



## ABOUT NMVVRC & NEWS NOTES

Great work is being done every single day at the National Mass Violence Victimization Resource Center. NMVVRC News & Notes is our quarterly newsletter that will bring you up to speed on our accomplishments, progress and other happenings.

In every issue of the newsletter, you will receive an update from each of the Center's divisions. Division leaders will share a high-level overview of the work that's keeping them busy, as well as big wins and their plans for the next quarter.

Each issue of the newsletter will also feature events, conferences, key meetings, etc. that our faculty members will be attending.

Thanks for reading,  
**The NMVVRC Team**

## A NOTE FROM OUR DIRECTOR



### It is Never Over for Survivors

**Dean Kilpatrick, PhD, Director, NMVVRC**

A cruel thing about mass violence incidents, other large-scale criminal incidents such as the Flint water crisis, and regular violent crimes is that they are never over for survivors. Even if the incident itself is over, the aftermath is not. Survivors who lost loved ones are reminded of the tragedy every time their loved one is not there for a birthday, anniversary, family gathering, or special occasion. Survivors who were physically injured themselves are reminded of what happened every time they suffer pain or have physical limitations due to a crime-related injury. Psychological injuries from these tragedies run broad and deep in many survivors and are easily reactivated by reminders of the event itself or by learning about other events similar to what happened to them.

Unfortunately, most survivors cannot escape these reminders. Every year, there is extensive media coverage of the mass violence incident they experienced on its anniversary. Every year, there is media coverage on anniversaries of other mass violence incidents. Every year, there is extensive media coverage when new mass violence incidents occur.

Survivors look to the criminal justice system (CJS) for answers about what happened, fair treatment, support, and for some measure of justice for what happened. In some cases, there are no CJS proceedings because the perpetrator's identity is unknown, they did not survive the incident, or there was insufficient evidence to bring charges. This leaves survivors with lingering questions and uncertainties that are profoundly distressing and that do not go away. When alleged perpetrators are convicted and receive sentences that are commensurate with the crimes they have committed, this is affirming to many survivors who are seeking justice, but it does not mean that the criminal case is over.

Not infrequently, defendants who have been convicted or pled guilty appeal their verdict or sentence. The appeals process serves as a reminder of what happened, reactivates old wounds, and highlights the need for additional services. During the past two years alone, convicted perpetrators in at least three high profile mass violence incidents (i.e. the 2013 Boston Marathon Bombing, 2001 DC Sniper Case,

and 2015 Mother Emanuel AME Church Shooting) appealed their sentences, raising the specter of new hearings, trials, and uncertainty. A federal appeals court recently overturned death sentences in the Boston Marathon Bombing case, raising the possibility of a new sentencing trial and the certainty of more distress for survivors.

No thoughtful person would argue that defendants' rights should be abridged even in horrendous cases. The rights that protect defendants protect us all. However, crime victims and survivors have rights too. An appeals process that cannot reach a fair, just, and timely determination of whether a defendant's rights were protected is a form of cruel and unusual punishment for survivors. Survivors deserve better than being condemned to the continuing uncertainty and distress generated by a decades long appeals process. They also deserve better than being told by the defense that prosecutors should not pursue efforts to reinstate original verdicts or sentences because doing so is harmful to survivors. More speed and accuracy in the appeals process benefits everyone and is the interest of justice. The hard truth, however, is that this injustice to survivors is unlikely to change anytime soon.

If it is never over for many survivors, what should we do? We at the NMVRC think that three things are needed. The first is recognition that many survivors will have unmet needs that start when a mass violence incident happens and may continue for a lifetime. The second is understanding that our service systems for survivors are typically geared to meet short and intermediate-term needs, not continuing long-term needs and problems that may be exacerbated by factors described above. Funding for family assistance centers and resilience centers is typically time-limited, and services provided by these centers are often difficult to sustain over the long haul. The third is that new mechanisms are needed to address the continuing needs of the ever-increasing numbers of MVI survivors wherever they are, wherever they are, and whatever their needs might be. We believe that thoughtful use of technology is one such mechanism, and this newsletter describes some of the innovative things the NMVRC is doing in this regard to address survivors' continuing needs over the long term.

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## **Preparedness, Response & Recovery**

### **Alyssa Rheingold, PhD**

NMVRC Faculty worked diligently to plan the development and implementation of a Resiliency Center Directors' Forum to bring Directors together on conference/video calls to share lessons learned, challenges, and resources. Anne Seymour and Dr. Kevin O'Brien serve as facilitators for this Forum. Thus far, it truly has been a success with Resiliency Center Directors from impacted communities across the country having an opportunity to connect with one another, share resources, and problem solve areas of concern especially during COVID-19. A total of ten MVI communities are part of this new networking Forum. Due to its success and the ongoing interest in

developing connections among professionals and survivor driven organizations in the mass violence field, we have plans in the works to create a forum for grass roots non-government organizations that serve MV communities as well as a formal meeting platform for professionals across the country to share updates and latest resources with one another on a regular basis. More to come on these initiatives!!

