SUPPORT & NO PRIOR ASSAULT HISTORY HAS LOWER RISK FOR PTSD AND DEPRESSION

12-20%

OF ADULTS WITH LOW SOCIAL SUPPORT AND PRIOR ASSAULT EXPOSURE HAD PTSD



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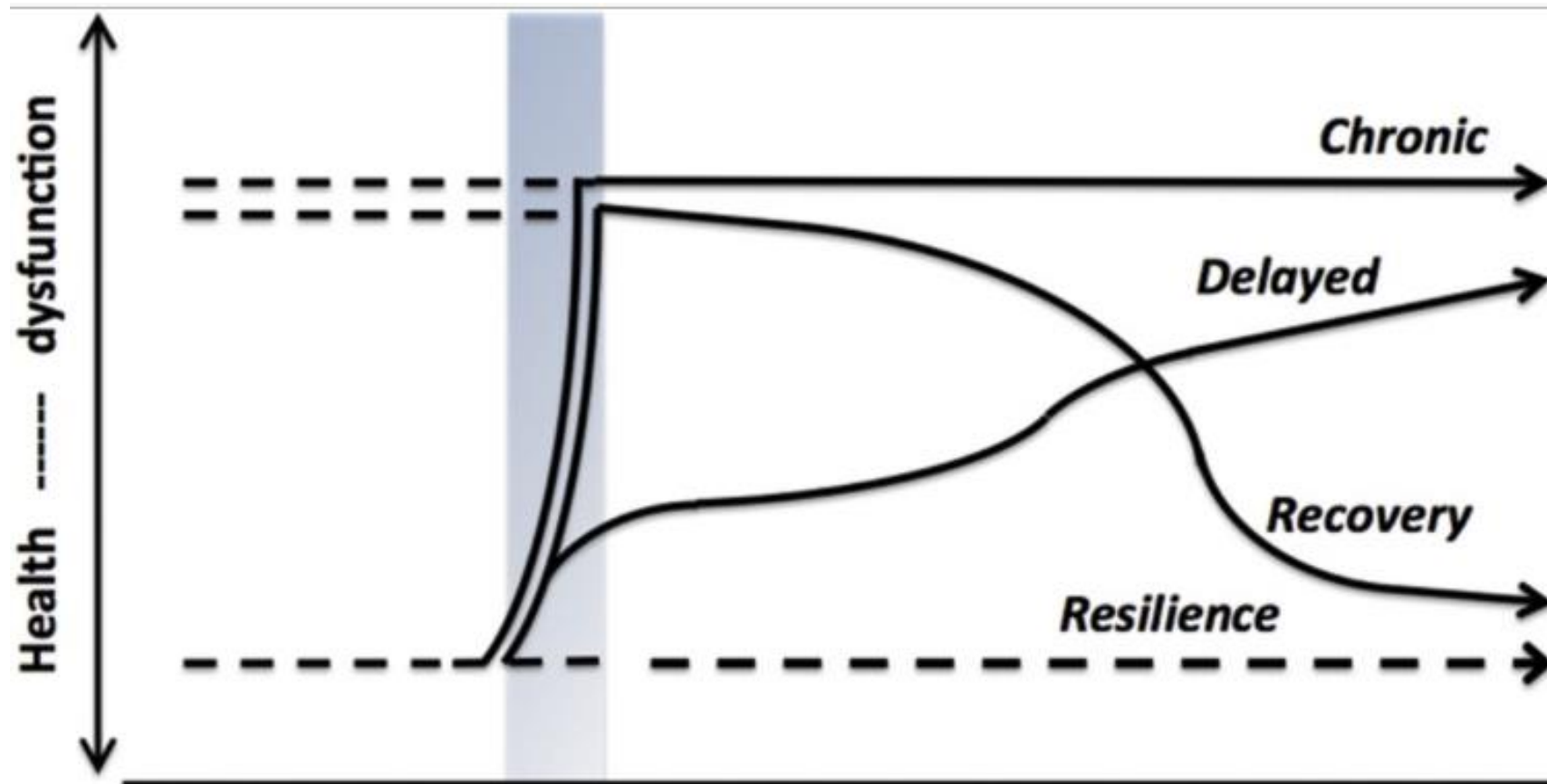
Readiness · Response · Resilience

What we have learned from trauma research

- Most victims do not develop mental disorders, but many do
- Many victims recover on their own; others need assistance
- Social support is protective
- Most victims do not seek mental health treatment



Individual Resilience Trajectories Following Potential Trauma



Galatzer-Levya, Huangb, & Bonanno (2018)



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Readiness · Response · Resilience

Mental Health Impact of MVIs

- Posttraumatic Stress Disorder symptoms
 - Intrusion
 - Avoidance
 - Negative alternations in cognitions and mood
 - Alterations in arousal and reactivity
- Depression
- General anxiety
- Increased fears
- Anger
- Decreased perceived safety

- Most victims (~60%) are resilient (Orcutt et al., 2014)
- Prevalence of related psychiatric disorders will decrease over time (Lowe & Galea, 2017)

