

# 9th Virtual National Town Hall on Mass Violence



*February 22, 2024*

## Trauma Across the Lifespan of Mass Violence Survivors & Impacted Communities

# 9th NATIONAL TOWN HALL ON MASS VIOLENCE

*Sponsored by the*  
**National Mass Violence Center (NMVC)**

*Providing Resources to Victims, Survivors & Those Who Serve Them  
(new name and tagline as of October 11, 2023)*

*with support from*  
**U.S. Department of Justice, Office for Victims of Crime**

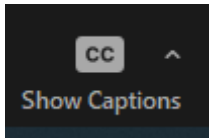
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# Housekeeping Announcements

- \* This National Town Hall is being recorded and has live ASL interpretation.
- \* Closed captioning is available to attendees; please go to your setting at the bottom of your screen and turn on "closed captions" (available in multiple languages).
- \* After being posted to our website, the recording, slide deck and resources will be available for download at [www.nmvvrc.org](http://www.nmvvrc.org).
- \* **Joining us by telephone?** Please email us at [nmvvrc@musc.edu](mailto:nmvvrc@musc.edu) with your full name and email address to receive credit for attending.
- \* Thanks to many of you who sent questions for our presenters in advance – we will save time at the end to share our thoughts on the most frequently asked questions.



# Learning Objectives

- \* Describe eight types of trauma that may impact mass violence victims, survivors and impacted communities:
  1. Individual
  2. Cumulative
  3. Community
  4. Generational
  5. Historic
  6. Racial
  7. Identity/hate-based
  8. Vicarious/secondary
  
- \* Identify the impact of pre-existing factors that may increase one's susceptibility to traumatic reactions.
- \* Describe the range of traumatic reactions, including emotional/psychological, cognitive, behavioral, physical, social, and spiritual.
- \* Describe different traumatic reactions across developmental periods including childhood, adolescence, young adulthood, and adulthood.
- \* Identify evidence-based strategies and modalities to help those impacted by mass violence to cope with their trauma and build personal resilience.

# National Town Hall Presenters

**Michael de Arellano, Ph.D.**, MUSC and Training Coordinator, NMVC and Moderator

**Eugenia Pedley**, OVC Senior Program Manager, U.S. Department of Justice, Office for Victims of Crime

**Courtney Workman**, ASL/English Interpreter

**Callie Marsh**, ASL/English Interpreter

**Alyssa Rheingold, Ph.D.**, Director of NMVC Response, Recovery & Resilience Division

**Rochelle F. Hanson, Ph.D.**, Director of NMVC Training & Education Division

**Angie Moreland-Johnson, Ph.D.**, Co-Director of the NMVC, Director of Preparedness Division

# Michael de Arellano, Ph.D.

## MUSC and Training Coordinator, NMVC and Moderator



# Welcoming Remarks

*Eugenia Pedley, Senior Program Manager  
USDOJ Office for Victims of Crime*



Office for Victims of Crime  
**OVC**

# Messages from Lived Experience

*Note for incoming video clips, please feel free to adjust your personal computer volume as needed.*

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# Brittney Thomas

Survivor, Paducah, KY, Heath High School Mass Shooting, December 1, 1997  
and Member, NMVC Survivors & Providers Steering Committee

[video]

# Steve Siegel

Director Emeritus, Special Programs Unit  
of the Denver District Attorney's Office,  
and NMVC Consultant

[video]

**Alyssa Rheingold, Ph.D.**  
**Director of NMVC**  
**Response, Recovery & Resilience Division**



# Understanding Trauma

# Is TRAUMA an Event or a Reaction?

- The traditional approach to thinking about “trauma” ... is to think of it in interactional terms:
  - An event that *usually* involves certain "objective" characteristics that involve life-threatening components
  - AND
  - An event that produces certain psychological reactions
- People use the term in very imprecise ways:
  - Every distressing thing is not “traumatic.”
  - Every reminder of a trauma event is not “retraumatizing.”

# SAMHSA's Definition of TRAUMA

*Individual trauma is an event or circumstance resulting in: physical harm, emotional harm, and/or life-threatening harm that has lasting adverse effects on the individual's mental health, physical health, emotional health, social well-being and/or spiritual well-being.*

# Potentially Traumatic Events

**Natural Disasters**

**War, Terrorism, Political Violence**

**Serious Injury, Illness, Medical Procedures**

**Motor Vehicle Accidents, Crashes**

**Witnessing of Violence (home, community)**

**Domestic Violence, Intimate Partner Violence**

**Physical Abuse, Physical Assault**

**Sexual Abuse, Sexual Assault, Rape**

**Neglect (physical, emotional, academic, medical)**

# Potential Traumas *Not* Mentioned in the DSM

Oppression/Racism

Discrimination



# Types of Trauma

- **Individual** - potentially traumatic events can be singular, repeated or chronic.
- **Cumulative** - the loading of multiple traumas over course of lifetime
- **Collective** - event, or series of events, that shatter the experience of safety for a group, or groups, of people
- **Generational** - traumatic event takes place to either an individual, family, or collective community, and gets passed down to subsequent generations.

# Types of Trauma

- **Historic** - multigenerational trauma experienced by a specific cultural, racial or ethnic group.
- **Racial** - or race-based traumatic stress, is the cumulative effect of racism on an individual's mental, behavioral and physical health
- **Identity/hate-based** - violence against a person that is motivated by bias and prejudice against that person's perceived group membership
- **Vicarious/secondary** - *indirect* trauma that can occur when one is exposed to difficult or disturbing images and stories second-hand

# What is the Impact of Trauma?

- **Immediate response in the moment**
  - Fight/flight/freeze response – Adaptive response to dangerous situations
  - The range of reactions depends on the individual.
- **Long-term impact/response**
  - Range of reactions, no *one* response
  - There is no “typical.”
  - Mental health impact can include symptoms of PTSD, depression, substance use disorders, suicide ideation.
  - Some may be resilient and have no symptoms at all.

