

7th Virtual National Town Hall on Mass Violence



August 24, 2023

The Road to Recovery for Mass Violence Survivors & Communities

Sponsored by the
National Mass Violence Victimization Resource Center

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

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Housekeeping Announcements

- * This National Town Hall will be recorded. After being posted to our website, the recording, slide deck and resources will be available for download at www.nmvvrc.org (*where all previous National Town Halls are archived*).
- * **Joining us by phone?** Please email us at info@nmvvrc.org 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 answer as many as possible.



Trauma Cue Warnings

- * We will refer to several mass violence incidents as examples, but will not discuss details of the events.
- * Several media images on slides reference mass violence events

Learning Objectives

- ❖ Identify long-term trauma and trauma cues affecting mass violence survivors and how to mitigate them.
- ❖ Identify long-term trauma affecting mass violence impacted communities and how to mitigate it.
- ❖ Describe effective strategies for individual and community needs assessments during the longer-term recovery phase of a mass violence incident.
- ❖ Identify best practices for annual commemorations and permanent memorials.
- ❖ Describe unexpected challenges that may arise in the long-term aftermath of a mass violence incident, and strategies to address them.
- ❖ Describe the most important skills and strategies needed by professionals for the road to recovery.

National Town Hall Presenters

Anne Seymour, Moderator

Associate Academic Program Director, NMVVRC

Eugenia Pedley, OVC Senior Program Manager

Office for Victims of Crime, U.S. Department of Justice

Alyssa Rheingold, Ph.D.

Director, NMVVRC Preparedness, Response, and Recovery Division

Amy C. O'Neill, MS, LPC

Boston Marathon Bombing Survivor, Amy C. O'Neill Consulting, & Member of the NMVVRC Survivors and Providers Steering Committee

Tennille Pereira, Esq.

Executive Director, Vegas Strong Resiliency Center & Member, NMVVRC Resiliency Center Directors' Forum

Aurelia Sands Belle, M.Ed.

Research Instructor, NMVVRC

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 both upcoming video clips, please feel free to adjust your personal computer volume

Blondelle Gadsden

Family Member of Myra Thompson,
Mother Emanuel AME mass shooting, Charleston, SC, June 17, 2015

[video]

Orlando Mayor Buddy Dyer

Pulse Nightclub mass shooting, Orlando, FL, June 12, 2016

[video]

Alyssa Rheingold, Ph.D., Director

NMVVRC Preparedness, Response, and Recovery Division





It's important to recognize that
the needs of MVI survivors
and
the needs of communities
will evolve and change over time....

- * ...and that *individual needs assessment instruments* and *community needs assessment instruments* must address any need for accommodation for those being assessed, and include competence in:
 - * Culture
 - * Language
 - * Gender
 - * Age
 - * Geography (rural, remote, frontier, urban, etc.)
 - * The needs of individuals and communities that may be traditionally-marginalized or underserved

Initial Needs Assessments: Immediate- and Short-term

- * Conducted by professionals at the Friends & Relatives Center (FRC) and the Family Assistance Center (FAC) (often with consultation from OVC TTAC)
- * **Victim/survivor needs assessments** are *confidential* and address:
 - * Basic sustenance issues
 - * Need for assistance and services
 - * Implementation of victims' statutory & constitutional rights (i.e., safety, notification, information, etc.)
 - * With recommendations and concrete actions to meet such needs over the long-term
 - * With initial case planning linked to longer-term case planning....
- * **Community needs assessments** address:
 - * Collective needs of the community
 - * The community's *capacity* to meet such needs
 - * With recommendations to *strengthen and support community capacity* over the long-term

Longer-term Needs Assessments: The Role of Resiliency Centers

- * There are currently 24 Resiliency Centers serving communities affected by MVIs (*with monthly NMVVRC Forums to support them*).
- * Victim/survivor needs assessments are conducted by mental/behavioral health professionals that:
 - * Reflect on survivors' initial needs; if they have been met; and if there are any unmet needs over time that need to be addressed
 - * Develop *individualized case* plans to match victim/survivor needs to *survivor support and services*
 - * Provide “Navigators” to help survivors access services in the community, in measures that are commensurate with their specific needs, culture, language, and age (among other demographic factors)
- * Resiliency Centers *also assess the effectiveness of their survivor and community services* on an ongoing basis.

