



WHAT IS FIRST RESPONDER PEER SUPPORT?

Peer support is a structured, voluntary program in which trained colleagues—people who share the same professional experiences and culture—provide emotional support, practical assistance, and connection to resources for fellow responders following critical incidents. It is not therapy, and peer supporters are not clinicians. Rather, peer support operates on the principle that people who have “been there” are uniquely positioned to reduce stigma, foster trust, and reach responders who might not otherwise seek help.

Peer Support Advisors play a critical role in recognizing early signs of trauma, creating space for connection, and helping responders access support.

Mass violence incidents are different than other types of mass casualties or other critical incidents. The exposure is intense, prolonged, overwhelming, and often personal. In the immediate aftermath—before responders get off shift—it is a best practice to conduct a brief, face-to-face check-in to ensure basic needs are met and to provide simple resources or a quick overview of common reactions they may experience. This early engagement sets the tone for support and reinforces that responders are not alone. It is important that this check-in not include individuals sharing their version of the incident or recounting how they experienced the event, as this can cause additional trauma and harm personally or for others.

The impact extends beyond traditional “first responders.” Dispatchers, detectives, crime scene personnel, and victim advocates are often deeply affected. Mutual aid responders are also heavily involved, yet are frequently overlooked in follow-up efforts and may not receive the same level of support or access to resources as members of the primary agency.

All responders—regardless of role or agency—may benefit from peer support and should be intentionally included in outreach efforts.

YOUR ROLE AS A PEER SUPPORT ADVISOR

You are not there to fix the problem or treat these trauma symptoms—you are there to:

- ⇒ Engage early and often
- ⇒ Create space for conversation
- ⇒ Notice changes
- ⇒ Connect to resources when needed

What It Looks Like

- ⇒ “Hey, I’ve noticed you haven’t been yourself lately.” (Provide specific observations)
- ⇒ “How have you been sleeping?”
- ⇒ “How are you doing since the incident?”
- ⇒ “How is your family doing since the incident?”
- ⇒ “You don’t have to carry this alone.”



WHAT TO DO (PRACTICAL APPROACH)

- ⇒ Be present—don't rush or force conversation
- ⇒ Listen more than you talk
- ⇒ Normalize reactions without minimizing
- ⇒ Be intentional about follow-up—don't just say "let me know if you need anything"
- ⇒ Respect confidentiality

Note on confidentiality: Peer support conversations are generally confidential, but there are exceptions—specifically when there is imminent risk of harm to self or others. Know your program's confidentiality guidelines and be transparent with responders about them upfront so trust is built on a clear foundation.

WHAT NOT TO DO

- ⇒ Don't minimize ("you're fine," "it could've been worse")
- ⇒ Don't compare ("I've seen worse")
- ⇒ Don't force them to talk
- ⇒ Don't investigate or interrogate
- ⇒ Don't take on the role of therapist

WHEN TO ESCALATE

Peer support has limits. Escalate immediately if you observe:

- ⇒ Talk of self-harm or suicide
- ⇒ Significant increase in substance use
- ⇒ Inability to function at work or home
- ⇒ Extreme withdrawal or isolation
- ⇒ Uncontrolled anger or risk-taking
- ⇒ Persistent symptoms that are not improving

When escalating, you do not need to have all the answers—your role is to make the connection and ensure the responder is not left alone in the process. Know your agency's referral pathways in advance: EAP, licensed mental health clinicians, chaplains, and crisis lines are all appropriate options. Warm hand-offs—personally connecting a responder to the next level of support rather than simply handing them a phone number—are significantly more effective.



LONG-TERM CONSIDERATIONS

Response to a mass violence incident represents a significant life event with lasting personal and professional impact on the responder.

Watch For and Check in When:

- ⇒ Significant reminders occur: media coverage, court proceedings, year marks, memorials, after-action reports. Be proactive when you know these are coming.
- ⇒ A similar incident occurs in a different location.
- ⇒ Trauma activators arise—responding to violent or death calls, or returning to the same location as the mass violence incident.
- ⇒ Identity shifts emerge (“this job isn’t what I thought”)
- ⇒ Responder families are impacted as well

Operational Reality

- ⇒ Some responders will not ask for help
- ⇒ Some will minimize or deflect
- ⇒ Some will struggle long after others appear “fine”

A NOTE ON STIGMA

Many responders avoid help due to:

- ⇒ Fear of being seen as weak
- ⇒ Career concerns
- ⇒ Culture of “handling it yourself”

Your role as peer support helps bridge that gap and create a culture of mental health wellness.

DON'T FORGET: YOU ARE ALSO EXPOSED

Peer supporters are not immune. You have likely been impacted by this mass violence event—whether through your response, your role, or a personal connection to the incident. Utilize neighboring/partner peer support programs when appropriate.

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| ⇒ Emotional fatigue or irritability | ⇒ Use your own peer support |
| ⇒ Carrying others' stories home | ⇒ Set boundaries |
| ⇒ Burnout or withdrawal | ⇒ Step back when needed |
| ⇒ Overextending or feeling responsible for outcomes | ⇒ Talk to someone you trust |

YOU CANNOT SUPPORT OTHERS EFFECTIVELY IF YOU ARE DEPLETED.

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