# Traumatic Reactions

## TRAUMA IMPACT “ABC’S”

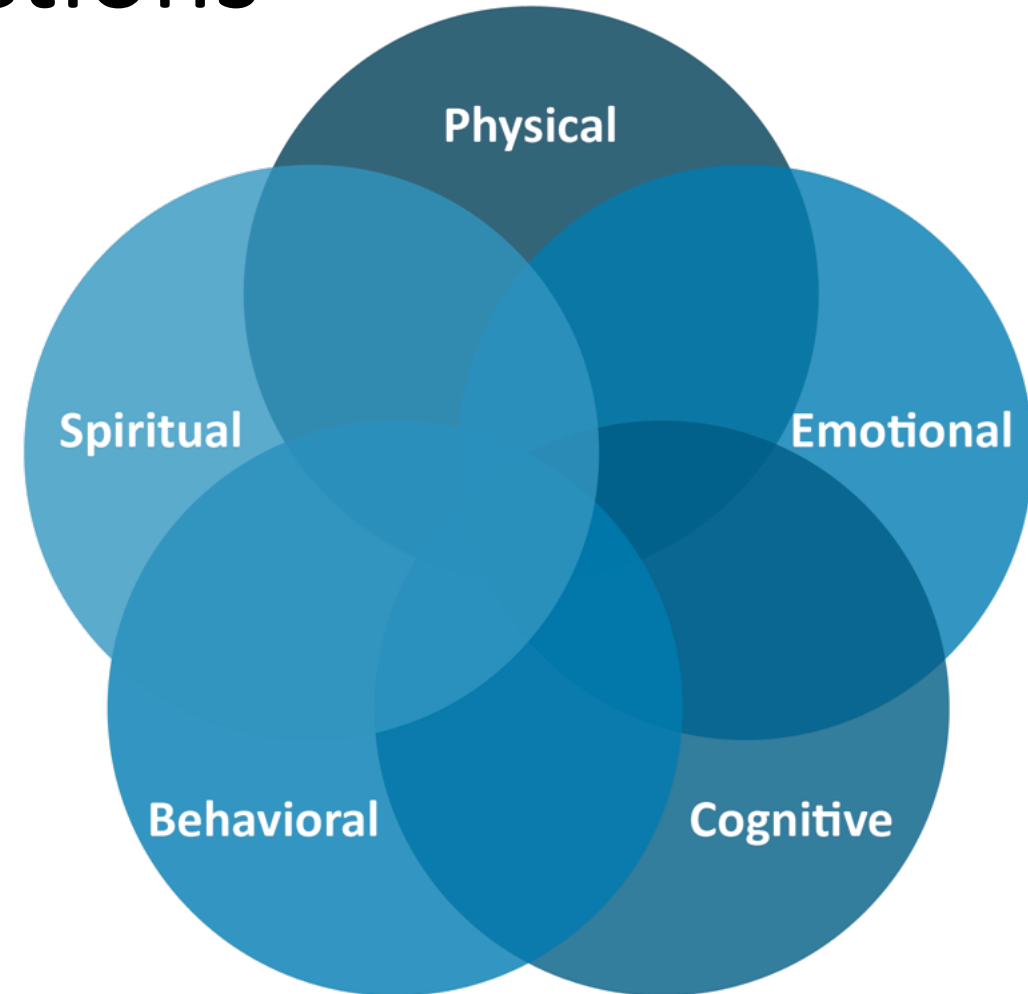
Affect / Emotional

Behavior

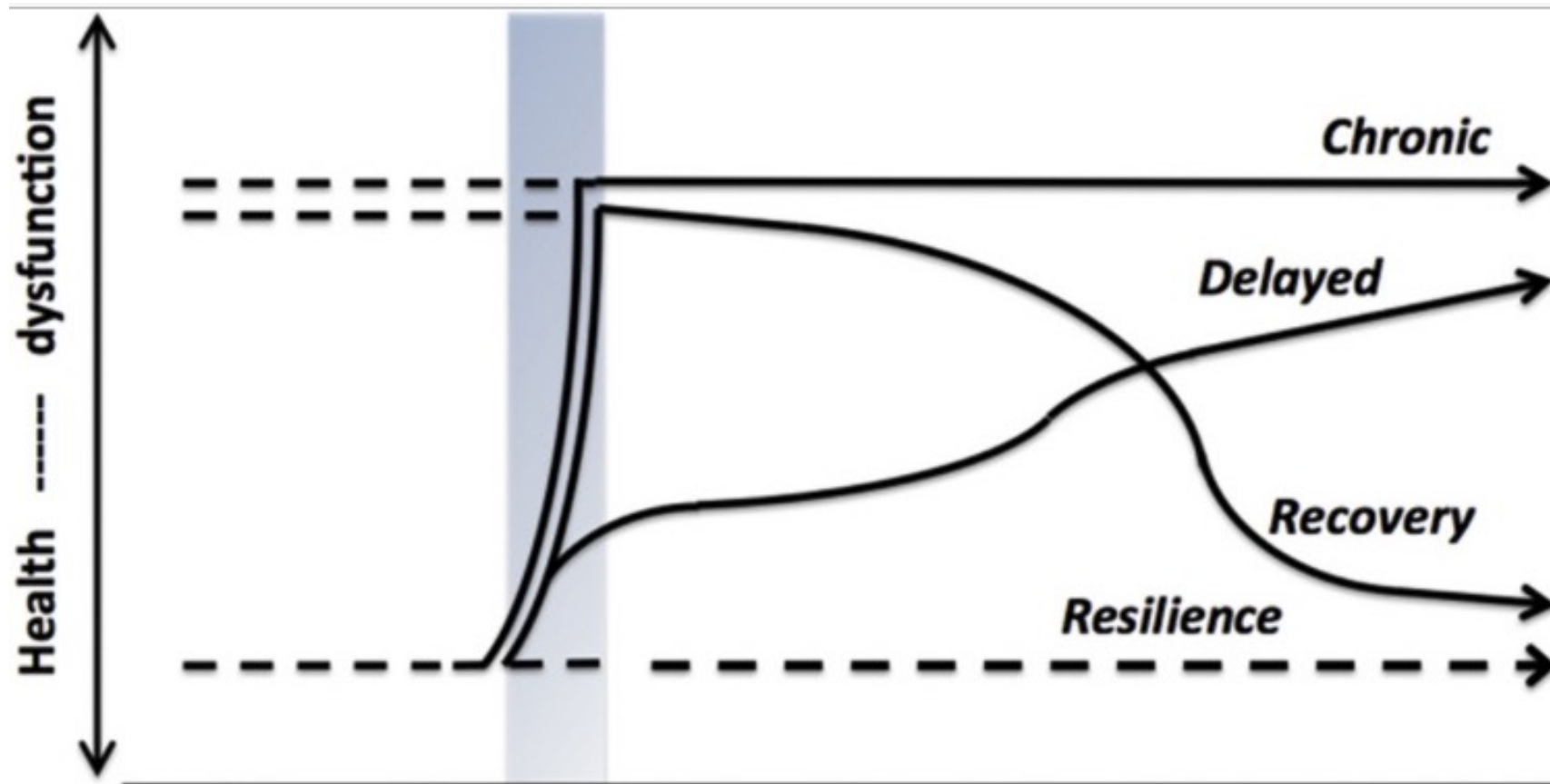
Biology / Physical

Cognitive

Spiritual / Social (and Cultural)



# Individual Resilience Trajectories Following Potential Trauma



Galatzer-Levya, Huangb, & Bonanno (2018)