NMVVRC Longer Term Community Needs Assessments

Community needs assessments conducted with 5,990 individuals from communities that have experienced an MVI (Parkland, Dayton, Pittsburgh, El Paso, San Bernardino, Virginia Beach). Some key findings:

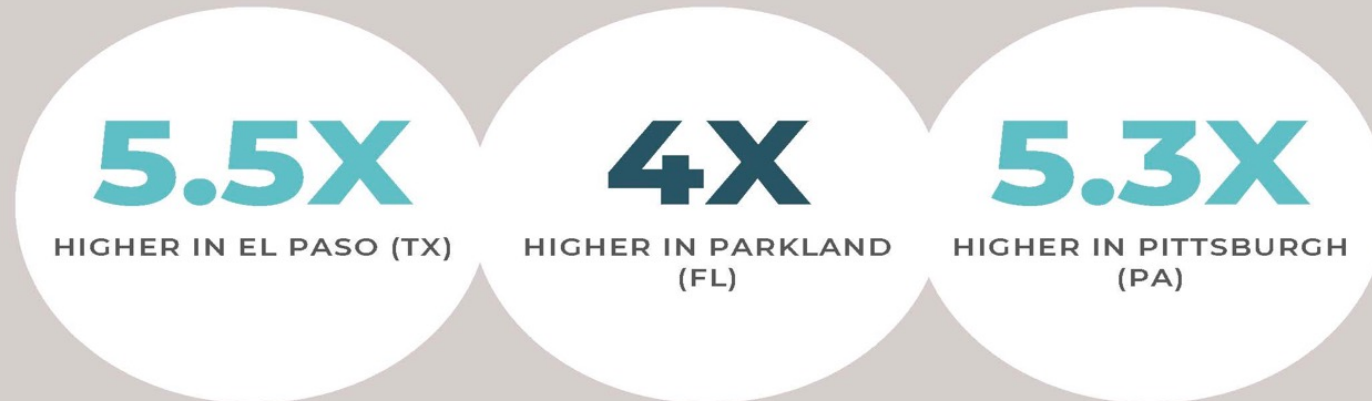
- Approximately 10% of community members reported *current PTSD* and 23% reported *past year PTSD*, which is significantly higher than national rates (4.7%).
- Approximately 9% of community members reported *current depression* and 17% reported *past year depression*, which is higher than national rates (8.5%).
- Individuals with higher levels of exposure to the MVI reported higher levels of PTSD and depression.
- Over 40% of individuals in the impacted communities endorsed a prior history of physical or sexual assault.
- Individuals with prior history of physical or sexual assault reported higher levels of current PTSD (~17%), as well as current depression (~16%), than those without prior history of assault.

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%)

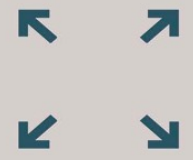
Social support plays a critical role in one's adaptation to an MVI

LESS THAN
50%
OF RESPONDENTS AT ALL SITES REPORTED HIGH LEVELS OF SOCIAL SUPPORT

4
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



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

- Incident Exposure
- Incident Characteristics
- Social Determinants of Health
- Prior Trauma Exposure
- Prior Mental Health Difficulties
- Social Support
- Media Exposure

Amy C. O'Neill, MS, LPC

Boston Marathon Bombing Survivor, Amy C. O'Neill Consulting, & Member of the
NMVVRC Survivors and Providers Steering Committee

