LETTER FROM THE DIRECTOR

Mass violence is a major problem in America that has killed and injured thousands, terrorized communities, and taken away our ability to live our lives free from fear. The Medical University of South Carolina (MUSC) has been honored to build and host the National Mass Violence Victimization Resource Center (NMVVRC) after being awarded a Cooperative Agreement by the U.S. Department of Justice Office for Victims of Crime (OVC) in October 2017. The mission of the NMVVRC is to improve community preparedness and the nation’s capacity to serve victims and communities recovering from mass violence through research, planning, training, technology, and collaboration.

Since our inception, we have worked with OVC and our many partners and collaborators to develop important and timely resources for all who are impacted by mass violence incidents (MVIs), including victims/survivors; first responders; national, state, Tribal, community and civic leaders; and community members, among others. Our primary foci have been victim/survivor and behavioral health/mental health (BH/MH) services that are evidence-based, survivor-centered, trauma-informed, and often initiated by requests from the field.

We are grateful to OVC for its support and for selecting us to continue our stewardship of the NMVVRC for three more years. Now, at the end of one chapter of the NMVVRC and at the beginning of an exciting new chapter in our evolution, is a propitious time to review our past as we plan for the future. Consequently, we are pleased to provide this Impact Report that highlights some of the major achievements of the NMVVRC over the past three years, October 2020 to October 2023.

Meeting the challenge of mass violence victimization is a noble endeavor that requires dedication and the ability to deal with the vicarious distress experienced by many mass victims, survivors and responders. It requires long hours, teamwork, and the ability to work collaboratively with mass violence victims/survivors and those who serve them. The NMVVRC team, our partners and collaborators are comprised of some very special people who have made the NMVVRC a success. We are grateful to them for all of their efforts.

We are also thankful for the ongoing input from, and dedicate this Impact Report to, the many victims and survivors of mass violence whose experiences and inspiration inform our daily work, and those across our nation who serve them with compassion and commitment on a daily basis.

Sincerely,

Dean G. Kilpatrick, Ph. D.
Distinguished University Professor of Clinical Psychology
Director, National Mass Violence Victimization Resource Center
Director, National Crime Victims Research & Treatment Center
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2 Survivors and Providers Steering Committee

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Our Guidance from Mass Violence Incident Survivors and Those Who Serve Them
SURVIVORS & PROVIDERS STEERING COMMITTEE

Our work is guided by and continually responsive to the needs of MVI survivors and those who serve them, including our Survivors & Providers Steering Committee, our three Forums, and our Diversity, Equity, and Inclusion Committee.

Our 15-member Survivors & Providers Steering Committee meets quarterly to provide guidance to the NMVVRC to prioritize and contribute to the development of MVI readiness, response, recovery, and resilience resources. Comprised of 10 MVI survivors and five providers representing victim service providers (VSPs), first responders, BH/MH professionals and a Faith Community leader, our Committee forms the “backbone” of the NMVVRC’s overall mission and goals.

“As the retired Commissioner of Fire for the City of Buffalo and Assistant Commissioner of Homeland Security and Emergency Services for the State of New York, it has been my honor to work as a First Responder for 36 years. During that time, I responded to many crimes of violence and, in some cases, was able to make a difference in the lives of victims during and immediately after their violent encounters. But there was always a feeling of inadequacy because I knew that in most cases, it was only the beginning of a life-long journey for them, and that I, as a First Responder, would not be a part of that journey.

“This was never more evident to me than on 5/14, the day of the mass shooting in 2022 in Buffalo, New York, that took the life of my beloved Mother, Ruth E. Whitfield, and nine other members of our community. Much of the attention associated with that day has faded but, since then, I have been blessed to have been introduced to and invited to work with the NMVVRC Survivors & Providers Steering Committee, which has proved to be a wonderful resource for my own recovery and healing, and has allowed me to be a part of other survivors’ journeys in a way that I was unable to do in my previous career.

“I am forever thankful for my new family, the NMVVRC, and look forward to working with you to respond to the needs, immediate- and long-term, of those impacted, directly and indirectly, by the epidemic of mass violence in our society.”