# Posttraumatic Stress Disorder (PTSD)

## Intrusions

Intrusive  
Images  
Nightmares  
Reminder  
distress

## Avoidance

Avoid thoughts,  
feelings,  
situations,  
reminders

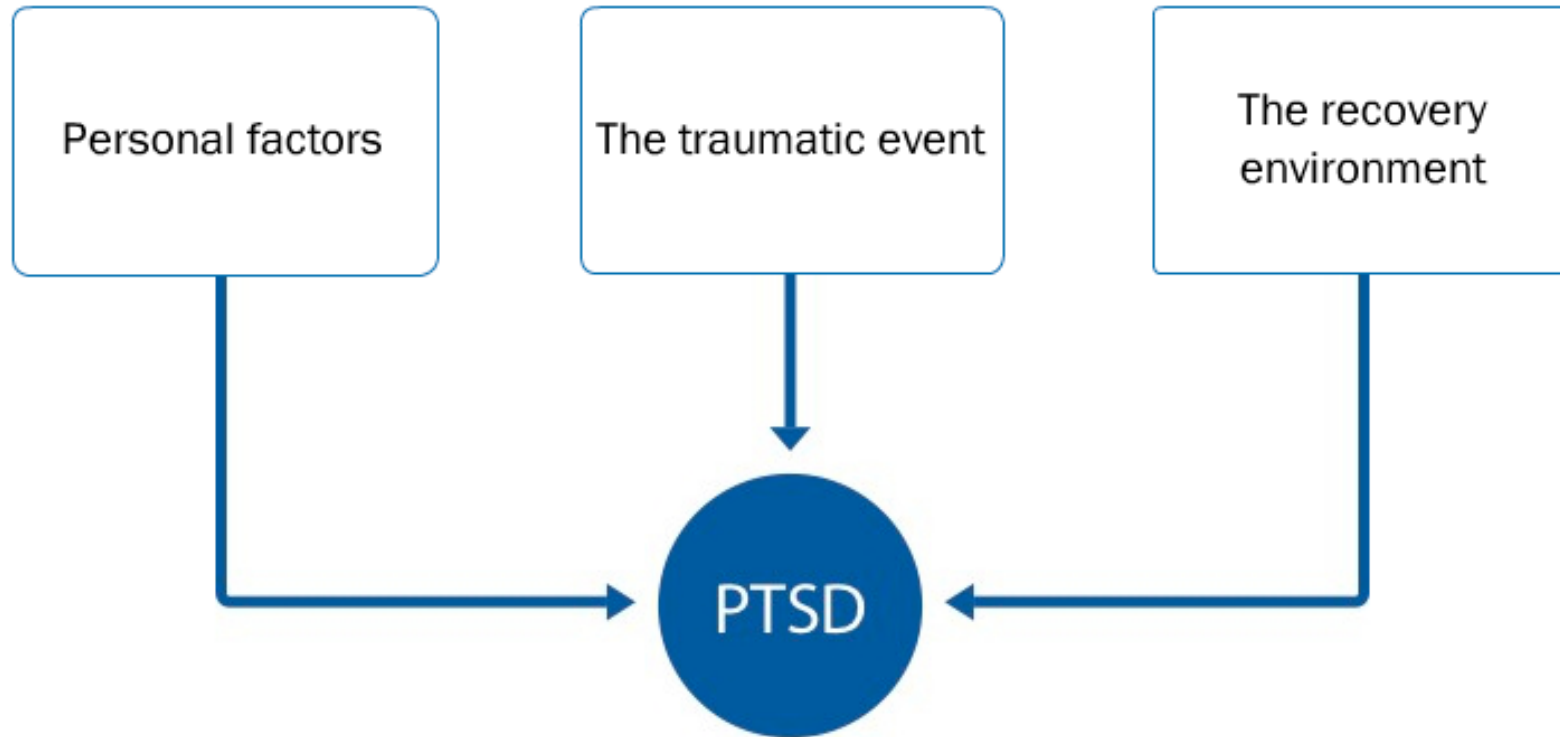
## Mood and Cognition

Guilt, shame,  
self-blame,  
negative beliefs,  
cannot recall  
features of  
event, inability  
to feel positive  
emotions