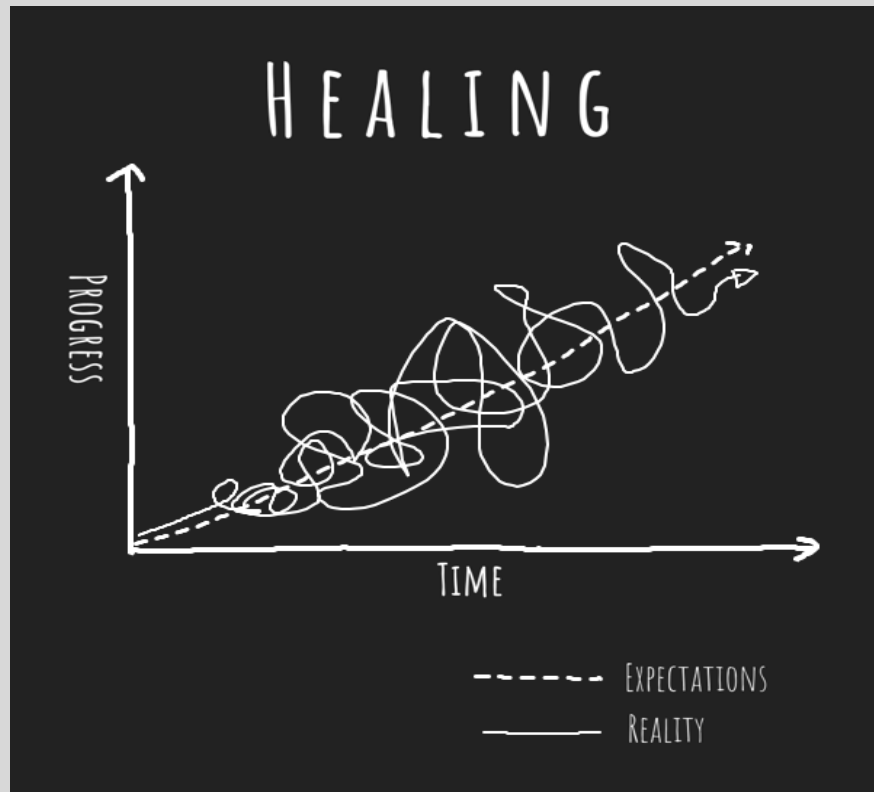




LONG-TERM HEALING

Amy O'Neill, MS, LPC

Long-term Individual and Community Healing from Mass Violence



Life Before

the messy discovery in between

Life After



Responders and Service Providers

- You are working with everything trapped inside the person sitting across you, talking/asking for help from you
- The sights, smells, sensations, thoughts, fears, emotions...
- Be patient, safe, and adequately trained
- 15, 2013. REUTERS/Dan Lampariello

Finding Your Place

- There is no agency in victimization.
- A small percentage of people impacted develop PTSD.
- People with subclinical symptoms may still benefit from counseling.
- Social support offers protection.
- Evidence-based treatments and specialty-trained providers can be helpful.
- Trauma-informed practices
- Sometimes, people don't know what they want or need until they hear it said.
- Prior trauma and personal experiences matter.
- It becomes a part of your identity.
- Some need long-term care.
- The journey never ends.
- Some seek out help in the immediate aftermath, and some 1, 3, 5, 10 years later.
- Peer support



➤ **THERAPEUTIC CONSIDERATIONS**

Trauma-trained

Evidence-based Treatments

Knowledge of Unique Context

Ask About Past Trauma History/Experiences

Encourage Social Support

Be Familiar With Peer Support

Stories Get Shared In Safe Spaces

"Listen for the whispers" Josh Garcia



People Impacted

- Sometimes, we are not sure what we need until we hear it.
- We can be two things at one time (strong and vulnerable).
- Try not to judge yourself or compare your experience to others.
- Don't stop searching for what you need.



➤ LONG-TERM COMMUNITY IMPACT

HIERARCHY IN COMMUNITY

YEAR MARKERS

FEELING FORGOTTEN

COLLECTIVE TRAUMA

INCREASED STRESS AND ANXIETY

FEAR

How do we identify those in need of support?



Hope and Support

- Recognize and validate.
- Be reassuring that healing is possible, and we have what it takes.
- Foster resilience and self-efficacy.
- Believe that it gets better.
- Social support and peer support can be protective.

Trauma Reminders or “Trauma Cues”

- News of other attacks
 - Year markers
 - Media consumption after a collective trauma may fuel a cycle of distress by exacerbating distress and worry about future events.
 - Community issues involving the attack site (schools, memorials, the Marathon)
 - Court hearings
 - Internal cues (feelings, sensations, reminders)
 - Feeling out of control, vulnerable, or lonely
 - Magnifying existing problems
- Rebecca R. Thompson et al. ,Media exposure to mass violence events can fuel a cycle of distress.SciAdv.5,eaav3502(2019).DOI:10.1126/sciadv.aav3502
 - NMVRC Tip Sheets, NCTSN

What Can We Do About Trauma Reminders?

