VICTIM-CENTRIC MASS VIOLENCE INCIDENT AFTER ACTION REPORT

RECOMMENDATIONS AND TEMPLATE

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Victim-Centric Mass Violence Incident After Action Report Recommendations and Template

National Mass Violence Victimization Resource Center

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A primary focus of the National Mass Violence Victimization Resource Center (NMVVRC) is to address the mental health and victim assistance needs of victims, survivors, family members and communities impacted by a mass violence incident (MVI). In many communities, After Action Reports (AARs) — also called After Action Reviews — are generated following MVIs and include a wealth of information about pre-event preparations, acute response and post-event support services. A review of the scope and content of existing AARs was conducted to better understand the potential areas of improvements to such reports, especially as it relates to victim and mental and behavioral health services. MVI AARs that include summaries of mental/behavioral health and other victim services are highly valuable to victim assistance agencies and organizations, including the NMVVRC. However, in our review of AARs for MVIs in the past 15 years, we found that this information is rarely included. In this document, we provide a general overview of AARs, summarize findings from our review of publicly available AARs as it relates to victim services and mental/ behavioral health services, and highlight specific examples of victim services information that could be included more regularly in future reports. Finally, we provide a recommended AAR template for communities that includes comprehensive victim services and mental/behavioral health components.

What are AARs? MVI AARs offer a retrospective analysis of all actions pertaining to the response to a MVI. The Department of Justice's Office of Community Oriented Policing Services (COPS) office defines an AAR as "a process after an exercise or event that affords participants the opportunity to reflect, provide perceptions/ observations, and ID promising practices/lessons learned that can be applied to enhance future responses to similar scenarios" (National Police Foundation, 2020). These reports provide examples and "lessons learned" that are used by community leaders, emergency planners, law enforcement, firefighters, emergency medical services, hospitals, victim assistance agencies, mental and behavioral health agencies, as well as state and federal administration as they prepare for, and respond to, future MVIs. **For more detailed information on how to conduct an AAR, see Department of Justice COPS resource "How to Conduct an After Action Review."**

Who writes AARs? AARs are typically commissioned by a local, state, or federal governmental body to be written by the lead law enforcement agency that responded to the MVI (most commonly a Police Department or Sheriff's Office), FEMA, or an outside contracted consultant. Law enforcement agencies may collaborate with victim services agencies during the creation of an AAR. Though fairly uncommon, victim services agencies can also choose to write a stand-alone or supplemental AAR focused specifically on the provision of victim services.

When should AARs be written? The timeframe for writing an AAR depends upon a variety of different factors. The timing of commission and funding, availability of staff and resources needed to generate the report, and the scope of the report all influence the timeline for completion. Historically, many comprehensive reports have taken one-to-two years to complete. However, given the increasing frequency of MVIs and the need for up-to-date MVI resources, AARs produced more quickly can help ensure that communities have the latest information to use as they prepare for, and respond to, MVIs. To produce AARs more quickly, those commissioned to draft the report may choose to summarize any preparations they had taken, acute responses, and initial services; and then produce a supplement later to update more intermediate and long-term services.

NMVVRC AAR review strategy. With the goal of identifying mental health and other victim services information included in MVI AARs, NMVVRC consultants reviewed publicly available AARs for six MVIs that took place in the past 15 years: Sandy Hook Elementary School shooting (Newtown, CT; 2012), Pulse Nightclub shooting (Orlando, FL; 2016), Navy Yard Shooting (Washington, D.C.; 2013), Boston Marathon bombing (Boston, MA; 2013), Virginia Tech shooting (Blacksburg, VA; 2007), and the Route 91 Harvest Music Festival shooting (Las Vegas, NV; 2017). These AARs were all commissioned by a governmental body; non-commissioned reports were excluded from this review as these reports differed

considerably in format. The consultants also reviewed the following documents for additional information about optimizing victim services following mass violence events: a) SAMHSA Dialogue (2017, Volume 13, Issue 3-4), "Mass Violence: Planning, Responding, Recovering," b) the Office for Victims of Crime's (OVC) 9/11 Report, and c) "Crisis Response Debriefing in the Aftermath of the Navy Yard Shooting" prepared by the District of Columbia Mayor's Office of Victim Services.