Protective Factors

- Forms of coping that involve:
 - Taking action
 - Cognitive processing of the incident
 - Acceptance
- Greater resources
 - Instrumental
 - Psychological
 - Social and interpersonal



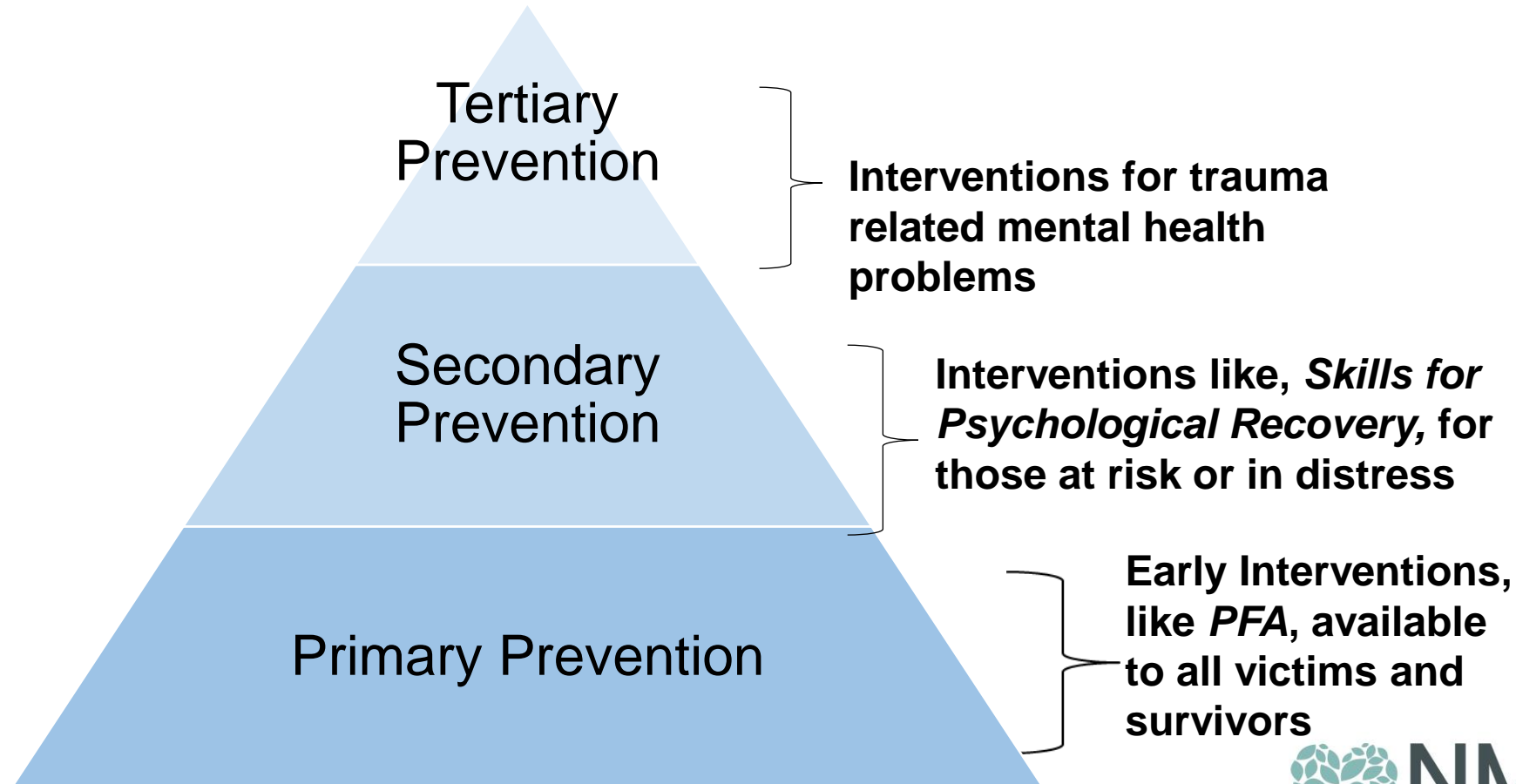
Planning

Partnerships

- Each incident is unique.
- Partnerships help to effectively address unforeseen challenges.
- Well-established partnerships help to drive an effective response and recovery:
 - [Assemble a multidisciplinary planning committee](#) to create and maintain a victim assistance response plan.
 - [Identify roles and responsibilities](#) of committee members.
 - [Identify existing resources and resource gaps](#).
 - [Develop a memorandum of understanding](#) (MOU) or memorandum of agreement (MOA) for the committee.