- Limit news exposure.
- Learn mindfulness, regulation, or de-escalation strategies.
- Promote trauma-sensitive and trauma-informed practices (community partners, media).
- Seek support when needed.
- Self-compassion and self-care.
- Utilize social supports.
- Trust your capacity (and work to strengthen it).
- Community partners - communicate, keep websites updated for resources.
- Professionals - use EBPs.
- All helpers utilize supports.

◦ NMVVRRC tip sheet, NCTSN



Kintsugi: The art of precious scars

Post-Traumatic Growth

Richard Tedeschi and Lawrence Calhoun coined the term “**post-traumatic growth**” to capture this phenomenon, defining it as **the positive psychological change that is experienced as a result of the struggle with highly challenging life circumstances**

- Peer mentoring
- Advocacy
- Sharing your story
- Meaning making
- Getting to know yourself
- Changing your inner dialogue
- New appreciation for life
- Personal strength
- Relationships with others
- Spiritual changes



KEY TAKEAWAYS

- Find your place; find the words that help you describe what you went through.
- Find a safe place to belong so you are not lonely.
- For communities: Don't forget.
- Keep victims/survivors a part of the conversation about year markers.
- Physical and psychological injuries both matter equally.
- Don't judge others or yourself or others.
- Make all contact with people impacted *trauma-informed*.



Thank You

This past April marked the 10-year marker since the bombing, and I ran with my son, Bryan. He was just 10 years old at the time of the bombing.

Tennille Pereira, Esq.

Executive Director, Vegas Strong Resiliency Center
& Member, NMVVRC Resiliency Center Directors' Forum



Fostering Ongoing Community Resilience



Annual Remembrance

- Language matters
 - Anniversary - annual recurrence of a date marking an event, often associated with positive life events
 - Commemoration - solemn ceremony in memory of person or event, often historical events or figures
 - Remembrance - remembering or keeping alive someone or a past event
 - Trauma cue vs. activation
 - Listen to your audience
- Traumaversary- the manifestation of remembered trauma around the anniversary of the event



Programming Objectives

- Resiliency Center Events
 - Education and coping skills
 - Opportunities to connect
 - Outreach & education
- Impacted Community Support
 - Emotional support
 - Outreach and logistical support
- Outreach
 - Educate the community about survivor/family needs
 - Control the narrative
 - Inform impacted community regarding services



Annual Remembrance



[GET SUPPORT](#)

[GIVE SUPPORT](#)

[CALENDAR](#)

[REMEMBRANCE](#)

[BLOG](#)

[ABOUT US](#)

 [EN](#)

#VEGASSTRONGER

From the Darkest Night
Comes the Strongest Light

SEPTEMBER 30, 2022



Community Collaboration

Collaboration is a force multiplier

- Mental health partnerships
- Government entities
- Emergency responders
- Survivor & family influencers
- Local non-profits
- Local businesses
- Local media
- Social media



Creating a Permanent Memorial

- Permanent memorials are healing
 - Continued physical connection
 - Space for mourning & celebration
 - Place for all to remember
 - Acknowledgment & validation
 - Remembrance
 - Education for future generations



Leading a **Healing** Process

- Utilize panel reflective of impacted community & professionals.
- Research other communities' experiences.
- Train panel on being trauma-informed and specifics about the impacted community.
- Lay a groundwork of trust and respect among panel, & then the impacted community.
- Provide safe space for all perspectives.
- Provide opportunities for community engagement.
- Listen & validate.
- Accommodate whenever possible.
- Vulnerability is your super-power.
- Leave your ego out of it.
- Trust the process.



Integrity of the Process

“ If you have **INTEGRITY**,
nothing else matters.
If you **DON'T HAVE** integrity,
nothing else matters.”

-Harvey MacKay



1 October Memorial Committee

- To lead a process in which input and engagement from victims' families, survivors, first responders, and community members will inform the creation of a permanent 1 October Memorial that will serve as a place to reflect on those lost and celebrate the unmatched strength of our community.
- Recommend to the Board of County Commissioners plans for a site, design, programming and ongoing maintenance needs for a permanent memorial, as well as funding solutions.