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## Data Collection & Evaluation

### Angela Moreland, PhD

Happy Summer from the Data Collection and Evaluation team! We are excited to update you about all of the needs assessment data we have collected over the past few months. First, we have completed our needs assessment in Flint, MI, where we studied the impact of the water crisis on people living in Flint. Over 2,100 individuals completed the survey and told us about a range of topics from degree of impact, response factors, and mental health consequences. Second, needs assessments are being conducted in several communities across the United States that have experienced a mass violence incident, including Parkland, FL; Pittsburgh, PA; El Paso, TX; Dayton, OH; Virginia Beach, VA; and San Bernardino, CA. Over 3,800 individuals have completed the survey so far, which assesses the degree of impact of the incident, response factors, mental health consequences, and victim services. We are planning our next issue on the website – so stay tuned!

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## Technology & Resources

### Daniel Smith, PhD

The Technology & Resources group has been working diligently on finishing the Transcend mobile device app for the past several months, and we are making great progress. We are about to enter our "alpha" testing phase, and if all goes according to plan, the app will be available for both iOS (App Store) and Android (Play Store) platforms sometime in September. We are really excited to share it with you -- our technical partners at South I/O and Health Information Technology Solutions (HITS) have really helped us realize our vision for the app, and we can't wait to share it with you.

You may have noticed that we've hit "pause" on our "MVP" podcast release schedule during the pandemic. That's just a temporary situation, however, and we're eager to start back up later this summer. We just want to make sure that the recordings we make remotely are up to the quality standard that we've established so far. But they're coming! Look for interviews with Anne Seymour, Dr. Rochelle Hanson and Drs. Michael Schmidt and John Vena from our own NMVRC team coming soon, as well as a special interview with former Charleston Mayor Joe Riley.

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## Training & Technical Assistance

### Rochelle Hanson, PhD

The T/TA Division continues its efforts to provide information and resources to address the needs of MVI victims, survivors and responders. We completed a detailed manual to guide communities that may be interested in conducting a Community Based Learning Collaborative to increase the number of available professionals knowledgeable and trained to deliver effective treatments for MVI victims. Our main activity over the past quarter has been development of a Mass Violence Core Curriculum. This will be a comprehensive training and resource curriculum, based upon existing and adapted resources, to target victim services' providers, mental and behavioral health professionals, first responders, and emergency management professionals. The curriculum comprises modules within each of the three phases of an MVI – Readiness, Response and Recovery, and will include a blend of tip sheets, webinars, and in-depth live training (in person or via virtual platforms) to increase knowledge, develop and enhance skills, and support services for MVI victims. We have engaged in an extensive review to cataloged existing resources and identify gaps that will be addressed as we complete this comprehensive curriculum. We will continue to work closely with OVC, our partners, expert consultants, and interested communities as we finalize this curriculum.

The T/TA Division also led development of training materials for Victim Service Providers in their response to MVI victims impacted by the COVID-19 pandemic. This includes four tip sheets (Using Technology to Connect with

Victims; A Tip Sheet for Navigating Community Resources in Times of Crisis; Helping Victims of Mass Violence During the COVID-19 Pandemic; How to Juggle Priorities and Shifting Responsibilities during the COVID-19 Pandemic), and a two-part webinar, Helping Victims of Mass Violence During the COVID-19 Pandemic: A Webinar for Victim Service Providers, that is being recorded by Ms. Anne Seymour and Aurelia Sands Belle (NMVRC core faculty) for widespread dissemination. Ms. Sands Belle (Stakeholder Division), Anne Seymour, and Shelby Wade are co-authors of these tip sheets and webinar. Final versions of these deliverables are on our website.

In terms of dissemination efforts, Dr. Hanson and Dr. Rheingold (Director, NMVRC Response Division) participated on a panel on Post-traumatic Growth, as part of a conference in June 2020, that was sponsored by the Palo Alto VA, "Breaking the Cycle: Healing Communities from Collective Trauma." The panel was intended to address post traumatic growth across multiple different types of traumatic events, including mass violence incidents. Dr. Hanson's presentation on Mass Violence was accepted for the National School Safety Conference & Exposition, being held in Miami, FL in July. However, due to the COVID-19 pandemic, Dr. Hanson will not be able to attend. She has offered to present virtually if this becomes an available option. Drs. Hanson and Moreland were informed that the symposium, entitled 'What Can We Do to Help Youth and Families Deal with Mass Violence Incidents?' was accepted for presentation at the Charleston Trauma Conference in October 2020. Finally, Drs. Hanson and Moreland also submitted a symposium for the San Diego Child Maltreatment Conference in January 2020, A Stepped Care Approach for Youth Impacted by Mass Violence and the COVID-19 Pandemic.