Early Intervention Trainings

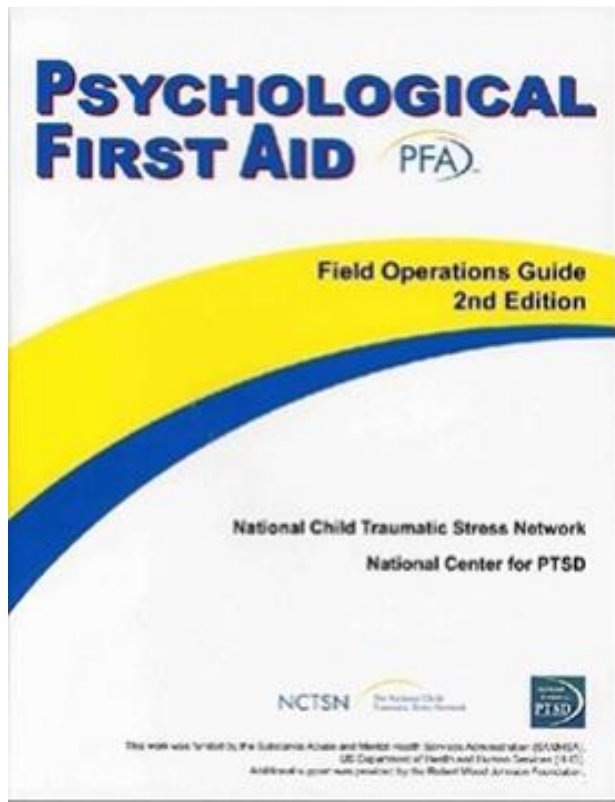
Public Health Model of Prevention












Early interventions aim to reduce immediate distress and mitigate risk factors for chronic psychological problems.

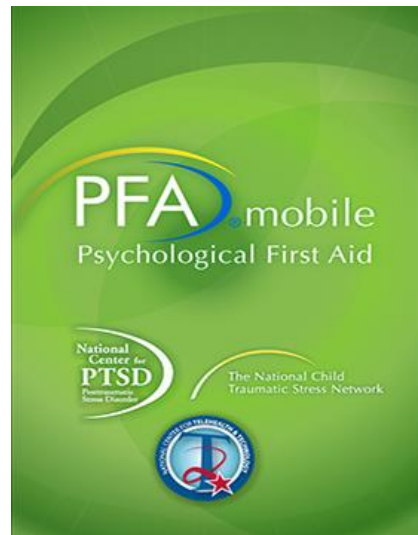
Considerations for early intervention

- Professionals are advised against delivering psychological debriefing.
- When conducting symptom-based assessment, remember that acute symptoms will often dissipate with time.
- If individuals experience distress 2-4 weeks following the event, additional early intervention may be appropriate.



<p>CORE ACTIONS</p>  <p>Contact & Engagement</p>  <p>Safety & Comfort</p>	<p>REMEMBER:</p> <ul style="list-style-type: none"> Work within a team. Protect survivors from harm. Be calm and compassionate. Listen and be flexible. Respect culture and diversity. Give clear and reliable information. Know local available resources. Help survivors help themselves. Know your limits. Take care of yourself. <p>NCTSN The National Child Traumatic Stress Network</p> <p>National Center for PTSD</p> <p>PFA Mobile™ can be downloaded on mobile Apple and Android devices</p> <p><small>This project was also funded by SAMHSA, US Dept. of Health and Human Services Illustrations by Dr. Bob Seaver</small></p>	<p>PSYCHOLOGICAL FIRST AID</p> <p>Are you ready to respond?</p> <p>GET PREPARED GET FOCUSED GET INTERACTIVE</p>  <p>GET PFA</p> <p>www.NCTSN.org learn.nctsn.org</p>
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<p>CORE ACTIONS</p>  <p>Stabilization</p>	<p>CORE ACTIONS</p>  <p>Practical Assistance</p>	<p>CORE ACTIONS</p>  <p>Information on Coping</p>
 <p>Information Gathering</p>	 <p>Connection with Social Supports</p>	 <p>Linkage with Collaborative Services</p>



www.nctsn.org



Psychological First Aid (PFA)

- Evidence-informed approach for assisting in the immediate aftermath of traumas and to foster short and long-term adaptive functioning.
- Usually delivered in first 24-72 hours (may be appropriate in first few months).
- Manual available in 4 languages (English, Spanish, Japanese, Chinese).
- Available in a 5-hour interactive course.

<https://www.nctsn.org/resources/psychological-first-aid-pfa-online>



Psychological First Aid

Some agencies that have adopted PFA for trauma and disaster survivors so far...



Who Can Deliver PFA?

- PFA can be delivered by victim advocates, chaplains, and other professionals who provide early assistance to victims of crime and grieving families



