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NEWS & NOTES



NMVC

National Mass Violence Center

Providing Resources to Victims,
Survivors, & Those Who Serve Them

Mass Violence & Domestic Terrorism Are a Major Public Health Crisis in America

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&

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Preparedness, Response & Recovery

The crisis of mass violence and domestic terrorism strikes at our most basic, collective sense of humanity and personal safety. In a 2019 Gallup poll, nearly half of Americans reported fear that they or a family member would be a victim of a mass shooting. As it stands today, many Americans can't shop, worship, engage in recreational activities, go to movies or concerts, work or seek care in a hospital, go to the grocery store, or send children to school free from the fear that we or someone close to us will become a target. Each new incident creates a new group of victims/survivors/communities whose lives are changed forever, but each new tragedy also rips off the scab and rubs salt into emotional wounds experienced by those who previously experienced mass violence.

In 2017, our team from the Medical University of South Carolina established the National Mass Violence Victimization Resource Center (NMVRC), in partnership with the Office for Victims of Crime within the Office of Justice Programs, U.S. Department of Justice, to improve community preparedness and the nation's capacity to serve victims through evaluation, planning, training, technology, and collaboration.

The NMVRC does not provide direct "hands on" services to victims and survivors of mass violence incidents (MVs), but we do provide evidence-based information, tools, and connections to existing resources in the field; when we identify gaps in available resources, we develop new ones. We also offer victims and survivors self-help tools they need to understand and cope with the horrendous things they have endured. A key part of our strategy is establishing collaborative partnerships with organizations that play a vital role in planning for, responding to, and recovering from MVs. Three of our principal collaborative partnerships are with the American Hospital Association, the U.S. Conference of Mayors, and the National Governors Association.

In Uvalde Texas, for example, our Center developed and distributed a curated list of resources for our partners, stakeholders, and state and local community contacts within the victim services field. We are available to provide best practice consultation and technical assistance on long-term recovery efforts and have shared a number of professional resources such as *The Role of Police Executives in Assisting Victims of Mass Violence*:

Lessons from the Field, Victim-Centric Mass Violence After Action Reports, and a Planning and Implementation Guide for Comprehensive, Coordinated Victim Assistance for Mass Violence Incident Trials. Relevant to communities who have experienced an MVI, we have created a free mobile app, Transcend NMVC, to assist with recovery from the psychological and behavioral responses that can occur following direct or indirect exposure to MVIs. 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 useful in their recovery as well.

We feel compelled to address beliefs that many people have about the relationship between mental illness and propensity for violence. Current research data indicate that people with mental illness are no more likely to commit assaultive violence than their counterparts without mental illness. In reality, people with mental illness are at greater risk for becoming violence victims than they are to become violence perpetrators. It is also inaccurate, and profoundly unfair to those with mental illness, to assume that anyone who commits mass violence must be mentally ill. FBI studies of mass violence perpetrators indicate that some might have some mental health problems, but most are not psychotic. However, the FBI notes that many mass violence perpetrators have adopted extremist ideology that motivates their violent behavior. Examples of such perpetrators include those in the Mother Emanuel AME church massacre in Charleston, and mass violence incidents in El Paso, Texas, Pittsburgh, Pennsylvania, and Buffalo, New York. It is not only wrong but also counterproductive to blame mass violence on mental health problems because doing so shifts our focus from more proximal causes.

Communities need to be aware of the long-term impact of MVIs and the broad scope of these events on our communities and nation. Each incident changes the lives of victims, survivors, and communities forever. We will continue to encourage comprehensive, community-based victim service and mental/behavioral health initiatives that both plan for, and respond to, MVIs and that provide both short-and long-term support services. We are humbled by the work we do to support survivors through the long journey of recovery. However, our hope is that one day, our nation won't need the NMVRC any longer.

Data Collection & Evaluation

Angela Moreland, Ph.D.

Hello from the Data Collection and Evaluation team!