Garnell W. Whitfield, Jr.
City of Buffalo Commissioner of Fire (retired)
Survivor of the Tops Friendly Market Mass Shooting
RESILIENCY CENTER FORUMS

For over three years, we have facilitated monthly virtual meetings of our Resiliency Center (RC) Directors’ Forum to exchange information and ideas; facilitate mentoring among members; provide support for new Directors as they begin creating RCs in their communities affected by MVIs; and develop strategies to address financial stability, leadership, succession planning, adaptability, and strategic planning. There are currently 20 RCs that participate in the Forum:

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<th>STATE</th>
<th>CITY</th>
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<td>California</td>
<td>Gilroy</td>
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<td>The 526 Resiliency Center (VTA)</td>
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<td>Boulder</td>
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<td>Center for Strength (formerly STEM)</td>
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<td>Parkland/Coral Springs</td>
<td>Eagles Haven</td>
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<td>Orlando</td>
<td>The LGBT+ Center Orlando</td>
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<td>Illinois</td>
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<td>Highland Park (in development)</td>
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<td>Pennsylvania</td>
<td>Pittsburgh</td>
<td>10.27 Healing Partnership</td>
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<td>South Carolina</td>
<td>Charleston</td>
<td>Mother Emanuel Empowerment Center</td>
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<td>Texas</td>
<td>El Paso</td>
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<td>Uvalde</td>
<td>Uvalde Together Resiliency Center</td>
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<td>Virginia</td>
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<td>Virginia Beach Strong Center</td>
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<td>Wisconsin</td>
<td>Waukesha</td>
<td>United for Waukesha Community Fund</td>
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The “success” of RCs is due to leadership and OVC support via funding from the Antiterrorism and Emergency Assistance Program (AEAP). RC Directors cite the monthly Forums as helpful to effectively serve MV victims, survivors, and communities.

“In this very unique and emotionally charged area of work, it has been immensely helpful to find and lean on a network of peers that can better understand what you are going through. I entered this work with a desire to understand best practices and was immediately frustrated by the answer that each situation is too unique for best practices. Engaging with peers through the NMVVRC Resiliency Center Directors’ Forum has helped me understand that it is a both/and situation because there are many situational differences that require creative and sensitive responses, but there is a growing body of effective ways to find these responses.”

Maggie Feinstein
Executive Director
10.27 Healing Partnership
Pittsburgh, PA
Upon request from RC Directors, we created a separate **RC Administrators’ Forum** in March 2021 to address issues specific to program administration and evaluation. This 12-member Forum meets quarterly. Upon request, and with significant input from Administrators, we developed a detailed summary matrix of **Case Management, Scheduling, Online Surveys and Resource Development/Management Software** to help assess and select the most effective software programs for their Centers.

In March 2022, the NMVVRC published a document for Forum members, *The Long-term Sustainability of Resiliency Centers*, to address financial stability; leadership; succession planning; adaptability; and strategic planning. In October 2022, members of the RC Directors’ Forum and RC Administrators’ Forum met in person for the first time to develop an outline for a **Best Practices Guide for Resiliency Centers**, based upon years of Forum discussions, lessons learned, and sharing of resources related to program, protocol and policy development. The **Guide** is currently under development.

**SCHOOL MASS VIOLENCE TRAUMA RECOVERY COORDINATORS’ FORUM**

Upon request from the field, this bi-monthly Forum was created in 2023 to build nationwide connections among school mass violence trauma recovery coordinators and share information, resources, and best practices, with a centralized online source to document and share resources.

**OUR DIVERSITY, EQUITY, AND INCLUSION COMMITTEE AND COMMITMENT**

The NMVVRC’s commitment to diversity, equity, and inclusion (DEI) is reflected in all our work. Our team and DEI Committee integrate diverse viewpoints and perspectives into our interactions, activities, and resources. We recognize MVIs affect individuals and communities in many different ways, and attention to and inclusion of diverse perspectives inform our capacity to respond with equity, sensitivity, and understanding.
Our Principal Partners and Collaborators
Our Principal Partners and Collaborators strengthen our development of greatly needed resources for individuals and communities impacted by MVIs, and our national outreach to ensure they reach the audiences who need them most.

We are fortunate to have three Principal Partners that reflect the critical partners also needed at the state and community levels for MVI readiness, response, recovery and resilience: American Hospital Association, National Governors Association, and U.S. Conference of Mayors.

AMERICAN HOSPITAL ASSOCIATION

The Health Care Leaders Guide to Mass Violence Preparedness, Response, Recovery and Resiliency was completed in 2023. This Guide is designed to improve the capacity of health care leaders to effectively prepare for and respond to MVIs in partnership with community leaders and other responding agencies and organizations. Additional AHA Partner activities include:

- A facilitated, virtual training program and Issue Brief for AHA’s Hospitals Against Violence (HAV) Advisory Group (C-Suite leaders) about trauma and vicarious trauma (Feb. 2023)
- A session at AHA’s Rural Health Care Leadership Conference, “On the Road to Resiliency – An Exploration of MVI Resources for Rural Hospitals, Health Systems and Communities” (Feb. 2022)
- A blog article for AHA’s website entitled “Mass Violence is a Public Health Crisis” (June 2022)
- A co-developed and co-branded four part webinar series, “Supporting Victims and Communities of Mass Violence Incidents”.
- Four tip sheets for the HAV web page specific to victim, survivor and community assistance following an MVI during the COVID-19 pandemic
- Annual NMVVRC support in June for AHA’s #HAVHope Friday: Day of Awareness

“As a Principal Partner with the National Mass Violence Victimization Resource Center since its inception, the American Hospital Association is pleased that our collaboration has resulted in quality training programs and issue briefs that strengthen the capacity of hospitals and health systems to prepare for and effectively respond to mass violence crimes. We look forward to future efforts that will help AHA members address the secondary trauma of their team members who respond to mass violence incidents.”