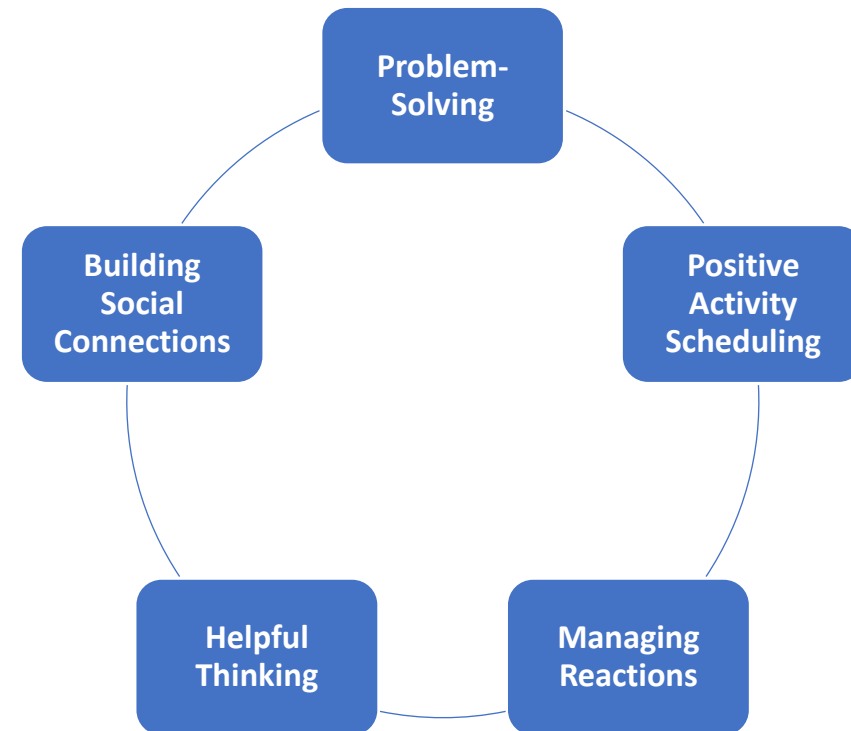
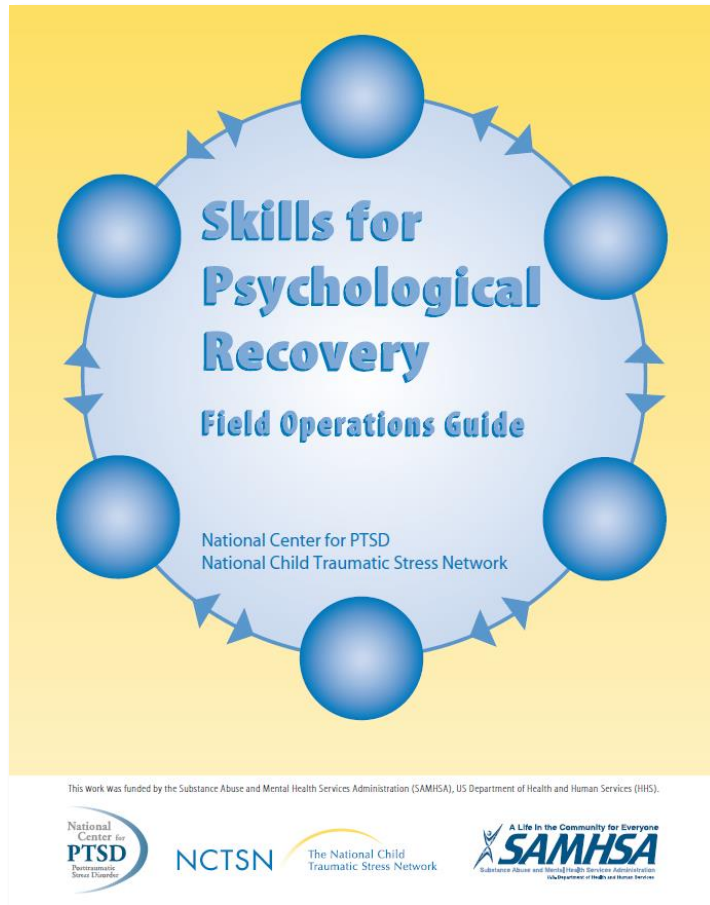
Psychological First Aid for Victims of Crime

Core Actions

1	Contact and Engagement
2	Safety and Comfort
3	Stabilization
4	Information Gathering
5	Practical Assistance
6	Connection with Social Supports
7	Information on Coping
8	Linkage with Collaborative Services

Evidence-informed Early Interventions

Skills for Psychological Recovery



Skills for Psychological Recovery (SPR)

- Evidence-informed intervention to identify needs and teach coping skills to address those needs.
- Generally delivered in 1-5 sessions.
- SPR is not a mental health “treatment.”
- SPR teaches skills that emphasize helping victims and survivors regain a sense of control and competence

<https://www.nctsn.org/resources/skills-psychological-recovery-spr-online>



Goals of SPR

- 1) Protect the mental health of victims.
- 2) Enhance survivors' abilities to address their needs and concerns.
- 3) Teach skills to promote the recovery of children, adolescents, adults, and families.
- 4) Prevent maladaptive and support adaptive behaviors.

How is SPR Different from PFA?

- PFA is intended to provide victims with support in the first few days to weeks after an event.
- SPR is intended to help victims rebuild during the recovery phase (weeks to months)– after safety, security, and immediate needs have been met.