We are in preparation to share the results of a comprehensive needs assessment, conducted with 174 direct victims, from the shooting at the Route 91 Harvest Festival in Las Vegas on October 1, 2017. Thank you to the Vegas Strong Resiliency Center for all of the help in connecting with victims.

In the survey, we obtained information on the degree of impact, response factors, and mental health consequences following the Route 91 Harvest Festival shooting. Our team has completed preliminary analyses of the needs assessment survey, which will be extremely informative to the Las Vegas community, as well as to the larger community who work with direct victims.

Our next goal is to invite the remainder of direct Las Vegas victims to complete surveys and to extend these needs assessments to additional communities - more details coming soon!

Resources & Technology

Daniel Smith, Ph.D.



[Click HERE for a video report](#)

Training & Technical Assistance

Rochelle Hanson, Ph.D.

Over the past quarter, the Training & Technical Assistance division has remained focused on developing training resources and materials to address the mental and behavioral needs of mass violence victims, survivors, and first responders. We have continued our collaborative project with OVC TTAC to develop a standardized training curriculum, with the revised title: *Behavioral Health Pathways After an MVI: What Everyone Should Know*

We are also excited to announce the acceptance of three panel presentations at national conferences. That's right, three for three!!

- *Strategies to Promote Mental Health Recovery: Recommendations Before, During, and Following a Mass Violence Incident*, has been accepted for presentation at the National Center for Victims of Crime's 2021 National Training Institute in St. Louis, Missouri, which will be held from October 6-8, 2022. Our 90-minute presentation (co-presenters Dr. Alyssa Rheingold and Anne Seymour) will take place on October 7.
- *Evidence-based Approaches to Address Behavioral Health Needs after Mass Violence: Readiness, Response, and Recovery*, was recently submitted to the Association for Behavioral and Cognitive Therapies (ABCT), for their annual conference in November. This panel includes Dr. Rochelle Hanson, Dr. Angie Moreland, Dr. Dean Kilpatrick, and Dr. Dan Smith, as well as Melissa Brymer, from the National Child Traumatic Stress Network, and Elizabeth Cronin, from the NYS Office of Victim Services.
- *Lessons Learned to Address Traumatic Stress Across Diverse Populations Before, During and After Mass Violence Events*, was just submitted to the International Society for Traumatic Stress Studies (ISTSS) for their annual conference in November. The panel involves a diverse group of individuals who have responded to mass violence incidents in the United States and Europe.

In concert with the NMVRC Response Division, we are working to develop several training modules for the City of Virginia Beach. These training modules are associated to the shooting that occurred on May 31, 2019, at a municipal building in the Princess Anne area of Virginia Beach, VA.

As always, we welcome suggestions for new training/education materials along with requests for training or consultation.

Survivors & Providers Steering Committee

Aurelia Sands Belle, M.Ed.

The Survivors and Providers Stakeholders Forum held its quarterly meeting on Thursday, June 30th. As the country has endured multiple MVIs over the last few months, we found it appropriate to discuss trauma cues. Dr. Angela Moreland-Johnson led a discussion, "When Mass Violence is a Trauma Cue." The discussion revealed that heightened hypervigilance and self-isolation were common among Forum members as a result of the recent barrage of mass violence incidents. Dr. Moreland-Johnson stressed the importance for MVI victims of taking care of their bodies and the helpfulness of good social support, making meaning, friends, and family. All these things should be prioritized for both survivors and service providers.

Dr. Rochelle Hanson addressed the Forum next, speaking about "The Emotional & Psychological Impact of MVIs on Children." With the shooting at Robb Elementary School, in Uvalde, TX, weighing heavily on everyone's mind, Dr. Hanson explained the mental health impact of mass violence and how it generally shows up in children across age-categories. She also explained the difference between cumulative and collective trauma and shared tips on what adults could do to help kids. Dr. Hanson also spoke about when it was appropriate to seek professional help and the importance for adults to manage their own stress and practice self-care. Dr. Hanson concluded her talk speaking about resiliency and discussing that resiliency is built. She ended sharing a memorable quote from the Dalai Lama:

"There are only two days in the year that nothing can be done. One is called Yesterday and the other is called Tomorrow. Today is the right day to Love, Believe, Do and mostly Live.