Laura Castellanos
Associate Director
American Hospital Association
NATIONAL GOVERNORS ASSOCIATION

We developed a “Timeline for Engagement of Victim/Survivor Services and Mental/Behavioral Health Professionals” that NGA added to its Governors Communications Toolkit. Our Overview of the NMVVRC and Field Resources for Governors and Executive Teams is updated annually, and provided to various convenings of Governors and their Criminal Justice Policy Advisors. We also delivered a virtual training program to the NGA’s Homeland Security Advisory Group, “State-led Strategies for Violence Prevention and MVI Response.” Activities with the NGA currently underway include development of a brief training seminar and collaborative table-top exercise on the role of VSPs and BH/MH professionals in statewide MVI planning and response.

U.S. CONFERENCE OF MAYORS

In 2023, the NMVVRC participated on a panel of Mayors who have experienced an MVI at the USCM Winter Convening, to address personal and vicarious trauma that Mayors often endure when responding to MVIs. Our Overview of the NMVVRC and Field Resources for Mayors and Executive Teams is annually updated and provided to the USCM for inclusion in its conference apps. In addition, we were asked by the USCM to review and offer edits for the Mass Shooting Playbook: A Resource for U.S. Mayors and City Managers, which resulted in the addition of our recommended information about the OVC Mass Violence Toolkit and NMVVRC resources in Chapter 3: Victim and Family Assistance, and in several appendices. Activities with the USCM currently underway include the development of a brief training seminar and collaborative table-top exercise for Mayors and Executive Teams focused on the role of VSPs and BH/MH professionals in city-wide MVI planning and response; and a NMVVRC Mass Violence Podcast featuring a Mayor who has led their community through an MVI.
IACP-MVAI

We have collaborated with the International Association of Chiefs of Police, Mass Violence Advisory Initiative (MVAI), sponsored by the USDOJ Bureau of Justice Assistance, since its inception in 2021, with representation on its MVAI Advisory Board. Dr. Angela Moreland authored an article for the December 2022 edition of Police Chief Magazine: Readiness, Response, Resilience & Recovery The Essential Roles of Partnerships and Resources.

FBI Victim Service Division (FBI VSD)

We meet monthly with the FBI Victim Services and allied Federal agencies to collaborate on shared resources and discuss trends in the field. This Working Group is updating the Mass Fatality Incident Family Assistance Operations: Recommended Strategies for Local and State Agencies Guide published by the FBI and NTSB; and developing a comprehensive “glossary of MVI terms and acronyms” for wide use in the field. The FBI VSD invited Dr. Alyssa Rheingold to assist in the development and implementation of a table-top exercise training for cruise ships and airlines, and to provide input on its best practice guidelines, “Courthouse Facility Dogs and Crisis Response Facility Dogs,” for victims of crime.

DOJ CRS

We were invited to collaborate with the USDOJ Community Relations Services on issues related to hate-based MVIs, and have participated in several meetings to provide guidance related to surveying community needs and scope of support.

Executive Office of US Attorneys (EOUSA)

We collaborated with EOUSA EAP and its peer support team in 2022 on training for MVI response and early intervention strategies (i.e., PFA and SPR).

NCTSN

We work closely with the National Child Traumatic Stress Network (NCTSN) on several mass violence activities including co-sharing of resources when a recent MVI occurs. In addition, we are co-authoring a “victims of crime” version of the Psychological First Aid (PFA) manual and the Skills for Psychological Recovery (SPR) manual.

U.S. Congressional Crime Survivors & Justice Caucus

Following every MVI, Caucus Co-founder and Chair Congressman Jim Costa (CA-21) contacts us to obtain a copy of our Resource Guide to share with his fellow Congress Member who represents the District in which the MVI occurred.
Our Training and Education Programs
Training and education for the MVI field have been core components of the NMVVRC since our inception. Our offerings are survivor-driven and trauma-informed, and often derived with significant input from our partners, collaborators, and the field.