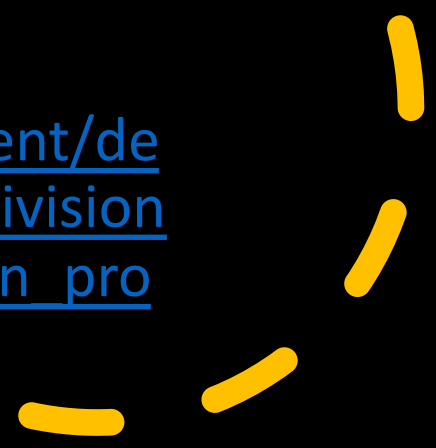
A Message from Our Committee

Thank you to all who participated in the first phase of our process for creating a lasting 1 October memorial. In July 2022, Clark County and the 1 October Memorial Committee kicked off a Three-Phase process to develop a concept for a memorial. The public, individual artists and professional design teams were invited to participate through our calls for [Creative Expressions](#), [Qualifications \(Professional RFQ Teams\)](#), and [Evaluators](#). Five design teams selected in Phase 1 of our process are now at work developing concepts for a memorial. Their proposals will be unveiled to the public in June 2023. You are invited to reach out to the design teams to participate in community engagement and outreach opportunities they may be hosting. Contact information for each team is listed on our website. Our goal is to develop a memorial that remembers the events of the tragedy that occurred at Route 91 Harvest Music Festival on October 1, 2017. The memorial will honor the lives lost and pay tribute to the survivors, first responders and everyday heroes who inspired the national with their bravery while also recognizing the resiliency and compassion of our community. We appreciate your interest and support in this effort to create a Memorial to Remember" for our community.

- https://www.clarkcountynv.gov/government/departments/parks_recreation/cultural_division/1_october_memorial/memorial_selection_process.php



MEMORIAL SELECTION PROCESS



*“Sometimes we need someone to **be there** with us—not to fix the problem, not to offer advice, not to do anything in particular—to simply **be present** with what we’re feeling, to **show up** and **acknowledge** what we’re going through and hold a **supportive, safe** space for us to **be** with what’s showing up for us.”*

-Unknown





tpereira@lacsns.org



@VegasStrongResiliencyCenter



bit.ly/vsrcyoutube



@vegasstrongresiliency



Aurelia Sands Belle, M.Ed.

Research Instructor, NMVVRC





Unexpected Challenges for Communities In the Recovery Phase of a Mass Violence Incident

Aurelia Sands Belle, M.Ed.

Research Instructor

National Mass Violence Victimization Resource Center

Medical University of South Carolina

Following MVIs, people and communities are left to reconstruct their lives:

- Recovery can be long and complicated; there is no standard recovery time.

- Individual needs vs. community needs can affect how services are provided and accessed.

- Conflict can arise due to limited or the lack of choices.

- Some challenges might be predictable, while others may not.

The NMVVRC has amassed some of the more common challenges communities face in the aftermath of a mass violence incident

Challenge 1: Different Definitions

Considerations & Solutions:

There are different definitions of **mass violence** by different organizations.

Each definition can affect who can be identified as a victim, funding, services, and other provisions.

Varying definitions of “Victims, Survivors, Witnesses, and First Responders”.

Unified definitions would be helpful.



Challenge 2: Organized Chaos

Considerations & Solutions

At first, so many things are happening at once!

Have a Plan! The key to a proper response is a well devised plan.

While plans are not perfect, they can provide a helpful starting point.



Challenge 3: Historical or Hate-based Trauma



Considerations & Solutions:

Historical trauma is based on a person's cultural identity, race, ethnicity, faith, gender, sexual orientation, etc.

These type occurrences play out across the country in incidents of mass violence and can **affect a person's trust** in systems or organizations designed to help, such as law enforcement, courts, physical and mental healthcare, and victim services.

The trauma emanating from these type crimes can be persistent, with long-lasting impact.

