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

Health Care and Hospitals: Partnerships & Resources for Mass Violence Preparation, Response, Recovery and Mitigation

May 21, 2026

17th Virtual National Town Hall on Mass Violence

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NATIONAL TOWN HALL ON MASS VIOLENCE

Sponsored by the

National Mass Violence Center (NMVC)

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with support from

U.S. Department of Justice, Office for Victims of Crime

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Housekeeping Announcements

- This National Town Hall is being recorded and has live ASL interpretation.
- Closed captioning is available to attendees; please go to your setting at the bottom of your screen and turn on "closed captions" (available in multiple languages).
- After being posted to our website, the recording, slide deck and resources will be available for download at www.nmvvrc.org.
- **Joining us by telephone?** Please email us at nmvc@musc.edu with your full name and email address to receive credit for attending.
- Thanks to many of you who sent questions to our presenters in advance – we will save time at the end to answer the most frequently asked questions.

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Learning Objectives

- Describe the “MVI Continuum” that offers a framework for hospitals and health system leaders to follow as they prepare for, respond to, recover from and mitigate MVIs *(to include MVIs within the MCI framework)*.
- List the ten collaborators – including hospitals and health systems—that are essential to MVI planning and responses.
- Describe how law enforcement, victim/survivor and allied services can coordinate with hospitals to prepare for MVIs and strengthen survivors' behavioral and mental health, and victim support efforts.
- Identify effective strategies that help leaders recognize secondary trauma among their staff and provide supportive services to mitigate it.

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National Town Hall Presenters

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Angie Moreland, Ph.D., Moderator

NMVC Associate Director and Director,
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Our Vision

Victims and survivors of mass violence must have access to first rate, evidence-based information and services throughout the entire recovery process provided by victim assistance and other professionals who are compassionate, well-trained, and respectful of victims' needs and wishes.

Our Mission

To improve community preparedness and the nation's capacity to serve victims recovering from mass violence through research, planning, training, technology, and collaboration.

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Our Partners

American Hospital Association®

Association of Prosecuting Attorneys

Clery Center — at the heart of campus safety

National Center for Victims of Crime

give an hour — Mental Health. For Life.

IACP — International Association of Chiefs of Police

iAEM — International Association of Emergency Managers

NCTSN — The National Child Traumatic Stress Network

NASP — National Association of School Psychologists

navaa — National Association of VOCA Assistance Administrators

National Association of Attorneys General

National Governors Association

National Crime Victim Law Institute

National Fallen Firefighters Foundation

National Association of Crime Victim Compensation Boards

NOVA — National Organization for Victim Advocacy

CNA

Police Executive Research Forum

Safe and Sound Schools

Unified Solutions Tribal Community Development Group, Inc.

The United States Conference of Mayors

THE UNITED STATES CONFERENCE OF MAYORS

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Perspective from a Hospital Executive

Kurt A. Barwis, FACHE

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Perspective from a Hospital Executive

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Bristol Health 100

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The Important Role of Hospitals in Mass Violence Preparedness, Response, Recovery and Mitigation


Photo credit: Jordan Steiger

Jordan Steiger, MPH, MA, LSW

Director, Behavioral Health and Violence Prevention

American Hospital Association

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Hospitals Against Violence

The American Hospital Association's Hospitals Against Violence (HAV) initiative supports hospitals and health systems in preventing, responding to, and mitigating the impacts of violence across workplace and community settings.

WHAT WE DO:

- ✓ Create guidance, practical tools, and collaborative opportunities to reduce the incidence and impact of violence.
- ✓ Share prevention-oriented, system-level solutions that enhance safety while reinforcing the hospital's role as a trusted community leader during times of crisis.
- ✓ Serve as a national convener, elevating promising practices from hospitals and health systems across the country and fostering partnerships with federal agencies, law enforcement, public health experts, and community organizations.

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Building a Safe Workplace and Community

A Framework for Hospital and Health System Leadership

AHA's Hospitals Against Violence framework helps guide hospital and health system leadership address the issues of violence in their workplaces, with an emphasis on educating and protecting the workforce. In this effort, we must acknowledge that community violence encroaches into the health care setting, and our workforce is part of the community.

Leadership should push for greater data collection, collective accountability, and ongoing education and training. With this approach, we can achieve the four pillars necessary for implementing a comprehensive violence mitigation strategy: trauma support, violence intervention, culture of safety and mitigating risk.

To learn more about the AHA's **Hospitals Against Violence** initiative, visit www.aha.org/HAV.

Hospitals Against Violence | #HAVhope

Foster safety for your **workforce**, in your **workplace** and in your **community**.

https://www.aha.org/system/files/media/file/2021/10/building-a-safe-workplace-and-community-framework-for-hospitals-and-health-systems.pdf


Photo credit: Heart.org

The AHA & NMVC Strategic Alliance Since 2017

Hospitals are key pillars of their communities – they are essential hubs for **coordinated response and recovery**.

- ✓**NMVC Expertise:** Evidence-based strategies for victim advocacy and long-term behavioral/mental health.
- ✓**AHA Leadership**: Providing the operational playbook for hospital executives to navigate crises.
- ✓**Shared Goal:** Ensuring the healing process includes staff, survivors, and the broader community.

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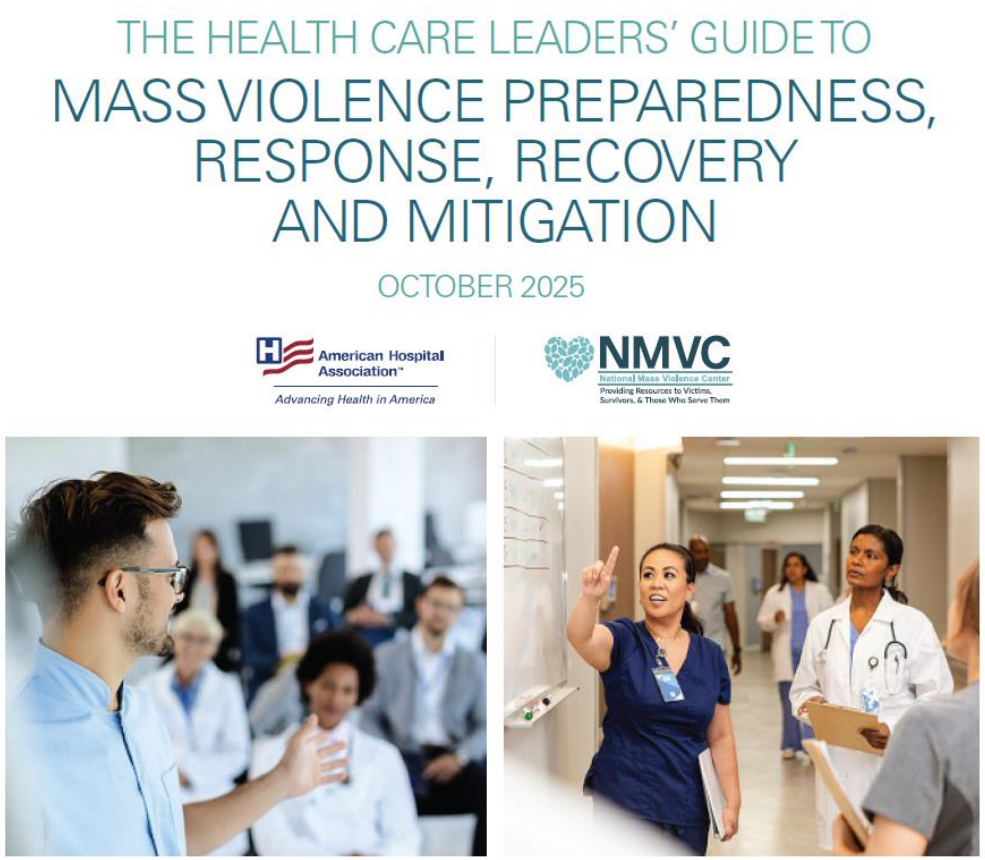