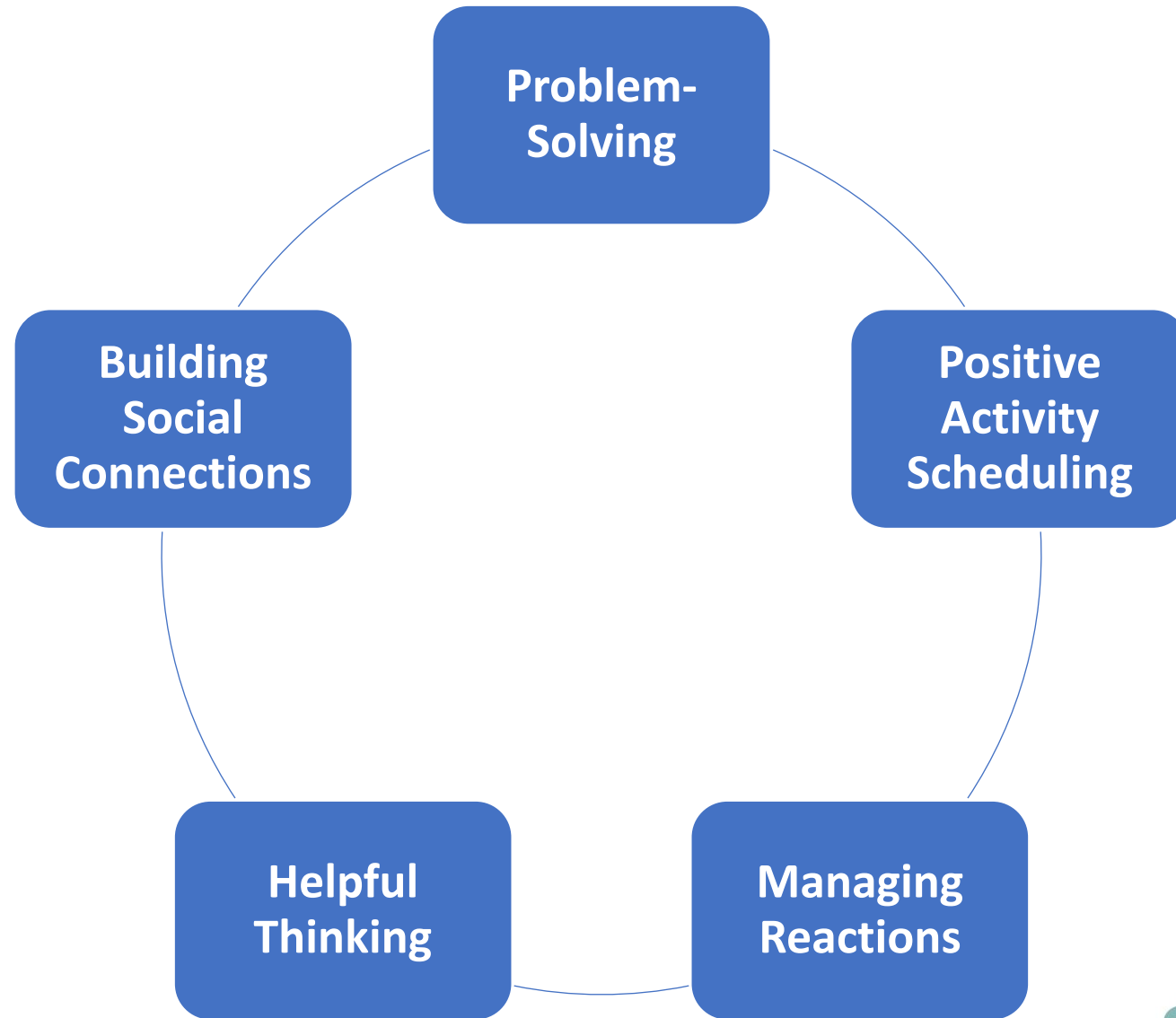
Who Can Deliver SPR?

- SPR can be delivered by mental health or other providers who offer ongoing support to victims.



SPR: Gathering Information and Prioritizing Assistance

- This is the very first step in SPR
- The goal is to determine:
 - The need for immediate referral
 - Practical needs and concerns
 - Priorities for assistance



Evidence-Based Trauma-Focused Mental Health Interventions

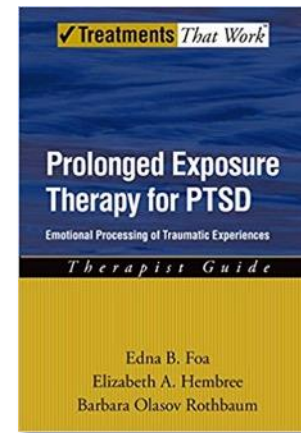
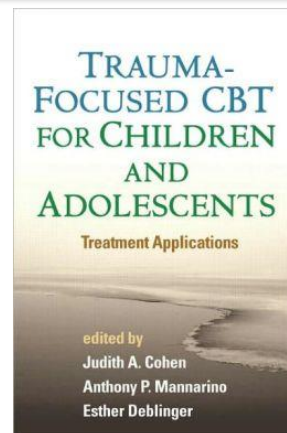
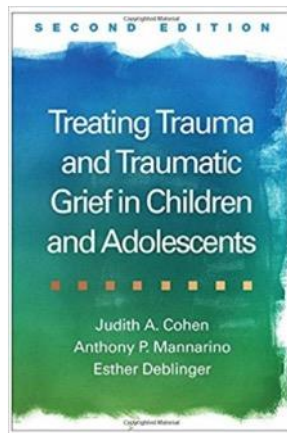
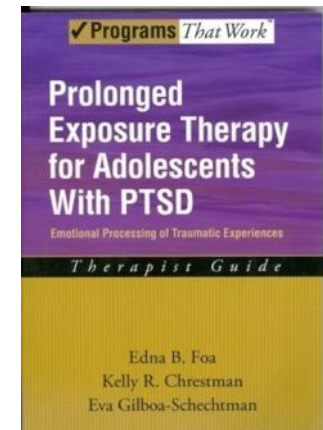
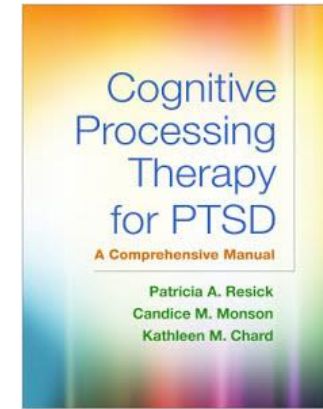
Evidence-based trauma treatments