Observations from the review. The AARs provided a wealth of information to help communities prepare for and respond to MVIs. While there was ample discussion of incident timeline, tactical operations and operational communications, summaries of victim services were rarely included. However, reports mentioning victim services provided valuable recommendations that could help guide future preparedness and response efforts. Reports emphasized the need for coordination of acute and long-term support services to assist victims with financial challenges, mental health needs and receiving legal updates/support. To streamline and expedite the provision of services following a MV event, it was suggested that the identification of local, state and national victim support services — and any additional resources needed to support quick establishment of family assistance centers — occur during community preparedness planning. Examples of services that may be needed were provided to guide preparedness planning. To meet victims' mental health needs immediately following MVIs, reports suggested implementing a "disaster mental health response team" and/or walk-in mental health clinics, with well-vetted clinicians who are trained to respond to the acute mental health needs of victims, family members, first responders and agency professionals. At the community level, it was recommended that community leaders familiarize themselves with federal emergency declaration procedures, identify grants that could support victims and communities affected by MVIs, and determine early-on which agency (e.g., state victim service agency, law enforcement) would take the lead on coordinating victim services across all agencies involved in the MVI response – all of which could reduce potential delays in victim service provision.

Additional victim assistance information to include in AARs. In addition to the information summarized in the reviewed AARs, several additional victim assistance-related content areas could be included in future reports. It would be helpful to have more information about how victim service providers (VSPs) were involved, or interacted with other agencies throughout various aspects of a community's response, from planning, to acute response, to long-term recovery. Detailed accounts of how Joint Information Centers and Family Assistance Centers were established would be helpful to inform future planning efforts and protocol development. Similarly, AARs could benefit from outlining short- and long-term community recovery plans with specific mention of how victim assistance services may look different over time. As part of this discussion, resources used to support first responders, victim service professionals, and clinicians should be summarized. In addition, relevant to victim services, there was limited discussion in existing AARs about property return. Property return is often a part of every MVI and includes significant challenges that need to be considered. More detailed information about protocol development and implementation of a property distribution process should be included. Lastly, discussions of victim assistance in AARs could be enhanced by incorporating feedback from victims and their families. Data collection should be pursued at multiple points throughout the recovery phase to identify victim needs and to determine utilization and effectiveness of resources offered.

Additional mental/behavioral health information to include in AARs. Similar to VSPs, AARs should include additional information about inclusion of mental/behavioral health providers within planning phases and throughout the acute and recovery phases. Mental/behavioral health providers play an integral role in victim response and recovery after MVIs. Further, little to no information is provided in existing AARs on what types of mental health interventions were provided. Within the field, there are a number of evidence-based trauma and grief interventions; however, these interventions are not widely implemented. Descriptions of providers' training to respond to the acute and long-term mental health needs of victims, family members, first responders, and agency professionals may identify gaps in community needs and offer considerations for other communities in planning for MVIs. Attention should be given to specific

considerations of the population impacted by the MVI (age, religion, race, ethnicity, sexual orientation, location of incident, hate crime, etc.). Lastly, first responders' secondary trauma/compassion fatigue should be included in AARs.

Checklist of victim and mental health services to include in AARs:

- **Victim Service Providers:** The role of VSPs (victim advocates or victim assistance professionals) during planning (planning meetings or protocol development), acute response (in establishment of Joint Information Center, at the initial Response Center and/or Family Assistance Center, death notification assistance, etc.) and long-term recovery (Resiliency Center, judicial process, commemoration planning and implementation, etc.) phases. Includes recommendations for utilizing VSPs in future incidents.

- **Property Return:** Cleaning/repairing property. Description of protocols for property return, including victim-centered notification, documentation, and database organization, distribution and delivery process with information on VSP support.

- **Victims (General):** Descriptions of support services offered for victims beyond mental and behavioral health services (victim assistance programs, crime victim compensation, hotlines, case management and navigation of services). Description should include short-term and long-term community recovery plan. Vetting and credentialing of volunteers that assisted with support services for victims.