AHA–NMVC 2026 Guide: Strengthening Hospital Readiness Across the MVI Continuum

The Guide focuses on:

- Educating leaders about the hospital role in MVI preparedness, response, recovery and mitigation.
- Integrating MVI planning into existing emergency management frameworks.
- Ensuring continuity of operations while addressing the physical, psychological, and emotional needs of victims, survivors, first responders, and staff.

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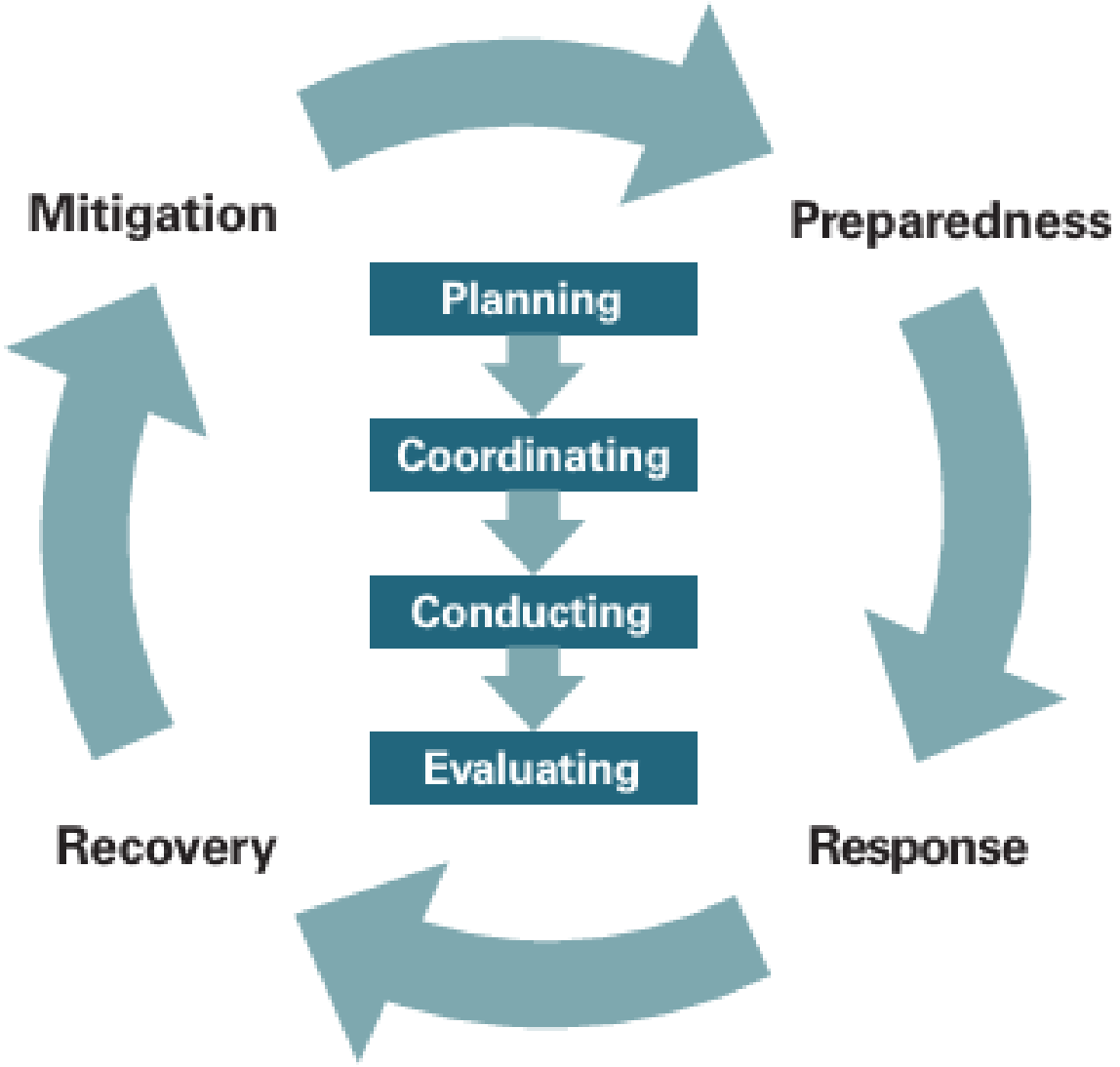
The MVI Continuum



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Preparedness

- **Integrate MVI planning into existing emergency preparedness and response frameworks** to ensure coordinated, system-wide readiness.
- **Establish partnerships across health care, public health, law enforcement, and community organizations** to enable a unified response.
- **Prepare to support both immediate clinical needs and long-term behavioral health recovery** for patients, staff and the community.
- **Develop plans that address workforce resilience, continuity of operations, and surge capacity** during and after an incident.
- **Ensure a whole-community approach that includes victims, families, responders, and hospital personnel in recovery planning**.