“Over the past six years, Hawaii has relied upon and benefited from the NMVVRC’s consultations on statewide strategic planning and training and technical assistance, that have helped us to collaboratively prepare for and be able to effectively respond to mass violence incidents. With support from the NMVVRC, our Behavioral Health Response to Mass Violence Incidents training program in 2023 enhanced the skills of many diverse professionals, with the goal of being prepared to sensitively address the behavioral and mental health needs of mass violence victims and survivors. Participant evaluations conclude that of the 160 attendees, over 90 percent were ‘satisfied’ or ‘extremely satisfied’ with the overall quality of the trainings.

“The NMVVRC has been an important touchstone in our state’s commitment to ensure that victims, survivors and communities impacted by mass violence have the services and the support they need and deserve.”

Pamela Ferguson-Brey  
Executive Director  
Hawaii Crime Victim Compensation Commission
LEARNING COLLABORATIVES AND COMMUNITY-BASED LEARNING COLLABORATIVES

Learning Collaboratives are intensive, evidence-based training and implementation models that focus on building provider knowledge, skills, and competence in a specific evidence-based practice through intensive training and consultation activities. The Community Based Learning Collaborative (CBLC) was adapted from the LC by our team (Hanson et al., 2019; Saunders & Hanson, 2014) to build the supply of trained BH/MH providers in a given evidence-based practice, while also broadening the knowledge base of non-clinical professionals (i.e., “brokers”) who play an important role in supporting victims within specified communities. Brokers include VSPs, school professionals, and others who work closely with victims to identify needs, including BH/MH needs; make referrals to skilled providers; and provide ongoing support to victims and their families to facilitate recovery. CBLCs promote and strengthen relationships, collaboration, and partnerships among the multidisciplinary community professionals and agencies who respond to MVIs. We developed a detailed CBLC Implementation Manual that includes MVI-specific content, and is available on the NMVVRC website.

In 2018, we conducted a CBLC with the Broward County Public Schools that focused on Trauma-focused Cognitive Behavioral Therapy (TF-CBT) to help students following the mass shooting in Parkland earlier that year. Participants included guidance counselors, school social workers, school psychologists, and family therapists who provide services within Broward County Public Schools. The Broward CBLC took place over a 10-month period and included 86 participants. Results indicated that clinical providers reported increased knowledge, use and competence in delivery of TF-CBT; brokers reported increased knowledge of trauma and TF-CBT; and overall, participants reported significant improvements in collaboration and reductions in barriers to accessing services.
MVI CORE COMPRENDIUM

We compiled an MVI Core Compendium of existing and adapted resources for victim service professionals, BH/MH professionals, first responders, emergency management professionals, and community leaders to address mass violence readiness, response, and resilience. The Compendium includes 26 modules that feature written and graphical resources, as well as training strategies to increase knowledge and build professional and practical skills. It can be tailored for in-person training, through virtual platforms, or by a hybrid training delivery process.

STANDARDIZED TRAINING CURRICULUM

We are collaborating with the OVC Training and Technical Assistance Center (OVC TTAC) to develop a standardized training curriculum about behavioral health related to MVIs. “Behavioral Health Pathways After an MVI: What Everyone Should Know” is designed to provide information to help communities build a trained and trauma-informed workforce to meet the behavioral and mental health needs of communities in the aftermath of an MVI.

SNAPS WEBINAR SERIES

The SNAPS Webinar Series on our website provides brief webinars on topics relevant to mass violence readiness, response, recovery and resiliency that are skills-focused and grounded in Adult Learning Theory.
Our Preparedness, Response and Recovery Resource Development and Training and Technical Assistance
We provide a number of TTA services upon request, from MVI readiness trainings, to BH/MH consultation impacted communities to offer guidance about evidence-based, trauma-informed early interventions and long-term recovery efforts, to development of response and recovery resources that are needed by the field. Our strength is not only synthesizing evidence-based practices to guide resource development, but listening closely to those with lived experiences to assess and address gaps in the field.

MVI RESOURCE GUIDES FOR RECENTLY AFFECTED COMMUNITIES

When an MVI occurs, we develop a Resource Guide for the affected community, victims and survivors, and community leaders. Working from specific templates based upon the type of MVI – including schools or universities/colleges, places of worship, retail sites, public gathering venues, and MVIs motivated by hate or bias – each Resource Guide offers curated information about and links to state victim services, helpful tip sheets, and information about our free Transcend NMVC mobile app. Each Resource Guide is widely disseminated via our website and social media outlets, and by over 25 partners and collaborators whose constituents or members may be directly affected by the MVI.

Following the tragic murders of 10 people and the physical injuries to three people in Buffalo, New York, on May 14, 2022, we at the National Mass Violence Victimization Resource Center believe the resources below may provide some guidance for survivors and the community in the coming days and months.