- **Family Members (General):** Description of general support services for family members, as well as recommendations. Examples include hospital advocates, legal advocates, initial Response Center and Family Assistance Center, clergy, university liaisons, family liaison officers; family folders to track information, family meetings for communication with law enforcement, and crime scene walkthroughs.

- **Mental/Behavioral Health Providers:** The role of mental/behavioral health providers during planning (planning meetings, protocol development, disaster mental health teams), acute response (at initial Response Center and Family Assistance Center, death notification assistance, etc.), and long-term recovery (Resiliency Center, judicial process, commemoration planning and implementation, etc.) phases. Includes recommendations for utilizing mental/behavioral health services in future incidents; training of mental health providers in evidence-based trauma and grief interventions for both children and adults; and vetting and credentialing of volunteer mental/behavioral health providers.

- **Mental Health for Victims/Family:** Mental/behavioral health services and resources for victims and family members (broadly defined, and can include the community at large), access to mental health clinicians and physicians, and overview of treatment modalities provided. Description should include early intervention and walk-in mental health clinics, long-term intervention approaches, as well as other resiliency-building wellness activities provided; and population-specific considerations (age, religion, race, ethnicity, sexual orientation, location of incident, hate crime, etc.).

- **First Responders (general):** Needs, in addition to safety, should be identified and addressed.

- **Mental/Behavioral Health for First Responders:** Includes early intervention, stress management for secondary trauma/compassion fatigue and mental/behavioral health resources.

- **Documentation and tracking protocols:** Includes documentation, tracking and database protocols for victim services, mental health services and medical care provided to victims, survivors and family members.

- **Restoring Operation of the Community/Recovery and Accessing Resources:** Description of resources that supported crisis response, consequence management (recovery efforts and criminal justice support), and training and technical assistance for victim services and mental health professionals.

- **Feedback from Victims:** Findings from meetings or post-briefings with victim service providers to gather feedback on strengths and weaknesses of agency responses. Findings on impact of MVI on core response team.

- **Feedback from Victim Service Providers:** Findings from meetings or post-briefings with victim service providers to gather feedback on strengths and weaknesses of agency responses. Findings on impact of MVI on core response team.

Summary. In general, more consistent inclusion of victim assistance information in MVI AARs is needed to ensure that community leaders are not "starting from scratch" when creating preparedness plans that consider MVI victim service needs. With increased attention to victim assistance in AARs, community leaders would have access to a wide range of case examples that they could use to develop protocols tailored to the needs of their own community. These AAR-informed protocols could, in turn, ensure that victims' needs are clearly identified, and that they receive the support they need, when they need it.

Reference:

National Police Foundation. 2020. How to Conduct an After Action Review. Washington, DC: Office of Community Oriented Policing Services.

Victim-Centric Mass Violence Incident After Action Report Template

Below is a recommended template for communities to use as a guide in drafting a victim-centered After Action Report following a mass violence incident (MVI).

Report Element	Description
Overview	
Cover page	AAR title; agency(ies) sponsoring/funding the report; date of publication; and location of publication
First/insert page	Includes list of author(s); any funding source; and any disclaimer(s)
Table of Contents	All topics cited below; appendices; and any other addenda.
Executive Summary	Overview of event and significant findings. Typically includes details about when the incident happened, where the incident happened, number of people killed, number of people injured, status of alleged or convicted perpetrator(s), and key recommendations.
Purpose	Who (agency/entity) commissioned the report, and who was involved in developing the report. Purpose and goals of the report. Intended audiences and impact.
Scope	The purview of the report. Describes the main areas that will be addressed (e.g. tactical operations, victim services, communications) and the agency responses that will be assessed.
Methodology	Methods and data sources for conducting the review (e.g., interviews and documents collected), who participated (both interviewees and interviewers/persons/panels who collected the data), timeline, and list of report authors. Indicates the representation of data sources and the individuals and agencies who collected the data.
Limitations of Report	Descriptions of restrictions on the report, including available data, representation of the groups who contributed to the data and report.
Background	Community background, setting, alleged/convicted perpetrator history, maps, diagrams, photos. Provides an understanding of risk and protective factors associated with the incident and incident response.
Timeline of Events/Response	Often a table with chronological detail about the exact time at which each event and response happened.
Incident Report/Narrative	Usually a narrative of events in the order in which they occurred, with an overview of agency responses. May include photos and maps.
Community Capacity/ Agency Capacity, Description and Resources	Includes list of community agencies, emergency response providers, first responders, and community service providers. Also describes their capacity and resources, as well as any pre-established relationships with each other.