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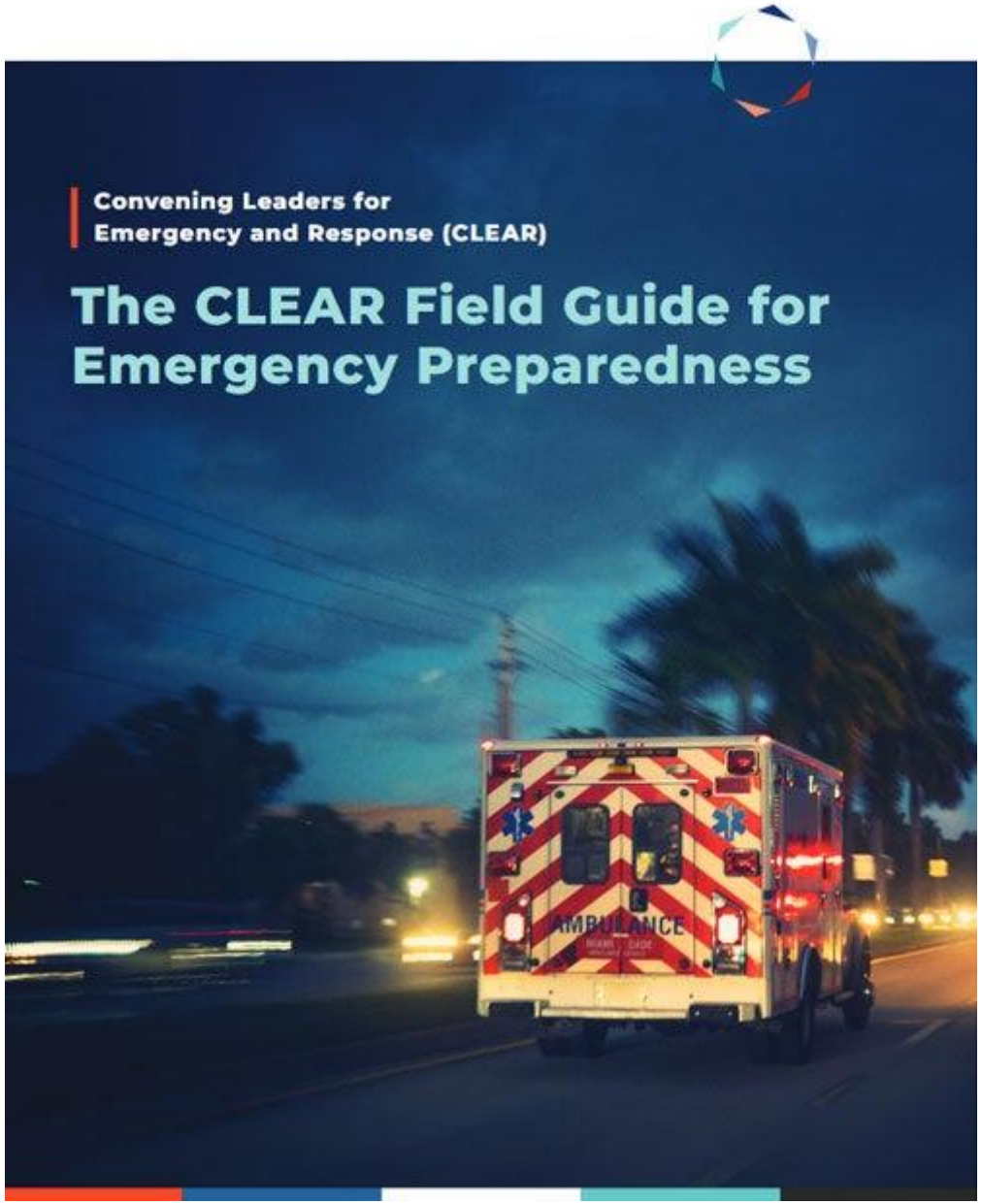

Integrating Mass Violence Preparedness into Hospital Emergency Management

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Areas to Integrate MVI Preparedness into Existing Emergency Preparedness Planning

- Governance
- Community Coordination and Communication
- Clinical Readiness
- Operational Readiness
- After-event Support for Victims, the Workforce and the Community

Overview of Three Centers

Friends & Relatives Center

USUALLY ESTABLISHED <u>IMMEDIATELY</u> AFTER AN MVI (OFTEN OPEN FOR 24-48 HOURS)

An initial, secure space where survivors, families, and friends can go for timely and accurate information.

Family Assistance Center

CAN OPERATE CONCURRENTLY WITH THE FRC OR ESTABLISHED WHEN THE FRC CLOSES (OPEN 7-10 DAYS OR LONGER)

A private, safe space where survivors and families can obtain a wide range of services and draw support from each other.

Resiliency Center

GENERALLY ESTABLISHED WITHIN A YEAR OF THE MVI (IN EXISTENCE FOR VARYING LENGTHS OF TIME)

A central hub that provides mid- to long-term recovery and support services for survivors, family members, and first responders.

Hospital Awareness of Crime Victim Compensation

An Underutilized Support System for Patients and Families

- State-run programs that can reimburse victims and survivors for crime-related expenses
- Programs exist in every state, D.C., and several U.S. territories.
- Payor of last resort

Source

Key Takeaway:

While hospitals and health systems cannot prevent MVIs, careful preparation and integration with existing emergency preparedness policies and procedures, and victim/survivor and behavioral health services, can mitigate both the short- and long-term effects on victims, first responders, the health care workforce and the community at large.

By combining evidence-based procedures and practices with existing plans, hospitals and health systems can strengthen their ability to respond effectively to future tragedies.

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Actions for Hospital Leaders:

1

Build community partnerships *in advance* to strengthen coordination and response during incidents.

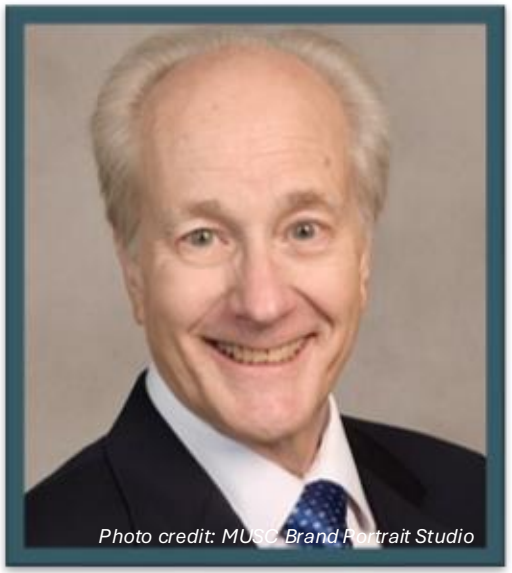
2

Follow the AHA/NMVC Guide to strengthen readiness across all phases of the MVI continuum.

3

Simplify access to care by streamlining referrals, reducing logistical barriers, and supporting documentation needs for victims.