Adults

- Prolonged Exposure Therapy (PE)
- Cognitive Processing Therapy (CPT)
- Prolonged Grief Disorder Therapy (PGDT)

Children and adolescents

- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
- Trauma and Grief Component Therapy (TGCT)



A Case Example

Charleston's Response to Mother Emanuel AME Church in 2015

In Memory

Rev. Clementa Pinckney, 41
Sharonda Coleman-Singleton, 45
Cynthia Hurd, 54
Tywanza Sanders, 26
Ethel Lance, 70
Susie Jackson, 87
Rev. Daniel Simmons, 74
Myra Thompson, 59
Rev. Depayne Middleton-Doctor, 49



Mother Emanuel AME Massacre

- On June 17th, 2015, a 21-year-old, white supremacist was welcomed into the weekly Bible study. At the close of the Bible study, while the 12 church members bowed their heads in prayer, he started shooting.
- Nine church members were killed; three who were in the room survived; two others who were in an adjacent church office also survived.
- The Charleston community immediately began a response to following this act of violence.

Partnering Agencies

- MUSC National Crime Victims Research and Treatment Center
- Charleston Dorchester Mental Health Center (CDMHC)
- Berkeley County Mental Health Center (BCMHC)
- Ninth Judicial Circuit Solicitor's Office
- City of Charleston Police Department
- Charleston County Coroner's Office
- Charleston County Sheriff's Office
- Charleston County Clerk of Courts
- Mother Emanuel AME Church
- FBI Office of Victim Assistance (unfunded)
- State Office for Victim Assistance (unfunded)
- US Attorney's Office for the District of South Carolina (unfunded)

Immediate Response for Mental Health and Assistance Activities

- **Family Assistance Services**: organized by the Charleston Police Department and other City officials on the evening of 6/17/15-6/19/15.
- **Family Assistance Center**: organized by the FBI's National Victim Assistance Rapid Deployment Team on 06/20/15-06/22/15; which included partners from previous slide. Located in the Embassy suites Hotel in downtown Charleston. All relevant city leaders, law enforcement, federal and state prosecutors, mental health providers, and victim advocates were there.
- **Assistance Center for Church Members**: organized by CDMHC, NCVRTC, and other partner agencies on 06/23/15-06/25/15 at Buist Academy (CCSD school).

Immediate Response Activities (First 6 Weeks)

- Attended each funeral and memorial
- Staffed Sunday church services
- Saturday walk-in site for 6 weeks at Burke High School/Simmons-Pinckney Middle School campus
- Outreach support for local businesses
- Individual assessment and crisis intervention for family and church members
 - Psychological First Aid (PFA)
 - Skills for Psychological Recovery (SPR)

Intermediate Response Activities (6 weeks - 6 Months)

- Individual, evidence-based trauma and grief counseling at NCVRTC and CDMHC
- Created and distributed educational inserts (5-part series in Church Bulletin)
- Support group for family and church members held at Charleston County Library
- Support at various church activities (women's ministry; senior's ministry)
- "Day of Serenity" retreat at Monastery

Collaborative Long-Term Care

- US DOJ, OVC, and AEAP awarded in mid-2016 funded:
 - Establishment of the Mother Emanuel Empowerment Center (MEEC)
 - Specialized, evidence-based trauma and grief services
 - Support group services
 - Intensive case management services
 - Wellness series
 - EAME Project Website: <http://motheremanuelsupport.org>
 - Mother Emanuel Self-Help Mobile App
 - Retreat events for families, survivors, and church members
 - Family, survivors, and church members support services for the federal and state trials.