Observations and Recommendations	
Pre-Incident Planning	List of pre-existing protocols and resources put in place in preparation for MVIs. This may also include recommendations for future pre-incident planning such as national incident management system protocols, plans for joint or unified commands, diagrams, resource lists, communications procedures, training, aid staging locations, and supplies. Victim service providers (VSPs) are proactively involved in the development of the jurisdiction's emergency response plan, with specific roles and responsibilities identified for initial crisis response and creation of an initial Response Center; creation of a Family Assistance Center; and creation of a Resiliency Center.
Pre-Incident Planning: Procedures for Identifying At-risk Individuals and Referring to Services or Sanctions	Describes procedures that were followed or that would be recommended to identify at-risk individuals and refer them to services or appropriate sanctions. For example, procedures for reporting student or employee aberrant behavior, misconduct, or mental health concerns; restricting access to firearms and security clearances; and psychiatric holds and reporting to law enforcement when someone is a danger to self or others.
Pre-Incident Planning: Firearms Procedures	Procedures for restricting access to lethal means, and for enforcing gun policies on campuses and in workplaces.
Pre-Incident Planning: Pre-existing Relationships	Interagency relationships, including nature and extent as well as inclusive of victim service and mental health integration. Agreements about chain of command and who is authorized to direct personnel across agencies during incidents. Plans for a unified response protocol.
Pre-Incident Planning: Prior Training Exercises	Brief descriptions and timelines of prior training exercises completed by first responders.
Pre-Incident Planning: Recommendations for Future Training	Recommendations that the AAR authors advance future training needs. For example, medical training for law enforcement, communications and operations drills, interagency drills, becoming familiar with local buildings, training dispatchers, training family liaison officers, training individuals involved in death notification, and reviewing critical incident reports.
Pre-Incident Planning: Security/safety Features of Installation/venue	Describes security and safety features of the installation, building, or venue where MVIs take place. For example, surveillance and alert systems, alarms, entrances and exits, guards, security cameras, barricades for crowd control, gates and locks. Includes discussion of how these features can interfere with emergency response.
Pre-Incident Planning: Available Supplies, Equipment and Resources	Descriptions and recommendations of resources that are useful or needed for an effective MVI response. For example, readily available medical supplies, safety equipment, "go kit" or law enforcement resource box at entry points for first responders (maps/keys/communication info), air support, bomb squad resources, and crime scene investigation equipment. Plans for accessing additional equipment from outside sources during MVIs.
Pre-Incident Planning: Community Capacity and Education	Describes what communities have offered in terms of training community members, providing public education about how to respond to a shooting or other MVI. Descriptions of community resources for mental and behavioral health, including mental/behavioral health providers (both for prevention of violence and treatment of victims). Recommendations for further training needs in these areas.