Ten Essential Collaborators for Effective MVI Planning and Response



Michael Schmidt, Ph.D.

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National Mass Violence Center

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KEY COLLABORATORS

Hospitals (often involving multiple hospitals)	**Law enforcement** (often involving multiple agencies)
Emergency medical services	**Coroners, medical examiners, and mortuary services**
Victim/survivor service professionals	**Crime victim compensation programs**
Mental/behavioral health professionals	**Elected officials and other civic leaders**
Professional and other civic organizations	**Multi-faith community leaders**

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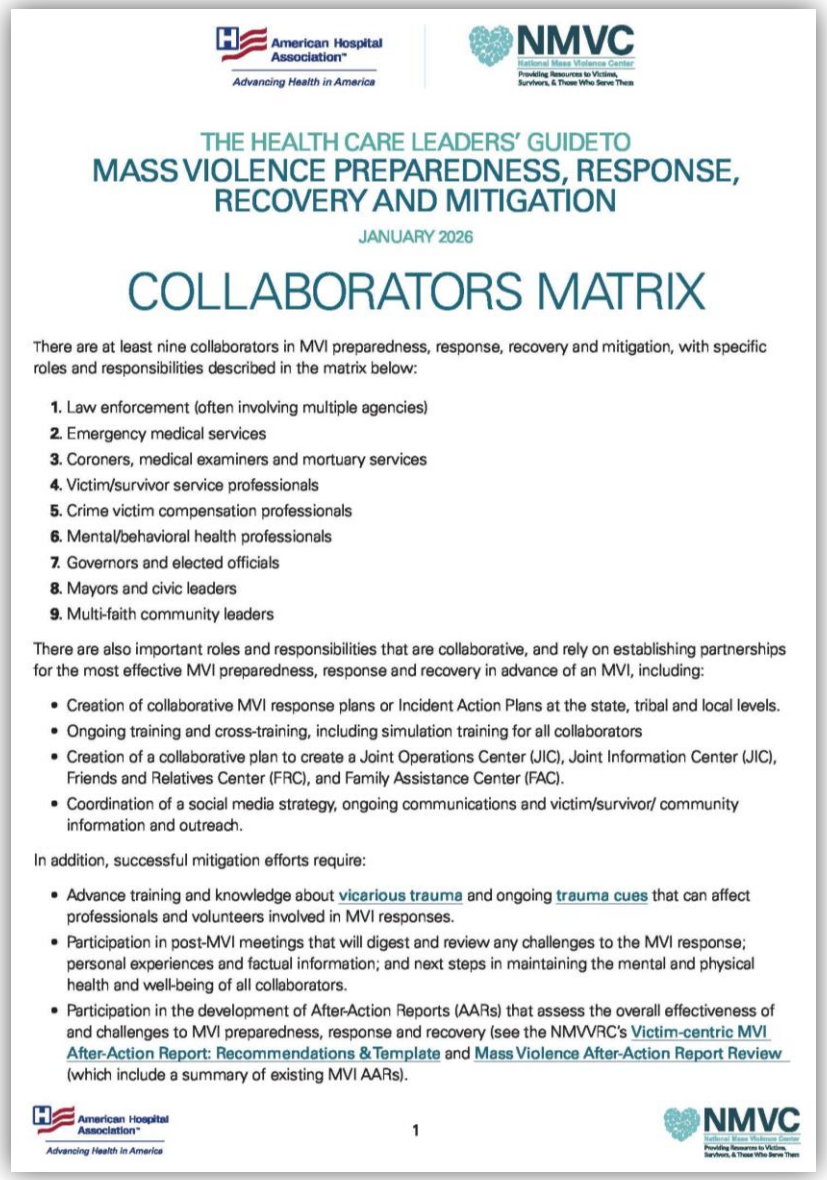
NMVC/AHA Collaborators Matrix



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THE HEALTH CARE LEADERS' GUIDE TO
MASS VIOLENCE PREPAREDNESS, RESPONSE, RECOVERY AND MITIGATION

JANUARY 2026

COLLABORATORS MATRIX

There are at least nine collaborators in MVI preparedness, response, recovery and mitigation, with specific roles and responsibilities described in the matrix below:

1. Law enforcement (often involving multiple agencies)
2. Emergency medical services
3. Coroners, medical examiners and mortuary services
4. Victim/survivor service professionals
5. Crime victim compensation professionals
6. Mental/behavioral health professionals
7. Governors and elected officials
8. Mayors and civic leaders
9. Multi-faith community leaders

There are also important roles and responsibilities that are collaborative, and rely on establishing partnerships for the most effective MVI preparedness, response and recovery in advance of an MVI, including:

- Creation of collaborative MVI response plans or Incident Action Plans at the state, tribal and local levels.
- Ongoing training and cross-training, including simulation training for all collaborators
- Creation of a collaborative plan to create a Joint Operations Center (JIC), Joint Information Center (JIC), Friends and Relatives Center (FRC), and Family Assistance Center (FAC).
- Coordination of a social media strategy, ongoing communications and victim/survivor/ community information and outreach.

In addition, successful mitigation efforts require:

- Advance training and knowledge about vicarious trauma and ongoing trauma cues that can affect professionals and volunteers involved in MVI responses.
- Participation in post-MVI meetings that will digest and review any challenges to the MVI response; personal experiences and factual information; and next steps in maintaining the mental and physical health and well-being of all collaborators.
- Participation in the development of After-Action Reports (AARs) that assess the overall effectiveness of and challenges to MVI preparedness, response and recovery (see the NMVVRC's Victim-centric MVI After-Action Report: Recommendations & Template and Mass Violence After-Action Report Review (which include a summary of existing MVI AARs).

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NMVC National Mass Violence Center Providing Resources to Victims, Survivors, & Those Who Serve Them

- Useful resource for hospitals and health care systems that identifies nine important partners for hospitals & health care systems.
- Describes the roles of each collaborator that partners with hospitals in mass violence:
  - Preparation
  - Response
  - Recovery
  - Mitigation

https://nmvvrc.org/media/al0bjbfr/nmvc-collaborators-matrix.pdf

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Collaboration in Action

Photo credit: Gov.bm

Collaborative Coordination - Effective MVI response depends on early coordination among diverse collaborators with specialized expertise and authority.

Critical Roles of Partners - Hospitals, law enforcement, EMS, coroners, and others provide lifesaving care, investigation, and victim support after incidents.

Community and Leadership Support - Mayors, governors, multi-faith leaders, and victim/survivor services offer leadership, spiritual care, and advocacy for recovery.

Integrated Multidisciplinary Approach - No single collaborator is more important than another; teamwork and shared responsibilities build individual and collective resilience.