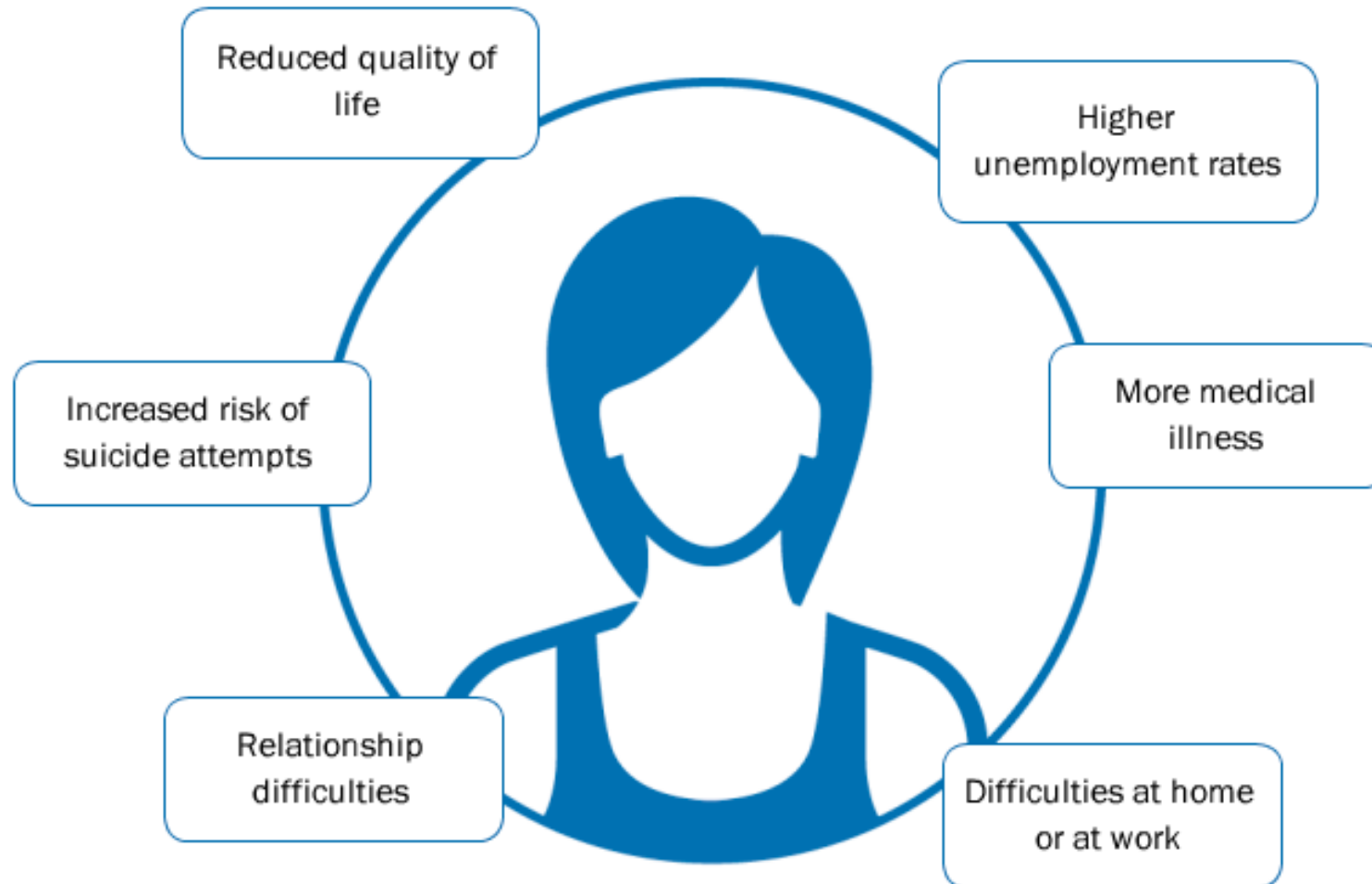
## Arousal

Irritability,  
hypervigilance,  
startle  
response, poor  
concentration,  
sleep  
difficulties, self-  
destructive

# Why do *Some* People Get PTSD, While Others Do Not?



# Other Co-occurring Problems





# Pre/post MVI Incident Factors that Lead to Increased Risk of Mental Health Issues

Pre-incident characteristics

Incident exposure

Incident characteristics

Media exposure

# Pre-Existing Risk Factors

General Risk Factor	Examples
Previous experiences	Those who have past trauma exposure, especially those who continue to struggle from that exposure
Mental health problems	Those with prior or ongoing mental health problems (example: depression, anxiety, PTSD, substance use disorder problems)
Maladaptive coping strategies	Those with prior or ongoing maladaptive coping strategies (example: using alcohol or other substances to cope)