Pre-Incident Planning: Emergency Response Protocols in Place	Plans used by emergency response agencies to help control, direct, and coordinate personnel, equipment, and other resources from the scene. Plans that address the continuum — from transport to care to the conclusion of incident. The plan may also address services needed after the incident (e.g., initial Response Center and/or Family Assistance Center, donations management plan). Any use of the National Incident Management System protocols. Description of not only protocols in place but also plans that were actually carried out and what was needed to make plans effective.
Emergency 911 Services and Initial Notification	The operation of emergency 911 services and how these services manage initial notification and dispatching in MVIs. For example, how dispatchers give advice and information. Issues with capacity to receive and field calls.
Law Enforcement and Initial Response	Personnel and operations involved in initial, immediate response to the incident. e.g., law enforcement, national guard, command centers. Accessing the scene/facility, search and clear procedures, weapons discipline.
Tactical Operations	Personnel and operations following the initial response. Getting to the scene/navigating vehicular traffic/maps; use and creation of various teams or units called as backup; accessing equipment and resources; and managing false distraction calls.
Tactical Operations: Search for Perpetrators	Tactical operations to both maintain public safety and locate the alleged perpetrator(s).
Operational Coordination/ Relationships, Command and Control	Leadership structure and communications strategies. This includes establishing and communicating/identifying who is in charge; use of an incident command protocol; establishing unified command centers and structures; coordinating and communicating among agencies from across the region and various jurisdictions (Federal, tribal, state, local, Department of Defense, campus law enforcement, etc.); agreements about authority of outside agency supervisors to direct personnel in other agencies; and managing self-dispatching/self-deployment issues.
Operational Communications	Observations and recommendations regarding various forms of interagency communications during the MVI, including format and language. Examples of communications formats include radio channels, cell/satellite phones, and internet. Issues with language include nomenclature for direction (compass, landmarks, building side numbers, etc.).
Scene Management and Command Centers	Processes related to scene management and establishing command centers/ posts, staging areas, perimeters, and security. Coordination between/among command posts. Managing self-dispatching issues (e.g., multiple uniformed personnel arriving, multiple vehicles blocking access).
Medical Services & Systems	Describes a range of services from first response and triage to hospital system response.
Medical Services & Systems: First Response	Administration of medical care by first responders and bystanders.
Medical Services & Systems: Equipment/supplies	Access at the scene and on ambulances, emergency vehicles, and at hospitals. Plans for accessing additional equipment from outside sources during MVIs.

Medical Services & Systems: Triage	Establishing triage and treatment groups at the scene. Color coding/marking victims. Assigning to appropriate hospitals. Determining which hospitals can send resources. Obtaining accurate patient counts, injury status and information.
Medical Services & Systems: Transport	Access to the scene. Coordinating transport to hospitals. Transport of the deceased. Transport to and from initial response centers and then family assistance centers. Use of vehicles from various sources.
Medical Services & Systmes: Communications Systems	Systems for communicating among agencies, personnel, victims and families.
Medical Services & Systems: Coordination among Law Enforcement, EMS, Hospitals	Systems and communications strategies for coordinating among law enforcement, EMS and hospitals.
Medical Services & Systems: Hospital System Response	Aspects of hospital and medical system response to MVIs. Examples include hospital multi-casualty plans; diverting elective procedures; security; gathering evidence; and assisting victims and families.
Crime Scene Management	Describes processes involved in managing the crime scene for security and evidence collection. Examples include crime scene security; control of entry points; identification of human remains for death notification and documentation; and managing witnesses.
Criminal Investigation	Processes related to criminal investigations procedures. Examples include controlling release of information; sensitivity about family member involvement in identification, and access to personal effects. Sensitivity to witnesses' and victims' needs when collecting information. Collection, vetting, and processing of evidence.
Public Information and Notification; Media and Public Relations	
Public Information and Notification; Media and Public Relations: Immediate Notification of the Public	Means for immediate notification of the public regarding the nature of the MVI. For example, radio and text messaging broadcast and emergency alert systems.
Public Information and Notification; Media and Public Relations: Notification of Families/family assistance	Means for notifying families of critical updates, information about family members' medical status and location, e.g., hotlines, initial Response Centers and FACs, personnel who deliver death notifications.
Public Information and Notification; Media and Public Relations: Procedures for Working with Media Outlets, Public Officials, and Other Public Information Systems	Establishing a public information center/command post and/or locations to stage media. Means of coordinating consistent, timely and reliable messaging, providing regular updates, addressing rumors, minimizing media interference with investigations, and remaining sensitive to victims' and families' needs. Use of public information officers, press kits, social media, and guidelines for media. Managing visits and briefings with public officials.
Resource Management	How communities balance and utilize their resources in multiple areas. This can include staffing; crime lab resources; ensuring officer recovery from shifts; handling non-emergency calls; and utilizing community resources.