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Cross-Agency Coordination Supporting Hospital MVI Response

Law Enforcement

Coordination on evidence preservation, security protocols, and Joint Operations Command operations.

Victim Services & Behavioral/ Mental Health

Navigating victim & B/MH services, and victim compensation to reduce the long-term financial burden on survivors.

Faith & Community

Collaborating with local leaders to identify and address collective trauma and provide spiritual/emotional support.

Collaboration & Coordination

Conduct joint tabletop exercises with local, state, and tribal agencies to build pre-event trust and operational fluency.

- ✓ **Unified Command drills**
- ✓ **Shared communication pathways**

100% Shared Awareness

The partners work together to ensure that every survivor is not only treated clinically, but also supported legally and emotionally through the recovery journey.

Build MOUs Today

Drills for Info Sharing

Protect Privacy

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Coordinated Response Operations

Photo credit: Gov.bm

During and after an active MVI, the hospital leadership should be visible at and integrated with the Joint Operations Center (JOC).

- ✓ Activate Unified Command structures immediately.
- ✓ Ensure seamless triage and medical surge activities.
- ✓ Coordinate external, accurate & timely messaging via a designated Public Information Officer (PIO).

The Joint Operations Interface

The **Joint Operations Center (JOC)** serves as the central hub for interagency coordination. Information is filtered through specialized liaisons.

Secure Communications Channels

Dedicated radio frequencies or encrypted messaging apps for lead coordinators.

Victim ID Liaisons

Law enforcement officers embedded in the hospital to reconcile victim lists with missing person reports.

PIO Integration

Unified Public Information Officers ensure a single vetted voice for the hospital and community.

Information: A Two-Way Strategic Asset

MVI response efficiency hinges on a **Bidirectional Data Flow**. All sectors must share actionable *intelligence* in real-time:

From Law Enforcement to Hospitals:
Threat assessments, suspect status, safety, and estimated number of physical injuries and casualty counts.

From Hospitals to Law Enforcement:
Victim identification, clinical status, bed availability, and forensic evidence alerts.

Photo credit: rdck.ca

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Preserving the Chain of Evidence

While clinical care is the **absolute priority**, hospitals can be secondary evidence collection places. ***Early coordination ensures safety and support for survivors***.

- ✓ **Forensic Awareness:** Proper handling of clothing, projectiles, and biological samples.
- ✓ **Documentation:** Accurate injury logging that supports future prosecution.
- ✓ **Custody:** Pre-defined secure storage for personal effects and other evidence until they are provided to law enforcement.

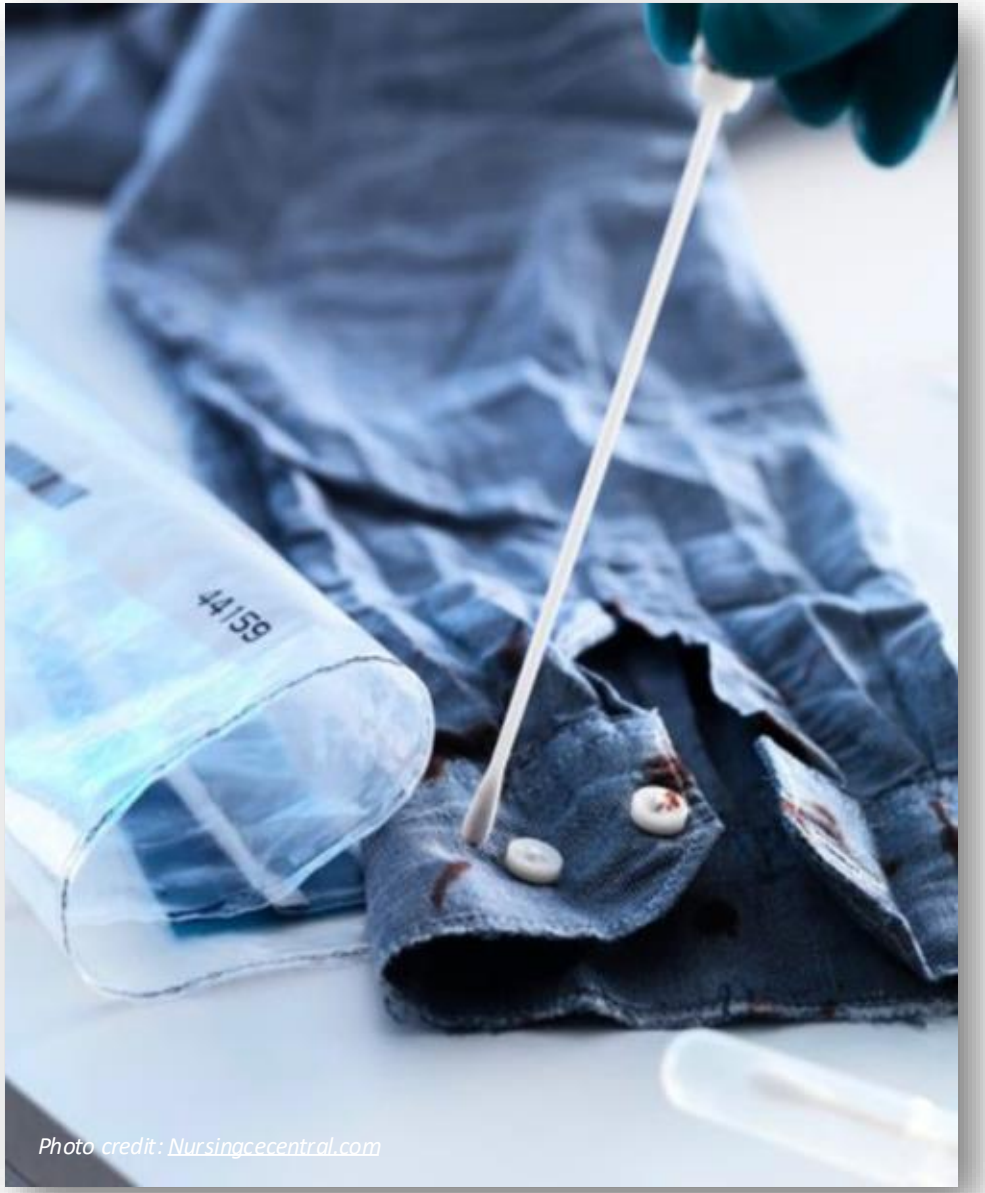

Photo credit: Nursingcecentral.com

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Legal Frameworks for Data Exchange

Data Category	Legal Mechanism	Operational Justification
Patient Directory Information	HIPAA Emergency Rule	Notifying family and locating displaced survivors.
Criminal Evidence	MOU / Law Enforcement Exception	Preserving physical evidence for criminal investigation.
Behavioral Health	Consent / Threat to Safety	Sharing risk factors to prevent secondary incidents.