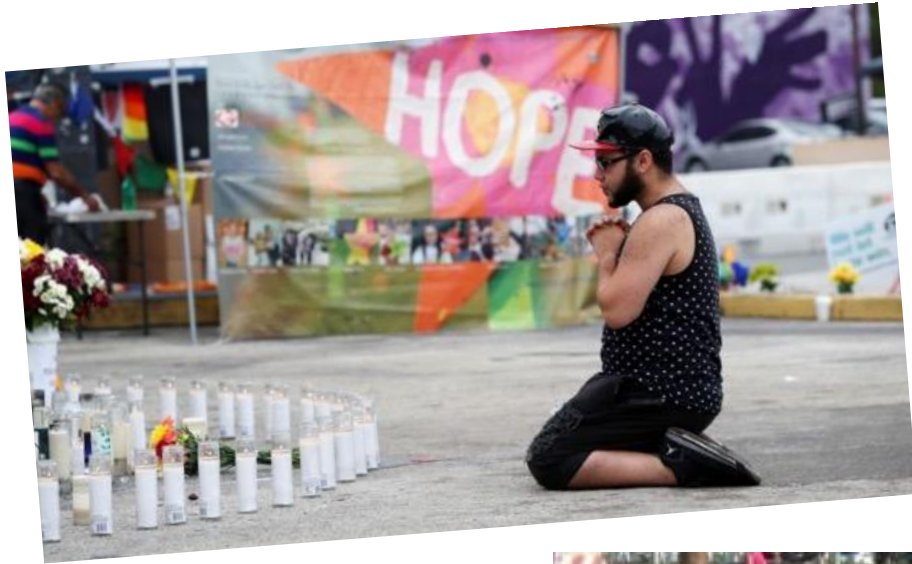
Lessons Learned from Prior MVIs

- Establish working relationships now!
- Collaboration is key to an effective response.
- Know your local, state, and national experts who can help. Call on them.
- Mental health providers must have expertise in evidenced-based trauma response. Just because someone is “well-intentioned” does not mean that they will be an effective mental health provider.

Lessons Learned from Prior MVIs (con't)

- Get trained **NOW** on early interventions such as PFA and SPR.
- Be flexible; the situations can change rapidly.
- Stay in frequent contact with team members and make sure everyone has accurate and up-to-date information.
- Self-care for victim advocates/service providers/clinical support teams is important.

MVI Resources



Office for Victims of Crime Mass Violence & Terrorism Toolkit

The screenshot displays the website for the Office for Victims of Crime, specifically the Mass Violence & Terrorism Toolkit. The page features a header with the OVC logo and navigation links. The main content area is titled "Helping Victims of Mass Violence & Terrorism" and includes sub-sections for "PLANNING, RESPONSE, RECOVERY, AND RESOURCES". A navigation bar highlights "PARTNERSHIPS & PLANNING", "RESPONSE", "RECOVERY", and "TOOLS". The page includes a "MESSAGE FROM THE DIRECTOR" section, a "RELATED RESOURCES" section with links to a victim assistance guide and a mass fatality resource kit, and a "FEATURED TOOLS" section listing checklists for partnerships, activities at a glance, response, and recovery. The page also includes a date stamp of August 2015 and a navigation menu with Home, Text Size, Print, and Send options.

OFFICE OF JUSTICE PROGRAMS

Recursos en Español | FAQs | Site Search | GO

OFFICE FOR VICTIMS OF CRIME

JUSTICE FOR VICTIMS • JUSTICE FOR ALL

Helping Victims of Mass Violence & Terrorism

PLANNING, RESPONSE, RECOVERY, AND RESOURCES

MESSAGE FROM THE DIRECTOR | ABOUT THE TOOLKIT

PARTNERSHIPS & PLANNING | RESPONSE | RECOVERY | TOOLS

August 2015 • NCJ 248647

[Home](#) | [Text Size](#) | [Print](#) | [Send](#)

RELATED RESOURCES

[A Victim Assistance Guide to Planning and Responding to Critical Incidents: Toolkit for Response for Advocates in Colorado](#)

[Voices of September 11th - Preparing For After Resource Kit](#)

[Mass Fatality and Family Assistance Center](#)

FEATURED TOOLS

- PARTNERSHIPS & PLANNING CHECKLIST**
[WORD](#) [PDF](#)
- ACTIVITIES AT A GLANCE**
- RESPONSE CHECKLIST**
[WORD](#) [PDF](#)
- RECOVERY CHECKLIST**
[WORD](#) [PDF](#)

Incidents of mass violence and terrorism—bombings, mass riots and shootings, hijackings, bioterrorism attacks, and other human-caused disasters—present unique challenges to the communities in which they occur. These incidents require a coordinated, cross-sector approach among federal, state, local, and tribal governments; private entities; and nonprofit organizations to drive an effective response.

Although community crime prevention efforts are critical, this toolkit provides tools and resources for developing a comprehensive victim assistance plan that can be incorporated into your community's existing emergency response plan. Victim assistance plans support and enhance your response and recovery efforts. The toolkit's [Partnerships & Planning](#) section reviews how to create and maintain partnerships, address resource gaps, and develop victim assistance protocols, and its [Response](#) and [Recovery](#) sections cover how to use the protocols after an incident of mass violence or terrorism. The [Tools](#) section includes checklists, samples, a glossary, and a compendium of victim assistance resources.