Challenge 3: Historical or Hate-based Trauma (*cont.*)

Considerations & Solutions

Providers should be educated about the historical trauma impacting the community. Do not assume you know. Ask questions and listen. Do not try to explain or qualify what happened.

Involve diverse responders that align with the affected community to help build trust and validate their experience.

Involve **trusted community members** – i.e., civic and faith leaders, educators.



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Challenge 4: Accessibility to Services

Considerations & Solutions



Location, Location, Location! Try to establish the Family Assistance Center and later the Resiliency Center in areas conducive to the impacted community. Consider transportation issues, disability access, and hours of operation, privacy, & confidentiality.

Make a concerted outreach to respected leaders in communities as early as possible who can serve as liaisons to victim service programs. Watch for displaced anger.

Providers should make outreach early with trusted community agencies and engage them in partnership to provide services.

Resources should be respectful and reflect the community's language, and culture, age-appropriate, disability needs, educational levels & developmental status, or sexual orientation.

Challenge 5: Ensure Inclusion of All Survivors and Communities

Considerations & Solutions:

Some victims or communities can feel overlooked and special care is needed to ensure these issues are adequately addressed.

Response plans should consider the immediate and long-term needs of individual survivors and larger communities. These plans should be routinely updated.

Offer services as long as they are needed, whether in-person or online. Be creative!

Remember, there's no wrong door!



Challenge 6: Different Perceptions of “Community”

Considerations & Solutions:

Leaders of MVI responses should respect existing connections and communities that provide the foundation for resiliency.

Allow for communities to self-identify and define their communities.

Work to unify the community as much as possible.

Not only do individuals hurt, but communities hurt as well.



Challenge 7: Conflict Can Be a Part of Recovery



Considerations & Solutions:

Working through conflict can be difficult in the best of times, but during an MVI it can be especially challenging.

Be open and willing to *listen and learn* from the key players in the response.

The source of the conflict must be clearly identified so it can be properly addressed and resolved.

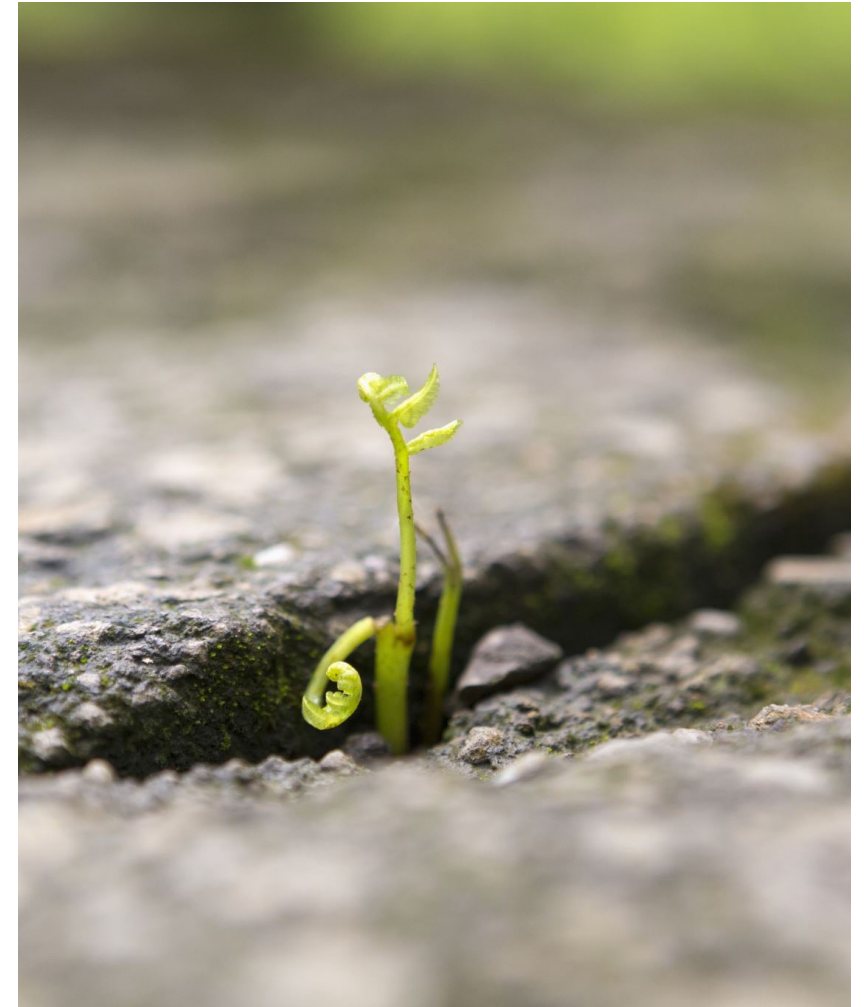
Challenge 8: Different Views about “Recovery” and “Resilience”