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When May a Hospital Disclose Information to a Law Enforcement Official?

❖Requests by Law Enforcement Officer

- Court-ordered subpoenas, warrants, or summonses
- Grand jury subpoenas – Only information specifically described in the subpoena
- Administrative requests, subpoenas, or summonses
  - Here, patient information may be disclosed only if each of the following requirements in this "three-part test" are met:
    1. **Relevance –** Must be relevant and material to a legitimate law enforcement inquiry.
    2. **Specificity –** Request must be specific and limited in scope.
    3. **Identifiable Information Necessary –** Deidentified information could not reasonably be used.
  - Hospitals may rely on the **administrative request or subpoena** to verify that the three-part privacy test is met.
  - Hospitals **should withhold information** if they believe the three-part test is not met, regardless of the documentation provided.
  - Each hospital should develop its own procedures for handling such requests.

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule: A Guide for Law Enforcement

What is the HIPAA Privacy Rule?

The Health Insurance Portability and Accountability Act of 1996 (*HIPAA*) Privacy Rule provides Federal privacy protections for individually identifiable health information, called protected health information or PHI, held by most health care providers and health plans and their business associates. The HIPAA Privacy Rule sets out how and with whom PHI may be shared. The Privacy Rule also gives individuals certain rights regarding their health information, such as the rights to access or request corrections to their information.

Who must comply with the HIPAA Privacy Rule?

HIPAA applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically (e.g., billing a health plan). These are known as covered entities. Hospitals, and most clinics, physicians and other health care practitioners are HIPAA covered entities. In addition, HIPAA protects PHI held by business associates, such as billing services and others, hired by covered entities to perform services or functions that involve access to PHI.

Who is not required to comply with the HIPAA Privacy Rule?

Many entities that may have health information are not subject to the HIPAA Privacy Rule, including:

- employers,
- most state and local police or other law enforcement agencies,
- many state agencies like child protective services, and
- most schools and school districts.

While schools and school districts maintain student health records, these records are in most cases protected by the Family Educational Rights and Privacy Act (FERPA) and not HIPAA. HIPAA may apply however to patient records at a university hospital or to the health records of non-students at a university health clinic.

https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final_hipaa_guide_law_enforcement.pdf

Compliance Responsibilities

HIPAA-covered Entities

Hospitals, clinics, physicians, and health plans. These agencies **must** follow *protected health information* (PHI) under federal law.

Non-covered Entities

Law enforcement agencies, employers, most schools, and child protective services are **not** subject to the HIPAA Privacy Rule.

While law enforcement agencies are *not covered*, they must understand that **hospitals** are **legally bound** by these rules.

Collaboration At-a-Glance

- **Partnerships are essential!**
- **Prepare in advance of an MVI:**
  - Practical exercises
  - Knowledge of collaborators' respective and shared roles.
- **Identify and rely upon the strengths of each collaborator in:**
  - Response
  - Recovery
  - Mitigation (including identifying and addressing secondary trauma – more on that later…)

MVI Response and Recovery: Victim Support, Resiliency Partnerships, and Long-Term Mitigation

Anne Seymour

Associate Academic Program Director

National Mass Violence Center

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Response

Hospital and emergency room activities must adapt to the scope and impact of the MVI.

- Factors to consider:
  - Location of MVI and access to hospital care.
  - Number of casualties and victims who are physically-injured.
    - Capacity for family visits and consultations.
  - Availability of medical and clinical services that are needed.
  - Individual hospital capacity.
  - Specialized care at specific hospitals.

There may be multiple hospitals involved in response & recovery.

Response (*cont.*)

- Contact the Incident Command/Joint Operations Center leadership to coordinate all activities, including the locations of victims/patients.
  - Activate *internal* unified incident command.
  - Activate medical surge and triage protocol, as appropriate.
  - Direct connection to and coordination with the Friends & Relatives Center, and the Family Assistance Center, for information and notifications.
    - Contact information for Lead at both Centers.

Establish and Maintain Consistent Internal and External Communications Pathways

INTERNAL	EXTERNAL
Entire health care workforce Victim/survivor support: • Chaplains • Social workers • Behavioral/mental health services • Hospital victim/survivor services • Hospital Board	Law enforcement Mortuary & funeral services Victim/survivor services Crime victim compensation Behavioral/mental health services Emergency management professionals Faith leaders

Response (*cont.*)
Crime Victim Compensation

- Victim/survivor awareness of crime victim compensation, what it covers and how to apply for it.
  - CVC brochures and applications readily available
- Hospital and billing department's awareness of and preparedness for CVC:
  - Who can help victims apply?
  - Documentation required from hospital/health care organizations.
  - Documentation required from victims/survivors.

NEW TIP SHEET ABOUT CVC THAT IS SPECIFIC TO HOSPITALS:

https://nmvvrc.org/media/yq5hub4a/crime-victims-compensation.pdf

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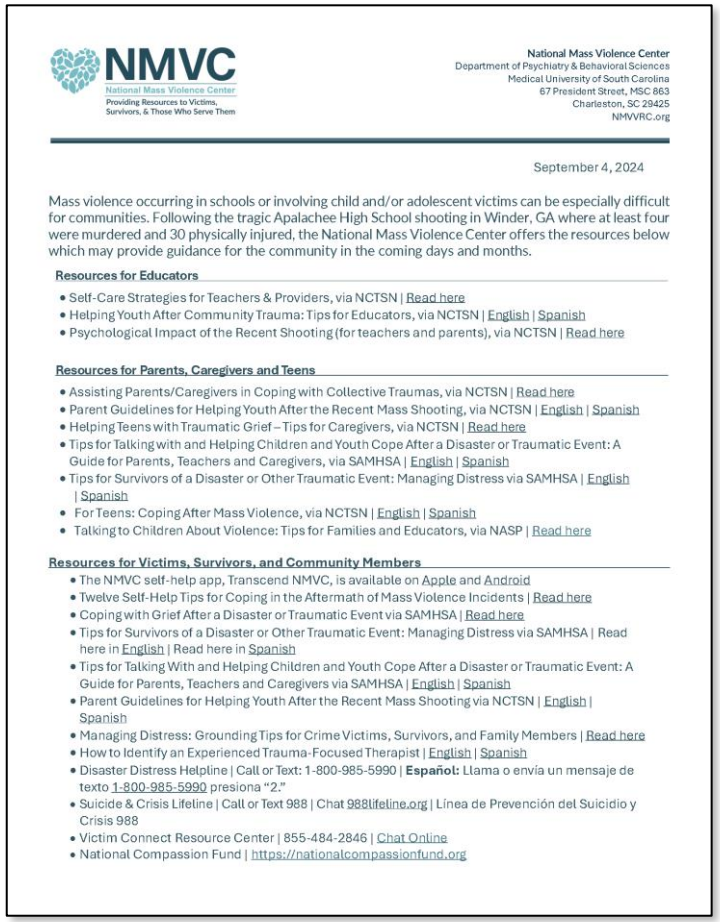
Hospitals Disseminate NMVC Resource Guide Provided by NMVC via AHA