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## Stakeholders Forum

### Sabra Slaughter, PhD & Aurelia Sands Belle, M.Ed

Enhanced communications with the Stakeholders Forum members was a key aim of activities during this report period. A Stakeholders Forum teleconference was scheduled for late March 2020; however, the worldwide coronavirus pandemic and accompanying mandatory quarantine delayed that plan. We decided to forgo the planned teleconference and use the time to communicate with the Stakeholders, in small groups, to listen to their thoughts and concerns. In addition, we wanted to express our interest in their well-being, personally and professionally, and offered NMVRC resources that might be of service. We spoke with survivors of MVIs initially, followed by conversations with survivor/providers impacted by MVIs, after which, we spoke solely with providers. The sessions were candid, sobering and informative. The perspectives differed from one group to the next. They described the pandemic as extremely stressful; and that they felt much like they did following the MVI they endured. Others stated that being quarantined created environments of isolation that were accompanied with increased feelings of depression and sense of helplessness. We were informed by victims of large-scale criminal incidents about their unique challenges. Those victimized by the water crisis were hesitant to use the tainted water to wash their hands as was instructed. There were also comments about feeling one's physical safety being in jeopardy while standing in line to have their water restored due to nonpayment.

A key take away from the small group communications was that survivors of mass violence offered unique perspectives and did not want to be forgotten amidst everything that was happening to respond to the pandemic. We shared the perspectives and concerns expressed during the small groups with Dean Kilpatrick to request guidance. Dr. Kilpatrick composed a thoughtful, inspiring and instructive commentary that responded to the unique challenges Stakeholders and other victims of MVI face to contend with the added impact of the COVID-19 pandemic. His commentary can be found at: [http://nmvrc.org/Documents/Coivdstatement\\_04132020115824319.pdf](http://nmvrc.org/Documents/Coivdstatement_04132020115824319.pdf). The Stakeholders and other NMVRC website visitors expressed praise and gratitude for Dr. Kilpatrick's observations, insights and advice to reduce and cope with uncertainty brought on by the coronavirus pandemic.

The Stakeholders Forum teleconference was held June 17, 2020 with eight members and six staff members in attendance. Dr. Slaughter welcomed everyone and offered a moment of silence in honor of the loss of lives in mass violence incidents occurring during the summer months: the Mother Emanuel Massacre, and the mass shootings at

the Capital Gazette, Pulse Night Club, the Aurora, CO Theater, Gilroy Garlic Festival, El Paso and Dayton, OH. Dr. Slaughter also acknowledged the recent incidents of racial violence against Black people around the country and he acknowledged the loss of lives. He then provided the opportunity for participants to share any thoughts or concerns these violent incidents may have personally created for them, as well as for their communities. They spoke passionately about their personal and professional experiences.

A key focus of the teleconference was Dr. Ronald Acierno's presentation about efficacy of telemental health services. Dr. Acierno is the Director of Telehealth Support for the NMVRC and he informed the forum about the three levels of assistance aimed at patients, providers, and communities.

- Teletherapy – sessions occur in the patient's home. Studies reveal anything you do in an in-person therapeutic relationship can be done via telehealth. Parenthetically, Dr. Acierno commented that research documents positive outcomes for minority individuals and groups using telemental health overall, across the lifespan.
- Telesupervision - local communities can have therapists but they may not have experience with evidence-based trauma modalities. Telesupervision allows them to have someone to help them with their sessions. The supervisor can also participate in the session, if requested.
- Teleconsultation – this is for local communities that have some training but may need some help as a group as they approach all of their cases.

Several stakeholders have had a good experience using telemental health services. Many providers and first responders like the confidentiality aspect of telemental health services. Dr. Acierno also said that these services were found to meet the needs of victims regardless of race and ethnicity.

The Stakeholders Forum continues to play a vital role in the work of the NMVRC. For example, the development of the newly-created Resiliency Directors' Forum was a result of information shared at the November 2019 forum. Dr. Kilpatrick stated that OVC recognizes the importance of the Stakeholders Forum and wants to see the Forum continued. Great work Stakeholders!

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