Considerations & Solutions:

Recovery and Resilience cannot simply be “achieved”.

By working with a mental or behavior health specialist, individual growth and improvement can be assessed.

Agreed-upon benchmarks that are determined and measured through periodic assessments can serve as indicators of community progress.



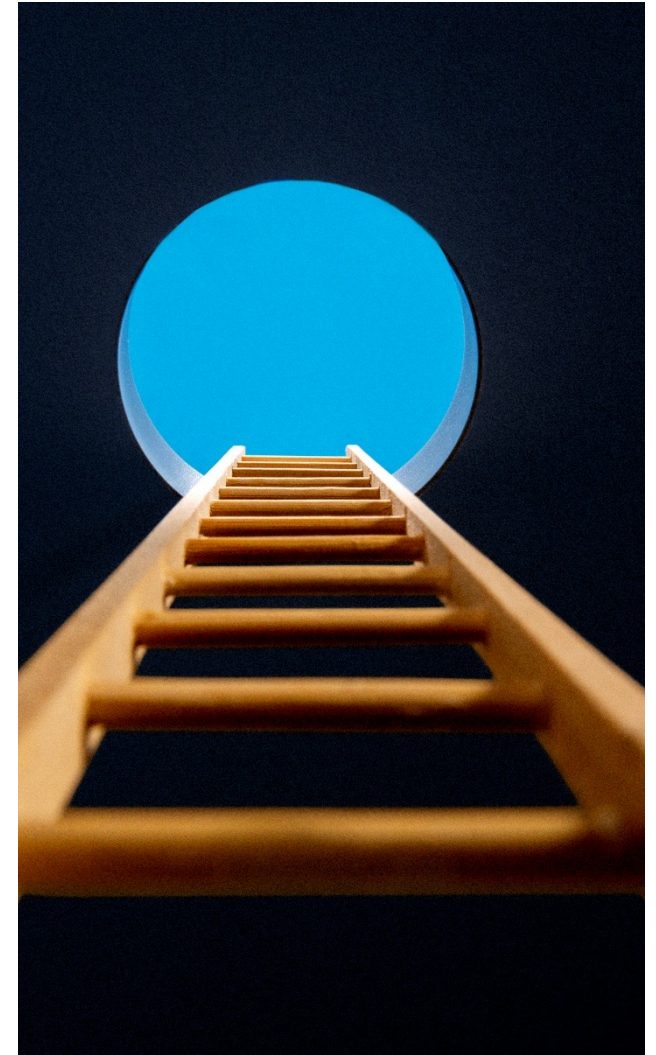
Challenge 9: Sustainability

Considerations & Solutions:

The needs of victims and communities can extend further than originally planned.

Regular assessments of victims' and other participants' needs and available services.

Think and plan beyond any federal or state funding because the needs of victims can extend beyond the limits of that funding.



Challenge 10: Communities Rush to “Get Back to Normal”

Considerations & Solutions:

Community leaders need to understand that they should not force or deny recovery. There is no “time limit” on individual or community recovery from trauma and grief.

Moving forward with compassion is in the best interest of the community.

Sometimes working with PR agencies can help rebrand and rejuvenate communities.