The checklists can be tailored to fit the needs of your community. Together, these will help you prepare for and respond to victims of mass violence and terrorism in the most timely, effective, and compassionate manner possible. Contact the OVC Training and Technical Assistance Center at ttac@ovcttac.org or 1-866-682-8822 for information about free training or technical assistance related to the toolkit and the checklists.

www.ovc.gov/pubs/mvt-toolkit/index.html

NMVVRC.ORG



We serve as the source for best evidence to achieve a social understanding of mass violence upon which civic leaders, mental health professionals, journalists, policy makers, and victim assistance professionals can rely. Our vision is to provide communities access to evidence-based information and resources needed to effectively prepare for and respond to mass violence incidents.

www.nmvvrc.org
Facebook/Instagram/Twitter: @NMVVRC

Transcend NMVC

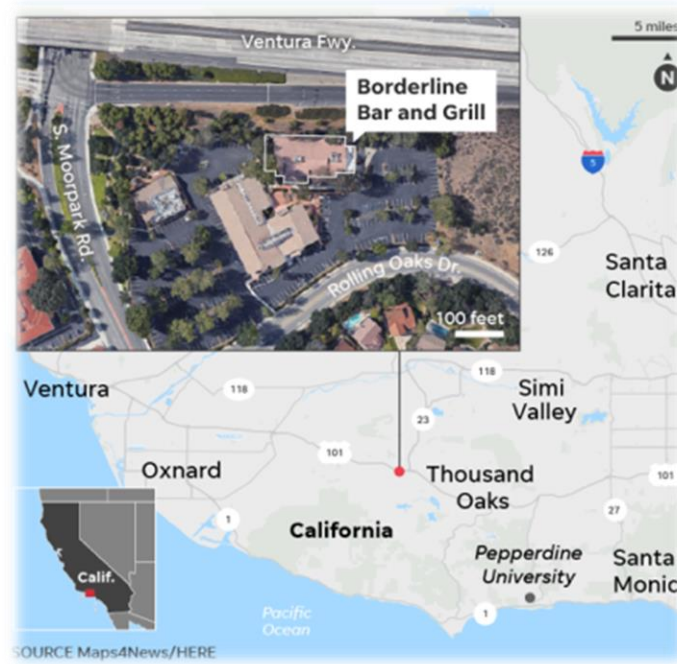


Although the app was developed specifically for mass violence victims, people exposed to other types of stressful events are also likely to find the strategies and techniques in the app to be useful in their recovery, as well.

DOWNLOAD FOR *FREE*:



Communities and Victims Vary and Need Different Services



Resource Websites

The screenshot shows the NMVVRC website with the following content:

- Header: NMVVRC Readiness · Response · Resilience. Navigation: ABOUT MASS VIOLENCE, RESOURCES, MEDIA, TRAINING, ABOUT US.
- Breadcrumb: Home > Resilience Tools
- Section: **RESILIENCE TOOLS**
- Text: "The path to recovery is different for every victim of a mass violence incident. Self-help resources may be useful as a way to begin your own healing process or to provide help to a child or someone close to you. These resources are not a substitute for treatment from a health care professional, but they may help you learn important skills and coping strategies."
- Section 1: **COMMON TRAUMA REACTIONS**
 - Text: "People may have a variety of reactions after a mass violence incident. These reactions may be experienced by:"
 - List:
 - Victims who were directly affected by the incident
 - Family, friends and others who are closely associated with a victim
 - People who witnessed or heard details about the incident
 - Text: "The following tip sheets can help you understand common trauma reactions that people may have after a mass violence incident."
- Section 2: **COPING TIPS**
- Featured Resource: **NCTSN - NATIONAL CHILD TRAUMATIC STRESS NETWORK**
 - Title: **For Teens: Coping After Mass Violence**
 - Text: "Provides information for teens regarding common reactions to mass violence, and tips for self-care and connecting with other victims."
 - Link: [Read This](#)

www.nmvvrc.org

The screenshot shows the NCTSN website with the following content:

- Header: NCTSN The National Child Traumatic Stress Network. Navigation: GET HELP NOW.
- Mission Statement: "OUR MISSION is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States."
- Section: **DEFINING CHILD TRAUMATIC STRESS**
- Section: **The Latest**
 - For Teens Coping After Mass Violence
 - Refugee Trauma
 - The Power of Parenting: How to Help Your Child After a Parent or Caregiver Dies
 - Child Trauma and Optimal Use: Policy Implications
- Section: **Major Events**
 - Mass Violence Resources
 - Suicide Resources
 - Flood Resources
 - PFA and SPK
- Navigation: Trauma Types, Trauma Treatments, Trauma-Informed Care, NCTSN Resources.

www.nctsn.org

The screenshot shows the U.S. Department of Veterans Affairs website with the following content:

- Header: U.S. Department of Veterans Affairs. Navigation: Get help from Veterans Crisis Line.
- Section: **PTSD: National Center for PTSD**
- Section: **PTSD Basics**
 - Text: "PTSD is a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault."
 - Text: "It's normal to have upsetting memories, feel on edge, or have trouble sleeping after the type of event. If symptoms last more than a few months, it may be PTSD. The good news is that there are effective treatments."
- Section: **QUICK LINKS**
 - Respite Locator
 - VA Cares
 - Health Programs

www.ptsd.va.gov

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Questions & Comments



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