Resources for Victims, Survivors and Community Members

- The NMVVRC self-help app, Transcend NMVC, is available on both Apple and Android mobile phones
- Twelve Self-help Tips for Coping in the Aftermath of Mass Violence Incidents | Read here.
- Tips For Survivors of a Disaster or Other Traumatic Event: Managing Distress | Read here.
- Tips For Survivors: Coping With Grief After a Disaster or Traumatic Event via the Substance Abuse and Mental Health Services Administration | Read here.
- How to Identify an Experienced Trauma-Focused Therapist | Read here.

Resources for Mass Violence Crimes Motivated by Hate

- Resilience Following Hate Crimes: Information & Tips | Read here.
- Talking to Children About Hate Crimes | Read here.
- Talking to Children About Hate Crimes and Anti-Semitism (NCTSN) – Read here.

Resources for Community Leaders

- Resources and Tips for Community Leaders: Rebuild Your Community | Read here.
- Timeline of Activities to Promote Mental Health Recovery: Recommendations Before, During and Following a Mass Violence Incident | Read here.
- Unexpected Challenges for Communities During the Immediate Response of a Mass Violence Incident | Read here.
- Navigating Community Resources in Times of Crisis | Read here.

About the NMVVRC:
The National Mass Violence Victimization Resource Center is located at the Medical University of South Carolina, Department of Psychiatry & Behavioral Sciences, and receives funding from the U.S. Department of Justice’s Office for Victims of Crime.

Learn more about us at www.nmvvrc.org

Preparation of this document was supported by Office for Victims of Crime Grant No. 2016-RF-GX-0001 and OVC Cooperative Agreement No. 2017-MU-GX-K114.
MVI RESOURCE GUIDES FOR RECENTLY AFFECTED COMMUNITIES

Forty-nine Resources Guides have been completed and disseminated to communities impacted by mass violence.

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<tr>
<th>DATE</th>
<th>LOCATION</th>
<th>INCIDENT</th>
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<tbody>
<tr>
<td>8/26/23</td>
<td>Jacksonville, Florida</td>
<td>Jacksonville Dollar General Store shooting</td>
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<td>8/23/23</td>
<td>Trabuco Canyon, California</td>
<td>Cook’s Corner Bar shooting</td>
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<td>7/15/23</td>
<td>Hampton, Georgia</td>
<td>Dogwood Lakes Subdivision shooting</td>
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<td>Fargo, North Dakota</td>
<td>Traffic incident shooting</td>
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<td>Shreveport, Louisiana</td>
<td>Independence Day block party shooting</td>
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<td>7/2/23</td>
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<td>Allen, Texas</td>
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<td>4/15/23</td>
<td>Dadeville, Alabama</td>
<td>Mahogany Moonlight Dance Studio shooting</td>
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<td>4/10/23</td>
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<td>Old National Bank shooting</td>
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<td>Nashvile, Tennessee</td>
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<td>3/20/23</td>
<td>Arlington, Texas</td>
<td>Lamar High School shooting *request from USCM</td>
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<td>Tulsa, Oklahoma</td>
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<td>11/21/21</td>
<td>Waukesha, Wisconsin</td>
<td>Waukesha Christmas Parade attack</td>
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<tr>
<td>10/25/21</td>
<td>Boise, Idaho</td>
<td>Boise Town Square shooting</td>
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<td>10/8/21</td>
<td>Arlington, Texas</td>
<td>Timberview High School shooting</td>
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<td>9/23/21</td>
<td>Collierville, Tennessee</td>
<td>Collierville Kroger Supermarket shooting</td>
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<tr>
<td>7/25/21</td>
<td>Wasco, California</td>
<td>Hostage situation</td>
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<td>5/26/21</td>
<td>San Jose, California</td>
<td>Santa Clara Valley Transportation Authority shooting</td>
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<td>5/9/21</td>
<td>Colorado Springs, Colorado</td>
<td>Birthday party shooting</td>
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<tr>
<td>4/18/21</td>
<td>Shreveport, Louisiana</td>
<td>Hearne Avenue shooting</td>
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<td>4/15/21</td>
<td>Indianapolis, Indiana</td>
<td>FedEx Warehouse shooting</td>
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<td>4/8/21</td>
<td>Bryan, Texas</td>
<td>Kent Moore Warehouse shooting</td>
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<tr>
<td>4/7/21</td>
<td>Rock Hill, South Carolina</td>
<td>Rock Hill mass shooting</td>
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<tr>
<td>3/31/21</td>
<td>Orange, California</td>
<td>Orange office complex shooting</td>
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COMMUNITY-BASED REQUESTED TRAINING AND TECHNICAL ASSISTANCE

Our NMVVRC team members are viewed as the leading experts for MVI BH/MH knowledge, trauma-informed care, evidence-informed early interventions, and long-term trauma recovery. As such, team members are frequently asked to provide training at national and state conferences, regional and local workshops and directly to impacted communities to foster support and recovery in the aftermath of an MVI. The majority of participants who engage in trainings and TA report high satisfaction with training approaches of trainers/facilitators, and find the content to be practical and useful. In the past three years, our NMVVRC team has:

- Responded to 202 requests for technical assistance.
- Conducted 113 webinars, training programs, and other presentations about mass violence readiness, response, recovery and resilience.
- Responded to 47 direct requests from communities for technical assistance or consultations.