- Curated list of resources
- Specific to the impacted community and the mass violence incident



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September 4, 2024

Mass violence occurring in schools or involving child and/or adolescent victims can be especially difficult for communities. Following the tragic Apalachee High School shooting in Winder, GA where at least four were murdered and 30 physically injured, the National Mass Violence Center offers the resources below which may provide guidance for the community in the coming days and months.

Resources for Educators

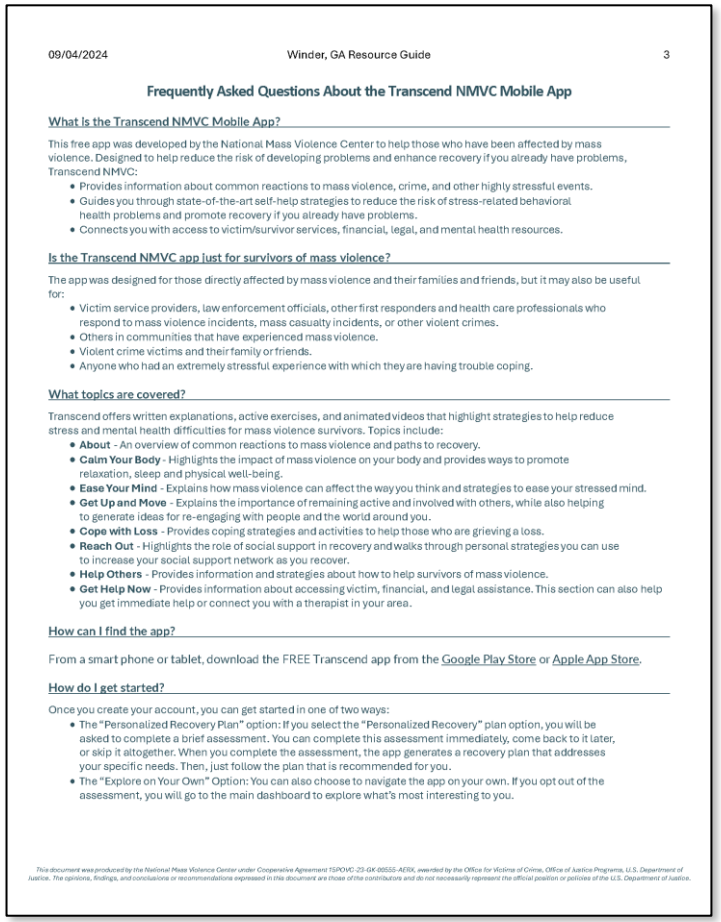
- Self-Care Strategies for Teachers & Providers, via NCTSN | Read here
- Helping Youth After Community Trauma: Tips for Educators, via NCTSN | English | Spanish
- Psychological Impact of the Recent Shooting (for teachers and parents), via NCTSN | Read here

Resources for Parents, Caregivers and Teens

- Assisting Parents/Caregivers in Coping with Collective Traumas, via NCTSN | Read here
- Parent Guidelines for Helping Youth After the Recent Mass Shooting, via NCTSN | English | Spanish
- Helping Teens with Traumatic Grief – Tips for Caregivers, via NCTSN | Read here
- Tips for Talking with and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Teachers and Caregivers, via SAMHSA | English | Spanish
- Tips for Survivors of a Disaster or Other Traumatic Event: Managing Distress via SAMHSA | English | Spanish
- For Teens: Coping After Mass Violence, via NCTSN | English | Spanish
- Talking to Children About Violence: Tips for Families and Educators, via NASP | Read here

Resources for Victims, Survivors, and Community Members

- The NMVC self-help app, Transcend NMVC, is available on Apple and Android
- Twelve Self-Help Tips for Coping in the Aftermath of Mass Violence Incidents | Read here
- Coping with Grief After a Disaster or Traumatic Event via SAMHSA | Read here
- Tips for Survivors of a Disaster or Other Traumatic Event: Managing Distress via SAMHSA | Read here in English | Read here in Spanish
- Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Teachers and Caregivers via SAMHSA | English | Spanish
- Parent Guidelines for Helping Youth After the Recent Mass Shooting via NCTSN | English | Spanish
- Managing Distress: Grounding Tips for Crime Victims, Survivors, and Family Members | Read here
- How to Identify an Experienced Trauma-Focused Therapist | English | Spanish
- Disaster Distress Helpline | Call or Text: 1-800-985-5990 | **Español:** Llama o envía un mensaje de texto 1-800-985-5990 presiona "2."
- Suicide & Crisis Lifeline | Call or Text 988 | Chat 988lifeline.org | Línea de Prevención del Suicidio y Crisis 988
- Victim Connect Resource Center | 855-484-2846 | Chat Online
- National Compassion Fund | https://nationalcompassionfund.org



Frequently Asked Questions About the Transcend NMVC Mobile App

What is the Transcend NMVC Mobile App?

This free app was developed by the National Mass Violence Center to help those who have been affected by mass violence. Designed to help reduce the risk of developing problems and enhance recovery if you already have problems, Transcend NMVC:

- Provides information about common reactions to mass violence, crime, and other highly stressful events.
- Guides you through state-of-the-art self-help strategies to reduce the risk of stress-related behavioral health problems and promote recovery if you already have problems.
- Connects you with access to victim/survivor services, financial, legal, and mental health resources.

Is the Transcend NMVC app just for survivors of mass violence?

The app was designed for those directly affected by mass violence and their families and friends, but it may also be useful for:

- Victim service providers, law enforcement officials, other first responders and health care professionals who respond to mass violence incidents, mass casualty incidents, or other violent crimes.
- Others in communities that have experienced mass violence.
- Violent crime victims and their family or friends.
- Anyone who had an extremely stressful experience with which they are having trouble coping.

What topics are covered?