# Protective Factors (Individual)



Social Support



Sense of meaning and purpose in life



Emotional management skills



Intrapersonal reflective skills



Problem solving skills



Planning skills

# Protective Factors (Community)

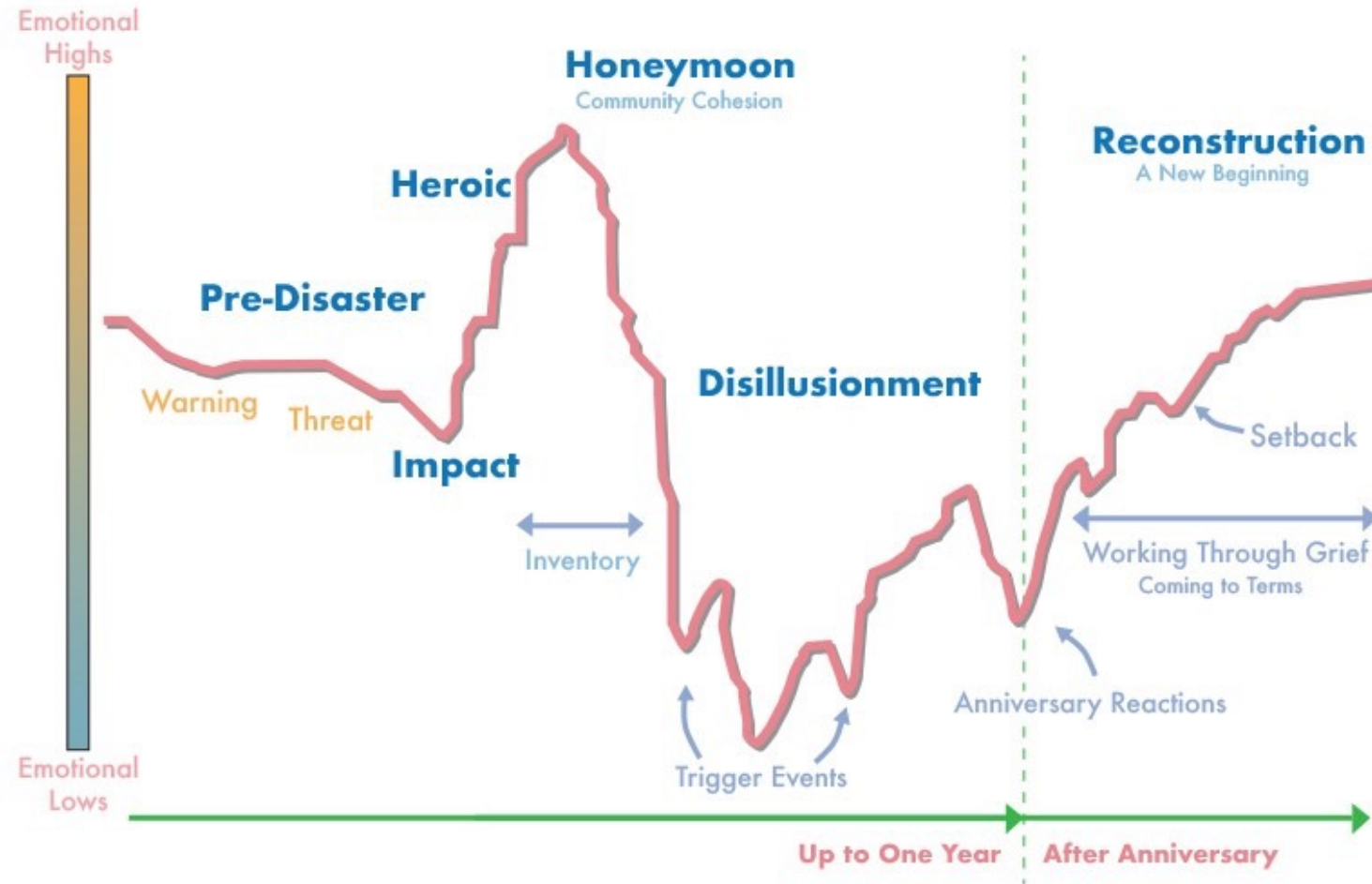
Social Support

Culture – traditions, spirituality

Social determinants of health

Access to and provision of  
resources

# Community Phases After Disaster



Substance Abuse and Mental Health Services Administration

# Rochelle Hanson, Ph.D.

Director of  
NMVC Training & Education Division



# Emotional & Psychological Impact of Mass Violence Incidents on Youth and Families

**Rochelle F. Hanson, Ph.D.**

**National Mass Violence Center**

National Crime Victims Research and Treatment Center

Department of Psychiatry and Behavioral Sciences

Medical University of South Carolina

[hansonrf@musc.edu](mailto:hansonrf@musc.edu)

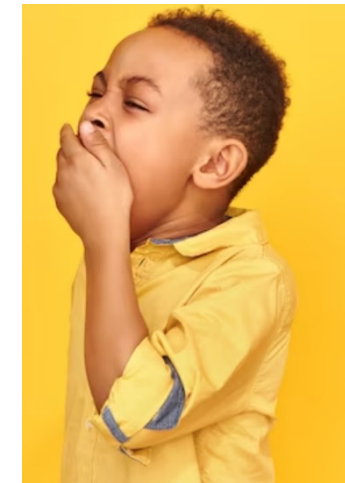
# Mental Health Impact of Mass Violence

- Fear/Anxiety
- Sadness/Depression
- Anger
- Decreased perceived safety
- Posttraumatic Stress Disorder symptoms
  - Intrusion
  - Avoidance
  - Negative alternations in cognitions and mood
  - Alterations in arousal and reactivity
- Complicated Grief



# Physical Reactions

- Headaches
- Stomach aches
- Rapid heart rate
- Tightness in chest
- Change in appetite
- Fatigue



# Duration

- Most will experience immediate reactions (can be intense)
- For most - decline over time (@60% resilient)
- Example – 911:
  - Up to 50% <3+ PTSD sx
  - 10-32% - mild symptoms/rapid improvement
  - Few had more severe symptoms that persisted or increased over time

Source: [National Center for PTSD](#)

# What Does This Look Like in Kids?

- Fear/Grief
- Anxiety/Worry
- Difficulty concentrating
- Anger/Irritability
- Sadness
- Physical Reactions



# Common Symptoms by Developmental Level

## Early Childhood

- Increased fear in new situations, separation
- Intense startle reactions
- Aggressive outbursts
- Regression
- Poor emotional regulation skills

# Common Symptoms by Developmental Level

## School Age

- Intrusive thoughts
- Withdrawn and/or aggressive behavior
- Poor concentration, distractibility
- Poor emotional regulation
- Poor school performance

# Adolescence

- Embarrassed by responses to trauma reminders
- Angry
- Ashamed
- Withdrawal
- Poor school performance
- **Risky Behaviors**
- ***"The only one"***
- Conflict related to developmental task of independence/autonomy

# Young Adults (18-26)

- Fear
- Survivor guilt
- Anger
- Jumpiness
- Feeling on edge
- Feeling helpless
- Poor school/work performance
- Avoidance
- May be away from family of origin
- Divided loyalties between family of origin and new relationships/family

# Trauma Reactions Can Mimic.....

- Attention-deficit/hyperactivity disorder (ADHD)
- Oppositional Defiant Disorder (ODD)
- Anxiety disorders
- Tics & Fleas





# Adults with Childhood Trauma

- Effects can persist across the lifespan.
- Early trauma - increases risk for physical, mental and behavioral health problems.
- Ongoing adversities, additional trauma exposure exacerbate problems seen in adults.
- Potential challenges seen as young adults transition from home.