Overall, over half of states (33) received technical assistance from the NMVVRC; and 48 states and DC received training from the NMVVRC upon request from communities or individuals.

NMVVRC TIP SHEETS

We have published over 50 tip sheets that provide helpful information to MVI victims/survivors, first responders, community and civic leaders, and community members in the immediate-, short-term and long-term following an MVI. Tip sheet content is often field-initiated or suggested by our Survivors & Providers Steering Committee and two Resiliency Center Forums.

Twelve Self-help Tips for Coping in the Aftermath of Mass Violence Incidents

1. Talk to a trusted friend, family member or spiritual advisor. They can help you talk through your feelings and validate that you are not alone in your feelings and reactions, as well as help you to process your feelings. Social support can be especially helpful as you navigate this difficult time. Victim service professionals may be available in your community as an additional source of support or they can help connect you with others if you are feeling alone and isolated.

4. Check in with others - by text, email, phone, or in-person. The simple act of reaching out and asking, “How are you doing right now?” can be helpful. Check in as often as necessary.

5. Do something practical. In situations where we feel out of our control, sometimes it is helpful to focus your attention on things that are small, practical, and within your control. Whether it is just taking a shower, picking up necessary victim-related paperwork, or checking in on a loved one. Take it day by day and even minute by minute.

When a mass violence incident (MVI) occurs, it has a devastating and destructive impact on victims including those who were physically or psychologically injured, and the family members of those who were injured or killed, volunteers, first responders, news media professionals, community leaders, and people who live in the community where it occurred. As MVIs occur with increasing frequency in the United States, there is often a national, collective level of sorrow, distress and anger that results from repeated acts of mass violence.

Experiencing traumatic events can have a cumulative negative effect for some individuals. MVI can become a “trauma cue” for many people who have previously endured mass violence, criminal victimization, racial, ethnic, religious, and/or anti-LGBTQI violence, or other traumatic life events.

Simply put, a trauma cue can be anything that reminds you of a traumatic event that you previously experienced. There are often aspects of MVIs that could serve as trauma cues, whether someone experienced it in person or vicariously through extensive media coverage. Experiencing trauma cues can heighten distress and impede recovery from previous violent victimization experiences. This brief “tip sheet” offers practical things that can be done to help reduce the distress created by MVIs as well as some self-help resources you may find useful.

1. First, recognize the feelings and reactions you are having – as long as they are not destructive to you or others – are normal and okay. MVI can cause a wide array of emotions including shock, fear, worry, anger, sorrow, sadness, hyperventilation, and curvature, to name a few. You may also have physical reactions such as stomachaches, heart racing, headache, tremors, and being jumpy. Whatever you are feeling is okay. Know these intense emotions and reactions will not remain with you forever. Take positive action to address these feelings by following some of the proactive steps below.

2. Accept what you witnessed or experienced may have been frightening and disturbing, and it felt like a serious threat to the safety and security of the affected victims, witnesses, first responders and community. In addition, when MVIs are motivated by hatred, there is often a higher level of distress for people who are members of the entire “community” targeted with harm.
While we have produced myriad publications for the field and with/for our Principal Partners, we highlight four major publications and our quarterly newsletter:

The Planning and Implementation Guide for Comprehensive, Coordinated Victim Assistance for Mass Violence Incident Trials is co-branded with the USDOJ Office of the U.S. Attorney, District of South Carolina. The 96-page Guide is designed to help prosecutors, victim services and BH/MH providers, and allied professionals plan for high-profile trials, focusing on victims’ and survivors' needs, and effective and coordinated strategies to meet these needs. This resource has been provided and used in several recent court proceedings, including Parkland, Pittsburgh, Oxford, and El Paso.

We published two reports relevant to After-Action Reports (AARs) that are created following an MVI to assess the overall response to an MVI. Our two reports address areas to improve the focus of AARs on victim/survivor services, and behavioral and mental health.

The NMVVRC partnered with the Police Executive Research Forum (PERF) to identify “lessons learned” by law enforcement executives who have experienced an MVI in their jurisdictions. The Role of Police Executives in Assisting Victims of Mass Violence: Lessons from the Field includes “five key takeaways for agencies that are committed to a victim-centered response to MVIs.”