Stakeholders Updates:

Within their communities, forum members are busy working on specific issues and projects that address the problems and needs of crime victims:

- Dion Green (Oregon Historic District shooting) met with families in both Buffalo, NY, and Uvalde, TX. Dion knows his limitations and practices self-care by taking breaks as often as needed. Dion allows himself to be vulnerable with families because he believes tears are part of healing. Pictured below, Dion was invited to the White House for the signing ceremony of the Safer Communities Act.
- Brittney Thomas (Heath High School shooting) recently was with a group of long-term mass violence survivors. They discussed how the recent episodes of mass violence caused them to revert to old behaviors like watching doors and looking for an exit. In view of the Uvalde shooting, the group also spoke about tattooing their names on their bodies to ensure identification in case of an MVI.
- Rev. E. Manning (Mother Emanuel shooting) wanted to share with the group the similarities between the Buffalo, NY, shooting and the Mother Emanuel Massacre. Both were radicalized young white men who scouted the sites and actually talked to several of the victims, who interacted with and were kind to them.
- Elyne Green and Amy O'Neill filmed segments for the NMVVC's upcoming Virtual Resiliency Center (VRC). Other Stakeholders will be asked to contribute to the VRC in the future.
- The Ft. Lauderdale, FL, community conducted a community-wide reenactment with 500 volunteers of the 2017 airport shooting. The community received extensive warnings leading up to the drill. Debra Howard-Burton was responsible for setting up the Family Reception Center.
- Stakeholder Navi Gill shared that the 10th Anniversary of the Sikh Temple of Wisconsin shooting will be commemorated August 5-7, 2022.

Updates From the Field

Anne Seymour, Associate Academic Program Director

“A Response to a Cry for Help” - New 988 Hotline Launched in July 2022

The Substance Abuse and Mental Health Administration (SAMHSA) launched the new 988 Suicide and Crisis Lifeline on July 16, 2022. At the convening in Philadelphia to roll out the new hotline, U.S. Department of Health and Human Services (HHS) Regional Director Al Stanford said, “It’s a response to a cry for help.”

According to HHS, “in 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Hotline.” The national 988 system will build upon the foundation of the Hotline, which is an existing network of over 200 crisis centers nationwide. Staffed by mental health professionals, the crisis centers answered approximately 2.4 million calls in 2020.

The Lifeline accepts calls from anyone who needs support for a suicidal, mental health, and/or substance use disorder crisis; and callers will be directly connected to trained mental health counselors. Call services are free, confidential, and available 24/7/365 in English and Spanish, with interpretation services in over 150 languages.

The online 988 Partner Toolkit features communication outreach materials that can help victim service organizations and other entities that assist victims, survivors, and communities impacted by mass violence to promote the 988 Hotline, including:

- Key Messages
- Frequently Asked Questions
 - Logo and Branding
 - Social Media Strategies
 - Additional Resources

Printable materials in the Toolkit - including some in Spanish - include posters, wallet cards, magnets, and a sample safety plan.

Victim/survivor services and allied organizations can review the [988 Partner Toolkit](#) and use its many resources to promote the 988 Hotline to clients and the community. Information about the 988 Hotline can be prominently featured on organizations’ websites, via social media outreach, and below professional signatures in emails, among other outreach opportunities.

The new 988 Hotline provides a wonderful opportunity to help crime and mass violence victims and survivors who may experience crises for which assistance for a trained mental health professional can be urgent, timely, and helpful.



Call or Text 988 / chat at [988Lifeline.org](https://www.988Lifeline.org)