# What Impacts Response? Objective vs. Subjective

- *Objective* Details of the Event
  - More severe the trauma; greater exposure (i.e., proximity; injury) – the more severe the response
- *Subjective* Experience
  - Sense of helplessness, terror, horror
  - Fear of being seriously hurt or killed
  - Fear that loved one would be seriously hurt or killed
  - Feeling that he/she could've/should've done something to prevent the trauma
    - Especially for teens/young adults

# What Impacts Response? (*cont.*)

- Pre-existing exposure to traumatic events
  - especially for older youth/teens/young adults
- Pre-existing/current mental health problems
- Environmental factors (family support, peer relationships, social support)
- Hate crime - shared identity with intended victims (can be especially confusing for children/teens)
- Ongoing adversities

# What Else Impacts Response (for Children & Adolescents)?

- Caregivers' response
  - Caregivers' own exposure to an MVI
    - Even if the child was not present, such as children of first responders
- Traditional media and social media exposure

# What Else Impacts Response? Cultural Factors

- What culturally-specific factors come into play?
  - Values and norms related to death/dying/grief
  - Views about expressing/sharing emotions
  - Variations in the ways psychological symptoms are described
  - Differences in language / acculturation / assimilation between child and caregivers
  - Perspectives on help-seeking

# Cumulative Trauma

- Exposure to multiple traumatic events
- Worse is more.
- Trauma cues vary across individuals.



# Collective Trauma

- *“A shared experience of loss and serious emotional disturbance...”*
- *“A shared emotional reaction to a terrible event”*
- One challenge: tendency to minimize personal impact because "so many people have had it worse."
  - Very relevant for MVIs in schools

# Understanding Trauma Impact – PTSD vs. Grief

- Trauma reminders – images, sounds, smells, that are reminders of the ***traumatic event***
- Loss reminders – images, sounds, smells, that are reminders of ***person(s) lost***



# Trauma vs. Loss Reminders<sup>1</sup>

- Trauma Reminders
  - People, places, situations
    - Others who were present during MVI
    - School/classrooms; place of worship; shopping malls
    - Sounds, sights (alarms, bells, other loud noises, impact of preparatory drills at schools)
  - Time/dates (day of the week; certain classes)
  - Physical reminders (racing heart, shaking)
  - Emotions (fear, sadness, anger, shame)

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<sup>1</sup>Adapted from Kaplow, Henderson, Sokol, Cooney, Mendez, “Building a Trauma-and Grief-Informed Community: Lessons Learned in the Aftermath of the the Robb Elementary School Shooting; 2023 SAMHSA Virtual Meeting

# Trauma vs. Loss Reminders<sup>1</sup>

- Loss reminders
  - Empty classrooms; empty seat at the dinner table
  - Activities that had been shared (e.g., sports; work meetings; classes)
  - Celebrations/events (birthdays, anniversaries, graduation, prom/school dances, holidays)
- Can continue way beyond the MVI

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<sup>1</sup>Adapted from Kaplow, Henderson, Sokol, Cooney, Mendez, “Building a Trauma-and Grief-Informed Community: Lessons Learned in the Aftermath of the the Robb Elementary School Shooting; 2023 SAMHSA Virtual Meeting

# Some Takeaways

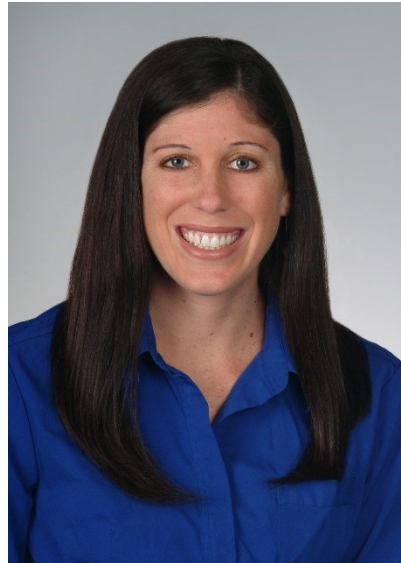
- Reactions to MVIs are fairly similar across the lifespan...BUT
  - Expression of these reactions varies across age/ developmental period
- Most individuals will be okay with time, but feelings of grief/loss often persist
- Individual, family, environmental factors impact severity and duration of response
- Young adults – transitions (e.g., college; moving away from home) can be compromised/impacted
- Learn about the cultural background of the child/family/community

# Some Takeaways – Importance of Caregivers

- Caregivers' reactions have a significant impact – kids look to parents for cues.
- Caregivers' own trauma histories can impact their own & their child's response/recovery.
- Impact when caregivers experience the direct MVI
  - (e.g., significant impact on children of first responders).