Since 2020, we have published NMVVRC News & Notes newsletter on a quarterly basis. It features timely updates about our work, trends in our field, and upcoming events of interest to our 1500 subscribers.
Our quarterly, virtual National Town Hall series is designed to provide timely and evidence-informed information and resources about mass violence readiness, response, recovery and resiliency to a national audience of survivors, victim/survivor assistance professionals, behavioral and mental health professionals, law enforcement and criminal justice officials, and allied professionals. For each National Town Hall, a curated compendium of relevant online resources is developed and provided to attendees. National Town Hall recordings, slide decks, and the compendium of resources are posted on the NMVVRC website.

Since January 2022, we have hosted seven National Town Halls with an average of 223 participants in attendance for each (totaling over 1500 participants):

- National Town Hall #1 (January 2022), Overview of Mass Violence Resources
- National Town Hall #2 (May 2022), MVI Readiness and Preparation
- National Town Hall #3 (July 2022), Mass Violence Response
- National Town Hall #4 (October 2022) Mass Violence Recovery and Resilience
- National Town Hall #5 (February 2023) Hate-motivated Mass Violence Crimes: Addressing Victim, Survivor and Community Impact
- National Town Hall #6 (May 2023) School-based MVIs: Addressing Student, Caregiver and School Personnel Impact
- National Town Hall #7 (August 2023) The Road to Recovery for Mass Violence Survivors & Communities
AEAP GRANT APPLICATION PORTAL

Working closely with OVC, we are creating a Grant Application Portal for communities that seek funding from OVC’s Antiterrorism and Emergency Assistance Program (AEAP). The Portal is designed to help AEAP applicants create their Program Narrative for the AEAP application. Its structured fillable template will help applicants organize the required information for developing their AEAP Program Narrative, and streamline communications among them, OVC, and AEAP consultants.

OVC TOOLKIT REVIEW

The NMVVRC was tasked with assessing the usability of OVC’s online Helping Victims of Mass Violence & Terrorism: Planning, Response, Recovery, and Resources Toolkit (Toolkit) published in 2015; and providing recommendations for improvement. Seven members of the NMVVRC Project Team participated in the Toolkit review, which was augmented by comprehensive reviews conducted by seven subject matter experts whose professions include victim/survivor services (including crime victim compensation), law enforcement, prosecution, and behavioral health and mental health. Our rigorous review and Report will provide the foundation for the creation of an updated Toolkit 2.0.
Our Technology
Resources
We have *embraced* and have had our services and resources *enhanced* by the power and reach of technology, and its positive application to mass violence readiness, response, recovery and resilience.

**TRANSCEND NMVC MOBILE APP**

This free app was developed by the NMVVRC to help those who have been affected by mass violence. Designed to help reduce the risk of developing BH/HM problems and enhance recovery for those experiencing problems, Transcend NMVC:

- Provides information about common reactions to mass violence.
- Guides users through evidence-based self-help strategies to reduce the risk of stress-related behavioral health problems, and promote recovery if problems are already present.
- Connects users with access to victim/survivor services, and financial, legal, and mental health resources.

Transcend NMVC can be downloaded via a smart phone or tablet from the Google Play Store or Apple App Store. Thus far, over 1200 people have downloaded the app.

**VIRTUAL RESILIENCY CENTER**

The mission of our Virtual Resiliency Center (VRC) is to provide online, centralized resources to help professionals and communities create and strengthen individual and collective resiliency in the aftermath of an MVI. The VRC will also provide a “place and space” for communities affected by MVIs to create a community-specific webpage with information and resources for victims, survivors, first responders, and affected people in their community. The four content areas include Victim & Human Services; Social Connection & Empowerment; Health & Wellness; and Managing Grief & Trauma. We are currently finalizing the VRC’s design and flow.
ONLINE CLINICAL TRAINING COURSES

We developed and offer asynchronous online clinical training courses for BH/MH providers in:

- Trauma-focused Cognitive Behavioral Therapy (TF-CBTWeb and TF-CBTWeb2.0) – in total, over 305,000 learners worldwide have completed this training course.
- Cognitive Processing Therapy (CPTWeb2.0), developed specifically for the NMVVRC, which contains specific MVI-related clinical scenarios – since its 2020 launch, over 13,100 learners have registered and paid for CPTWeb2.0, and 6,840 have completed the training.
- Prolonged Exposure Therapy (PEWeb), which we are currently updating to PEWeb2.0
- Child Traumatic Grief (TF-CBT for youths whose primary trauma is loss of a loved one)
- Behavioral Activation and Therapeutic Exposure ("Helping Heroes") for first responders