Resource Management: Ensuring Ongoing Coverage for Entire Region	Observations and recommendations to ensure that security, emergency response, and other community services remain uninterrupted during and after the incident.
Protecting the Community after the incident	Strategies for protecting the community during events that take place after the MVI. May also include ways that the community infrastructure is bolstered to protect community members from further harm.
Reporting and Documentation	Processes for documenting the incident, ensuring documentation occurs, maintaining information about victims and medical status.
Support Services (for victims, first responders)	
Support Services Victim Service Providers (VSPs)	The role of VSPs during planning (e.g., planning meetings, protocol development), acute response (e.g., in establishment of Joint Information Center, at initial Response Center and/or Family Assistance Center, death notification assistance, etc.), and long-term recovery (e.g., Resiliency Center, judicial process, commemoration planning and implementation, etc.) phases. Includes recommendations for utilizing VSPs in future incidents.
Support Services Property Return	Cleaning/repairing property. Description of protocols for property return, including victim centered notification, documentation, and database organization, distribution and delivery process with information on VSP support.
Support Services Victims (General)	Descriptions of support services offered to victims beyond mental health services. For example, victim assistance programs, crime victim compensation, hotlines, case management and navigation of services. Descriptions should include short-term and long-term community recovery plan. Vetting and credentialing of volunteers that assisted with support services for victims.
Support Services Family Members (General)	Description of general support services for family members, as well as recommendations. Examples include hospital advocates, legal advocates, Family Assistance Center personnel, clergy, university liaisons, and family liaison officers; family folders to track information, family meetings for communication with law enforcement, and crime scene walkthroughs.
Support Services Mental/Behavioral Health Providers	The role of mental/behavioral health providers during planning (e.g., planning meetings, protocol development; disaster mental health teams), acute response (e.g., at initial Response Center and/or Family Assistance Center, death notification assistance, etc.), and long-term recovery (e.g., Resiliency Center, judicial process, commemoration planning and implementation, etc.) phases. Includes recommendations for utilizing mental health services in future incidents. Training of mental/behavioral health providers in evidence-based trauma and grief interventions for both children and adults. Vetting and credentialing of volunteer mental/ behavioral health providers.

Support Services Mental Health for Victims/ Family	Mental/behavioral health services and resources for victims and family members (broadly defined, and can include the community at large), access to mental health clinicians and physicians, and overview of treatment modalities provided. Description should include early intervention and walk-in mental health clinics; long-term intervention approaches; other resiliency-building wellness activities provided; and population specific considerations (e.g., age, religion, race, ethnicity, sexual orientation, location of incident, hate crime, etc.).
Support Services First Responders (General)	Needs of first responders, in addition to their safety, that should be identified and addressed.
Support Services Mental/Behavioral Health for First Responders	Includes early intervention, stress management for secondary trauma/ compassion fatigue, and mental/behavioral health resources.
Support Services Documentation and Tracking Protocols	Includes documentation, tracking, and database protocols for victim services, mental health services, and medical care provided to victims, survivors, and family members. Describes information sharing process among providers, as well as security and protections for privacy/ confidentiality.
Community Engagement & Management in the days and months after the incident	Includes communication plans, managing donations, meeting spaces, memorials; managing volunteers; managing dignitary visits and maintaining security during these activities.
Community Engagement & Management in the days and months after the incident Restoring Operation of the Community/Recovery and Accessing Resources	Plans and strategies employed to acquire resources, restore infrastructure, ensure safety, and assist community members and businesses in resuming activities. Description of resources that support crisis response, consequence management (recovery efforts), criminal justice support, and training and technical assistance for victim services and mental/behavioral health.
Feedback from Victims	Findings from individual and group interviews with victims and family members at multiple points throughout the recovery phase. Feedback on strengths and weaknesses of agency responses.
Feedback from Victim Service Providers	Findings from meetings or post-briefings with victim service providers to gather feedback on strengths and weaknesses of agency responses. Findings on impact of MVI on core response team.
Other	
Summary of Recommendations	A brief summary overview of recommendations included in the report.
Tribute/Memoriam to Victims	A list of victims' names. May include photos, background information, quotes and other acknowledgments.
Acronyms/Terms	A list of acronyms, key terms and their definitions.
Core Capability Mapping	A table aligning community capabilities with various aspects of response.
Contact information	Contact information for authors, local resources