# Angie Moreland-Johnson, Ph.D.

Co-Director of the NMVC, Director of Preparedness Division



# Phases of MVI Victim Assistance

Planning

Continuous

Response

1-4 weeks

Recovery/Resilience

1-?? months



# Phases of MVI Victim Assistance

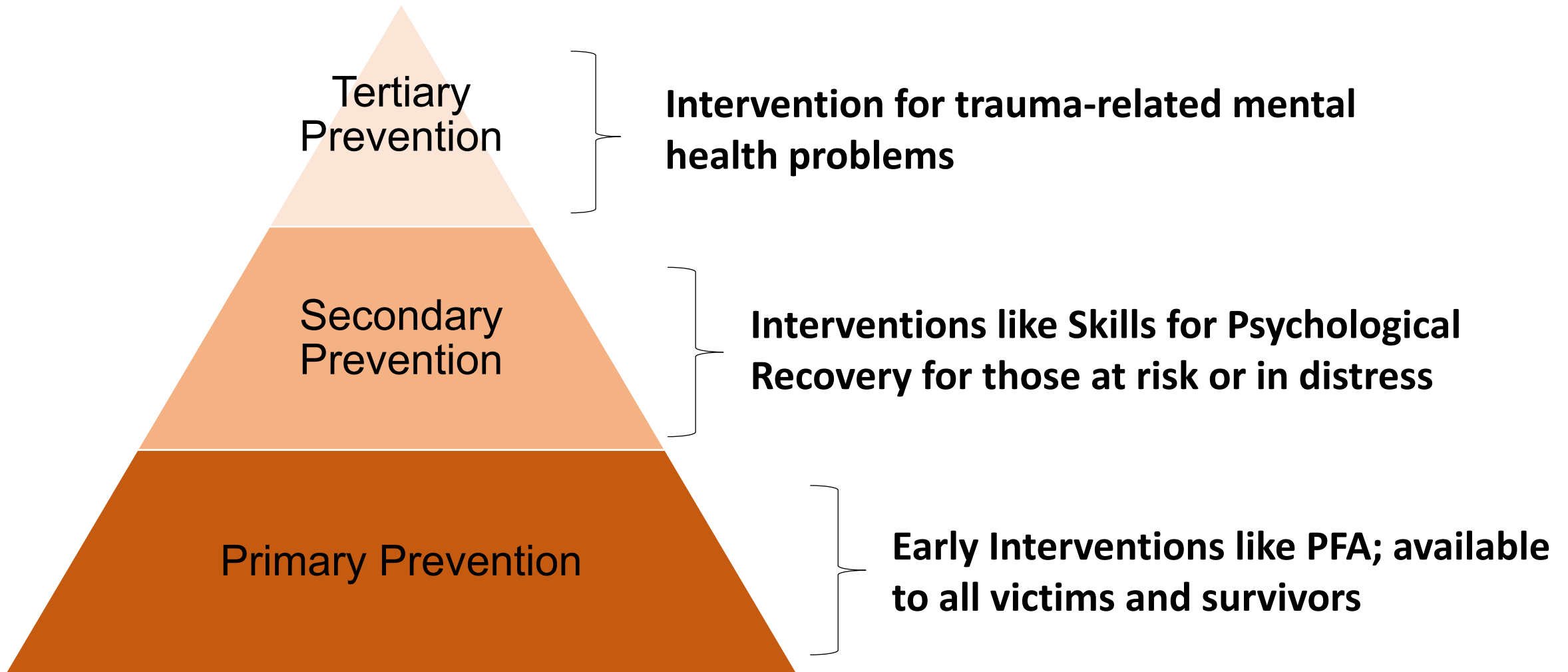


# Response

- **FBI's National Victim Services Response Team**
- Rapid and broad, immediate help
- Triage needs
  - Physical safety
  - Medical care
  - Physical needs – Housing, food, clothing, transportation, funds
  - Problem-solving
  - Communication with loved ones
  - Emotional support and psychoeducation
- Provide information - traditional and social media
- Self-help resources - websites, apps, media, schools, Faith institutions, organizations, in person
- Psychological First Aid



# Public Health Model of Prevention



# Psychological First Aid (PFA)

- Evidence-informed approach for assisting in the immediate aftermath of traumas and to foster short and long-term adaptive functioning.
- Delivered in first 24-72 hours
- Manual available in 4 languages (English, Spanish, Japanese, Chinese); available in a six-hour interactive course.

[https://www.ptsd.va.gov/professional/treat/type/PFA/PFA\\_2ndEditionwithappendices.pdf](https://www.ptsd.va.gov/professional/treat/type/PFA/PFA_2ndEditionwithappendices.pdf)



# Psychological first aid



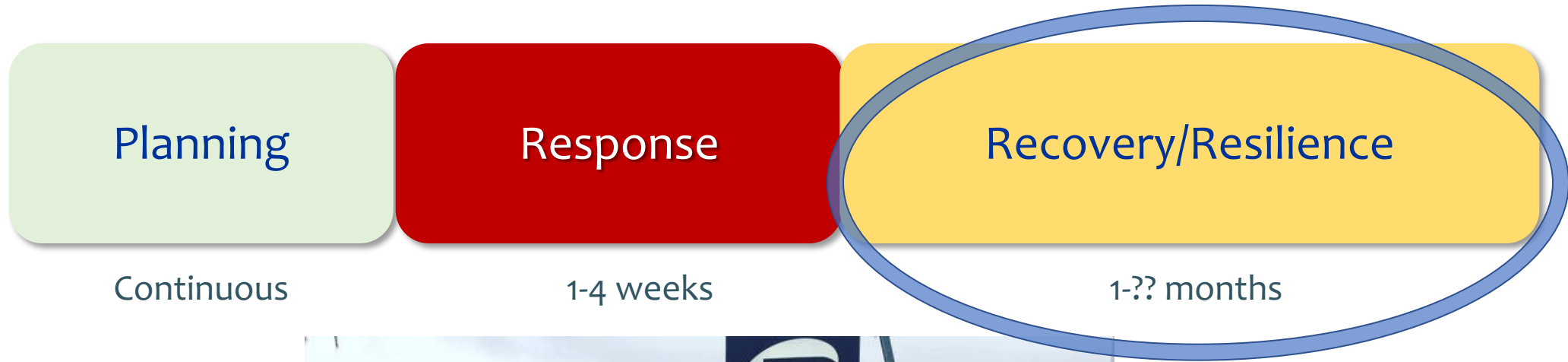
# Who Can Deliver PFA, and Where Can PFA Be Delivered?

PFA can be delivered by anyone trained – not only professionals or clinicians!

PFA can be delivered in a variety of settings:

- Family Assistance Centers
- Local police departments
- Hospitals
- Emergency departments
- Via phone

# Phases of MVI Victim Assistance



# Recovery/Resilience

- Goals
  - Resume everyday activities.
  - Process and resolve issues related to the events.
  - Facilitate effective grieving processes.
  - Recalibrate to a new normal.
  - Seek a future orientation.

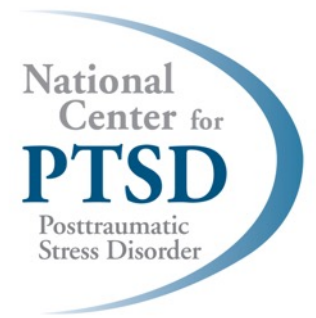
Office for Victims of Crime, U.S. Department of Justice  
Antiterrorism and Emergency Assistance Program (AEAP)  
[www.ovc.gov/AEAP/](http://www.ovc.gov/AEAP/)

# Recovery/Resilience

- Assess and triage needs for ongoing mental health and other support services for all victims and the community
- Provide ongoing services and activities
  - Resiliency Center
  - Case management, community coordination
  - Coordinated, evidence-based support and treatment services
  - Memorial services and observances

# Skills for Psychological Recovery (SPR)

- Evidence-informed intervention to identify needs and teach coping skills to address those needs
- Generally delivered in 3 - 5 sessions
- SPR is not a mental health “treatment.”
- Instead, SPR teaches skills that emphasize helping victims and survivors regain a sense of control and competence.