MASS VIOLENCE PODCAST SERIES

The Mass Violence Podcast (MVP) addresses a wide range of topics related to MV readiness, response, recovery, resilience, and the consequences of MVIs on survivors, first responders, and communities. A total of 22 podcasts have been released within the MVP series.
The extensive NMVVRC website is designed to be easy to navigate by end users, with all our products available on the site. Over the past three years, visits to the website have steadily increased, with our homepage, “About Mass Violence,” “Online Clinical Trainings,” “VSP Resources,” and “Self-Help” (for victims and survivors) pages consistently being among our most visited pages. In a week in which there is not a major MVI drawing national attention, we average 200-to-300 new visitors; and in a week that includes a prominent MVI, those figures double, on average (for example, during the weeks of the Uvalde and Buffalo MVIs, the site received just under 5000 new visitors).

NMVVRC.org content is among the top two or three results returned in searches of “mass violence,” “definitions of mass violence,” or similar word groupings, trailing only sites that have been in existence far longer than our Center (i.e., SAMHSA).

In the 22 months prior to September 15, 2023, NMVVRC.org has earned over 2.01 million impressions on Google search generating 23,600 total clicks. For searches of the term “mass violence” over that period, there were 5,670 impressions at an average search position of 2.6.

NMVVRC.org has grown from an average of fewer than 1,000 visitors per month in the first quarter of 2022, to averaging over 3,000 visitors per month in the most recent quarter.
NMVVRC SOCIAL MEDIA

We have a robust presence on four social media platforms: X (formerly known as Twitter), Threads, Facebook and Instagram. Our social media outreach is proactive and structured, providing wide dissemination of our curated Resource Pages for communities affected by MVIs; information about and links to new resources developed by the NMVVRC; memorial tributes to annual observances of previous MVIs; and promotional resources for annual victim-related commemorations, such as National Crime Victims’ Rights Week in April.

“The National Center for Victims of Crime, which has for decades served those harmed by violence, shares the NMVVRC’s commitment to help communities strengthen their capacity for mass violence readiness, response, recovery and resilience. We look forward to this next stage of our partnership to ensure that victims, survivors and community members impacted by mass violence have the quality referrals and resources they need in the aftermath of these tragic crimes.”

Renee E. Williams, Esq.
Executive Director, National Center for Victims of Crime
Director, National Crime Victim Bar Association
MVI Community and Victim/Survivor Surveys
In a separate but highly-related OVC-funded project, we have collected needs assessment surveys from approximately 6,000 adults in six communities impacted by mass violence (Dayton, OH; El Paso, TX; Parkland, FL; Pittsburgh, PA; San Bernardino, CA; and Virginia Beach, VA); and are in the process of collecting survey data from approximately 1500 direct victims and survivors of mass violence from Las Vegas and additional communities. Data from the surveys include assessments of BH/MH problems including PTSD and depression, unmet BH/MH needs, and ripple effects including fears of and behavioral restrictions related to future mass violence attacks. These data are being used to provide evidence-based information in tip sheets, reports, and possible screening tools and other products that will provide actionable information to OVC, victim service providers, BH/MH professionals, and first responders.
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 posttraumatic stress disorder (PTSD) and depression. Additional questions asked about the degree of MVI exposure, social support, and history of prior physical or sexual assault, among others. Data were weighted to better approximate the demographic makeup of each of these communities.

Based on a representative sample of 2078 adults, rates of PTSD were... 

- **5X** higher in El Paso (TX) compared to the national average (4.7%).
- **4.2X** higher in Parkland (FL).
- **4X** higher in Pittsburgh (PA).

Prevalence of PTSD was substantially higher than national estimates (4.7%). Post–year PTSD estimates for El Paso (23.7%), Parkland (19.6%), and Pittsburgh (18.8%) were 5 times, 4.2 times, and 4 times higher than the national prevalence, respectively.

The Cumulative Impact of Potentially Traumatic Events

Those with a prior physical or sexual assault had much higher rates of PTSD. In El Paso, 39% of adults with a prior assault had PTSD within the past year; nearly one out of three did so in both Parkland (32.1%) and Pittsburgh (31.7%).

The Importance of Social Support

Less than half of adults reported high social support. Those reporting low social support had higher risk of PTSD than those reporting high levels of social support.

Exposed to Mass Violence?

The path to recovery is different for every victim of a mass violence incident. For information about crisis counseling, victim assistance services, legal assistance, or finding a therapist, visit: [www.nmvrc.org/survivors](http://www.nmvrc.org/survivors).
This product was supported by Cooperative Agreements #2017-MUGX-K114 and #2020-V7-GX-K002, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.