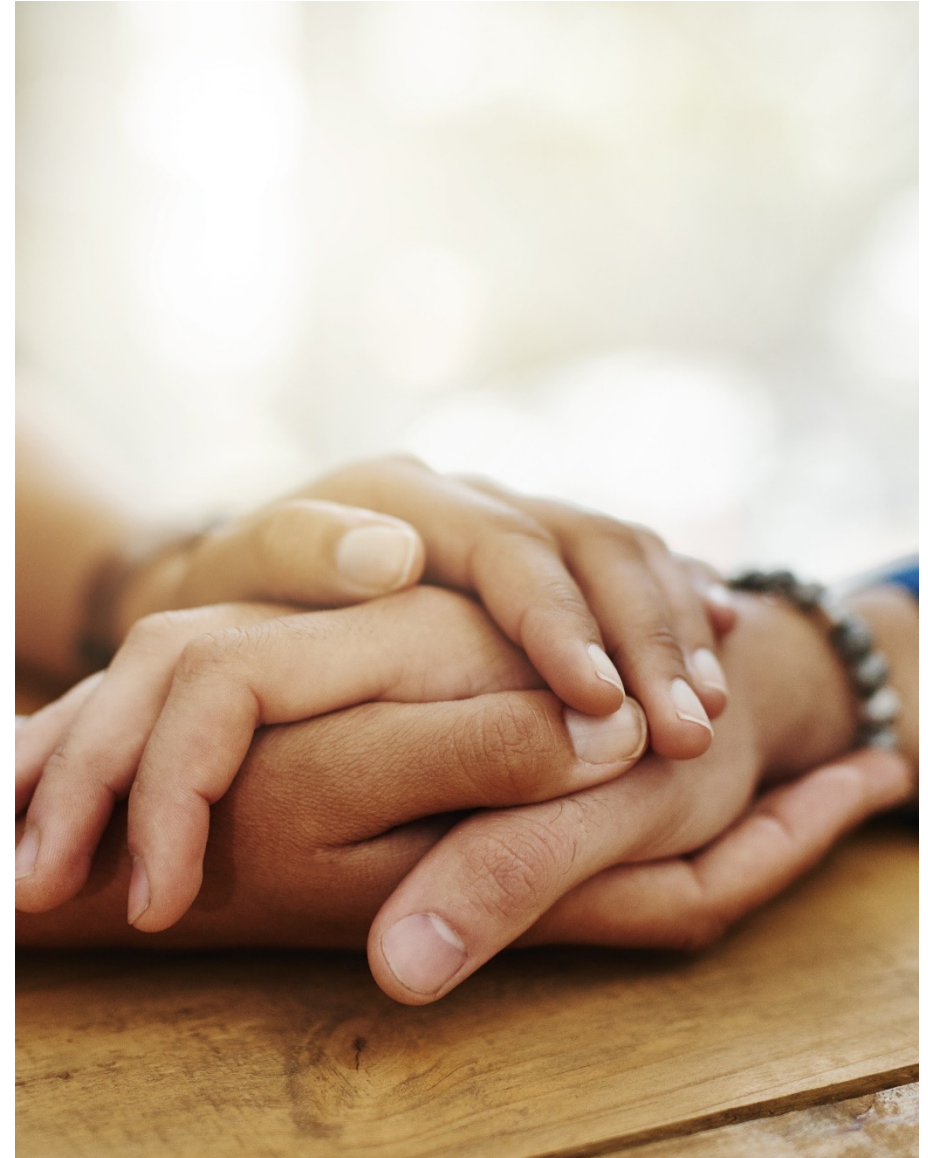
Conclusion

A mass violence incident can create many different challenges and changes, whether for an individual or a community.

Maintain services for as long as possible and be sure services are evidence-based and trauma-informed because recovery can be a lengthy process; there's no absolute timeframe.

Respect the community's cultural identity. Listen to each other and learn.

Finally, all responders should be mindful to take care of their own mental and emotional health.



ONE STRATEGY AND/OR SKILL

Describe the most important strategy and/or skill needed for professionals to help survivors and communities on their road to recovery.

Questions from the Field

Thank you for submitting questions in advance to our presenters!



To Request a Consultation or Technical Assistance:

info@nmvvrc.org



Next National Town Hall

NOVEMBER 2023

SUN	MON	TUE	WED	THU	FRI	SAT
29	30	31	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	1	2

Topic: *Helping the Helpers*

Date: *To be Announced Soon.....*



Office for Victims of Crime
OVC

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

Amy C. O'Neill, MS, LPC

<https://amyconeill.com/>



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WRAP-UP & EVALUATION



<https://redcap.link/NTH7>