# Skills for Psychological Recovery (SPR)

**Skill 1:**  
Building  
Problem-  
Solving  
Skills

**Skill 2:**  
Promoting  
Positive  
Activities

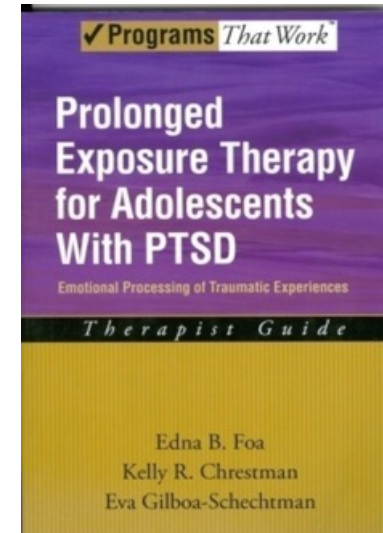
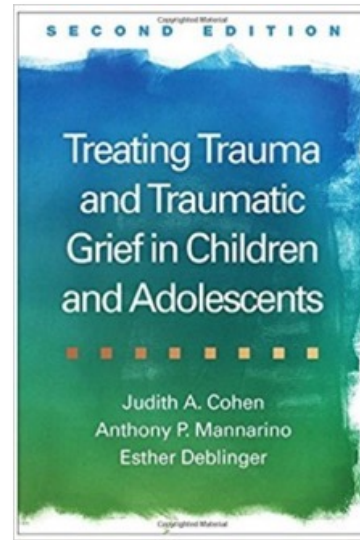
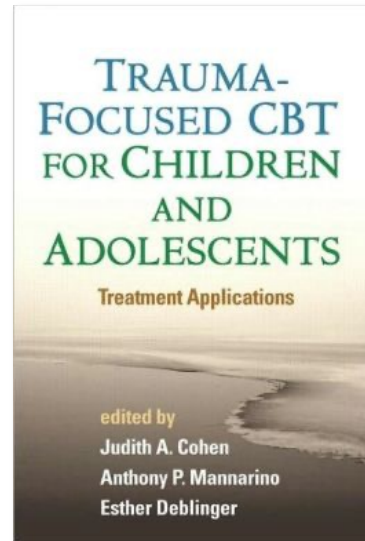
**Skill 3:**  
Managing  
Reactions

**Skill 4:**  
Promoting  
Helpful  
Thinking

**Skill 5:**  
Rebuilding  
Healthy  
Social  
Connections

# Evidence-based Trauma Treatments for Children and Adolescents

- Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
- Trauma and Grief Component Therapy (TGCT)
- Prolonged Exposure for Adolescents (PE-Adol)

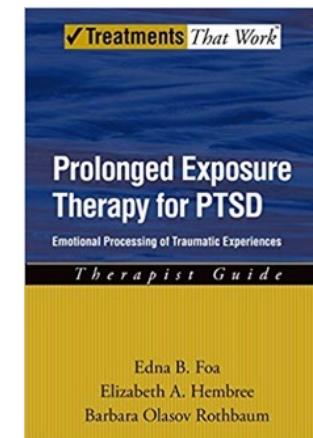
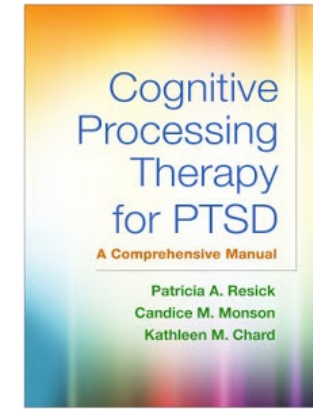


# Evidence-based Treatments For Children and Adolescents (*cont.*)

- Trauma-focused treatments (include exposure and cognitive components)
- Time limited (12-15 weekly sessions)
- Involve child/adolescent and caregiver

# Evidence-based Trauma Treatments for Adults

- Prolonged Exposure Therapy (PE)
- Cognitive Processing Therapy (CPT)
- Complicated Grief Therapy (CGT)
- Written Exposure Therapy (WET)
- GRIEF Approach



# Evidence-based Treatments For Adults (*cont.*)

- Trauma-focused treatments (include exposure and/or cognitive components) or specific grief focus
- Time limited (6-20 weekly sessions)

# Evidence-based Treatments for First Responders

## Acute Intervention

- Psychological First Aid (PFA)
  - Stress First Aid (SFA) – Adapted for Firefighters

## Ongoing Treatment

- Trauma-focused evidence-based provider
- Understand first responder culture

# Communities and Victims Vary and Need Different Services



# ONE STRATEGY OR SKILL

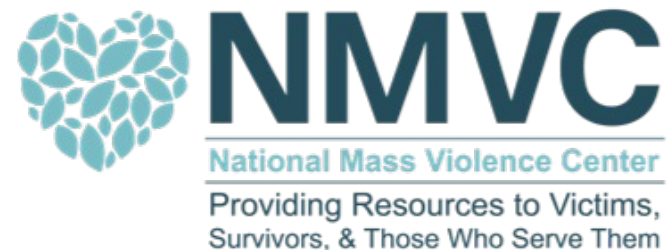
*For those seeking to help with managing  
the impact of trauma across the  
Lifespan*



# To Request a Consultation or Technical Assistance:

For Consultations: [nmvvrc@musc.edu](mailto:nmvvrc@musc.edu)

For Technical Assistance: [ITP-TTA@musc.edu](mailto:ITP-TTA@musc.edu)



# Questions from the Field

Thank you for submitting questions in advance to our presenters!





Office for Victims of Crime  
**OVC**

<https://ovc.ojp.gov/>



**NMVC**

<https://www.nmvvrc.org/>

# WRAP-UP & EVALUATION



<https://redcap.link/nth9>

# Next National Town Hall

## MAY 2024

SUN	MON	TUE	WED	THU	FRI	SAT
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

***Topic: "TBD"***

***Date: May 23, 2024***