Transcend offers written explanations, active exercises, and animated videos that highlight strategies to help reduce stress and mental health difficulties for mass violence survivors. Topics include:

- **About** - An overview of common reactions to mass violence and paths to recovery.
- **Calm Your Body** - Highlights the impact of mass violence on your body and provides ways to promote relaxation, sleep and physical well-being.
- **Ease Your Mind** - Explains how mass violence can affect the way you think and strategies to ease your stressed mind.
- **Get Up and Move** - Explains the importance of remaining active and involved with others, while also helping to generate ideas for re-engaging with people and the world around you.
- **Cope with Loss** - Provides coping strategies and activities to help those who are grieving a loss.
- **Reach Out** - Highlights the role of social support in recovery and walks through personal strategies you can use to increase your social support network as you recover.
- **Help Others** - Provides information and strategies about how to help survivors of mass violence.
- **Get Help Now** - Provides information about accessing victim, financial, and legal assistance. This section can also help you get immediate help or connect you with a therapist in your area.

How can I find the app?

From a smart phone or tablet, download the FREE Transcend app from the Google Play Store or Apple App Store.

How do I get started?

Once you create your account, you can get started in one of two ways:

- The "Personalized Recovery Plan" option: If you select the "Personalized Recovery" plan option, you will be asked to complete a brief assessment. You can complete this assessment immediately, come back to it later, or skip it altogether. When you complete the assessment, the app generates a recovery plan that addresses your specific needs. Then, just follow the plan that is recommended for you.
- The "Explore on Your Own" Option: You can also choose to navigate the app on your own. If you opt out of the assessment, you will go to the main dashboard to explore what's most interesting to you.

This document was produced by the National Mass Violence Center under Cooperative Agreement 15POVC-23-GK-00555-AERX, 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 document are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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Recovery

- Hospitals cooperate with law enforcement and prosecutors involved in any investigation.
- Hospitals are an important part of the *continuum of care* of victims/survivors:
  - Connected to the Family Assistance Center and Resiliency Center.
  - Capacity for referrals to victim support and behavioral/mental health services in the community.
    - Both system- and community-based
  - Ongoing assistance, as needed, with crime victim compensation.
  - Provide support for and attend community events, such as memorial observances.

Mitigation

- Hospitals should:
  - Participate in the development of any **After-Action Report** that assesses the overall community-wide effectiveness of and challenges to MVI preparedness, response, and recovery.
  - Conduct an internal assessment of its preparation and response, and their impact on the healthcare workforce.
  - Visit the community's Resiliency Center to learn about information and resources related to victim/survivor and behavioral/mental health assistance.
  - Be aware of the potential for secondary trauma among staff, and resources available to help mitigate it.

Identifying and Addressing Secondary Trauma in the Hospital/Healthcare Workforce

Angie Moreland, Ph.D

NMVC Associate Director, and Director,
Improving Community Preparedness Division
National Mass Violence Center

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Hospital/Health Care Leader Responsibilities

Leaders are responsible for making decisions about individual and workforce capacity across the stress continuum.

Leaders set the tone for how others treat each other.

Leaders set the foundation for how the workforce perceives stress reactions.

Leaders leverage the skills, knowledge, and attitudes of every single workforce member to build resilience.

Leaders mitigate vulnerabilities and conserve those who become injured.

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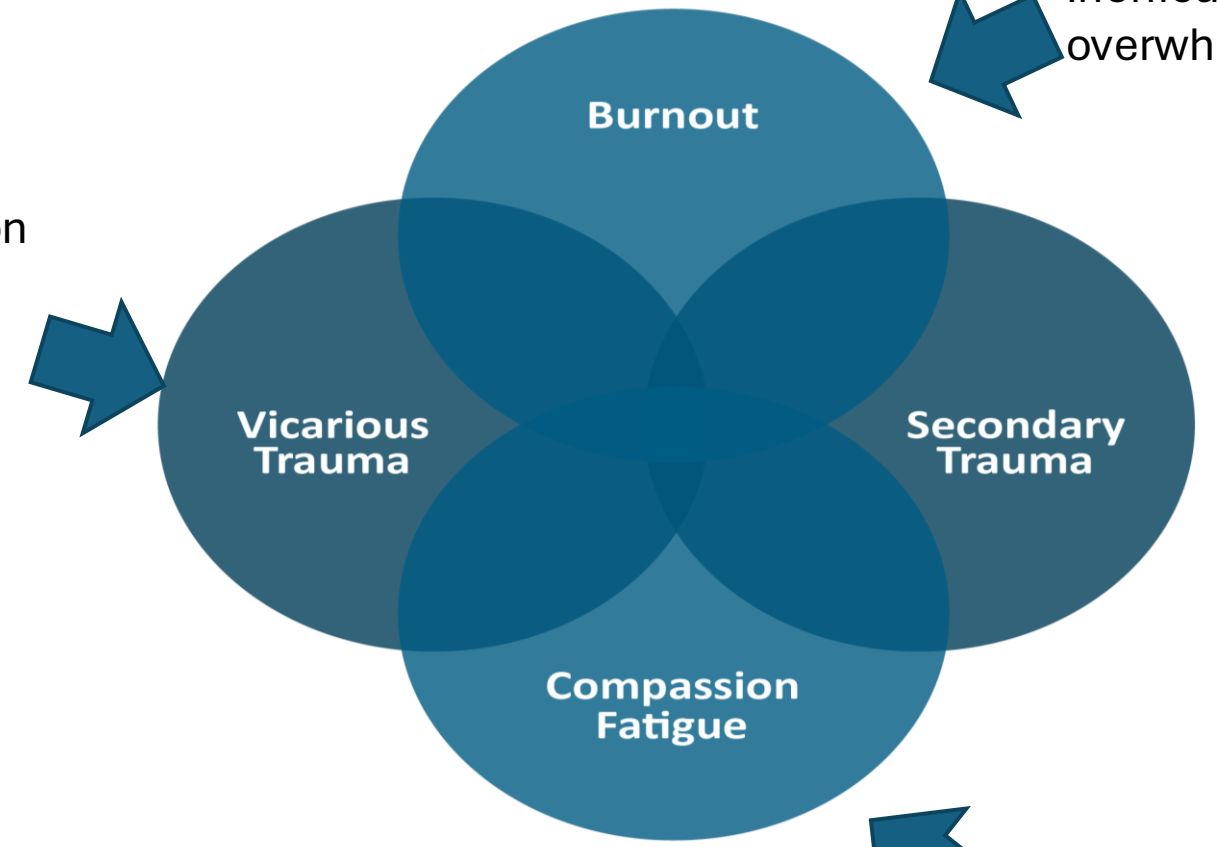
Related Terms

Exposure to an event due to a relationship with the primary person



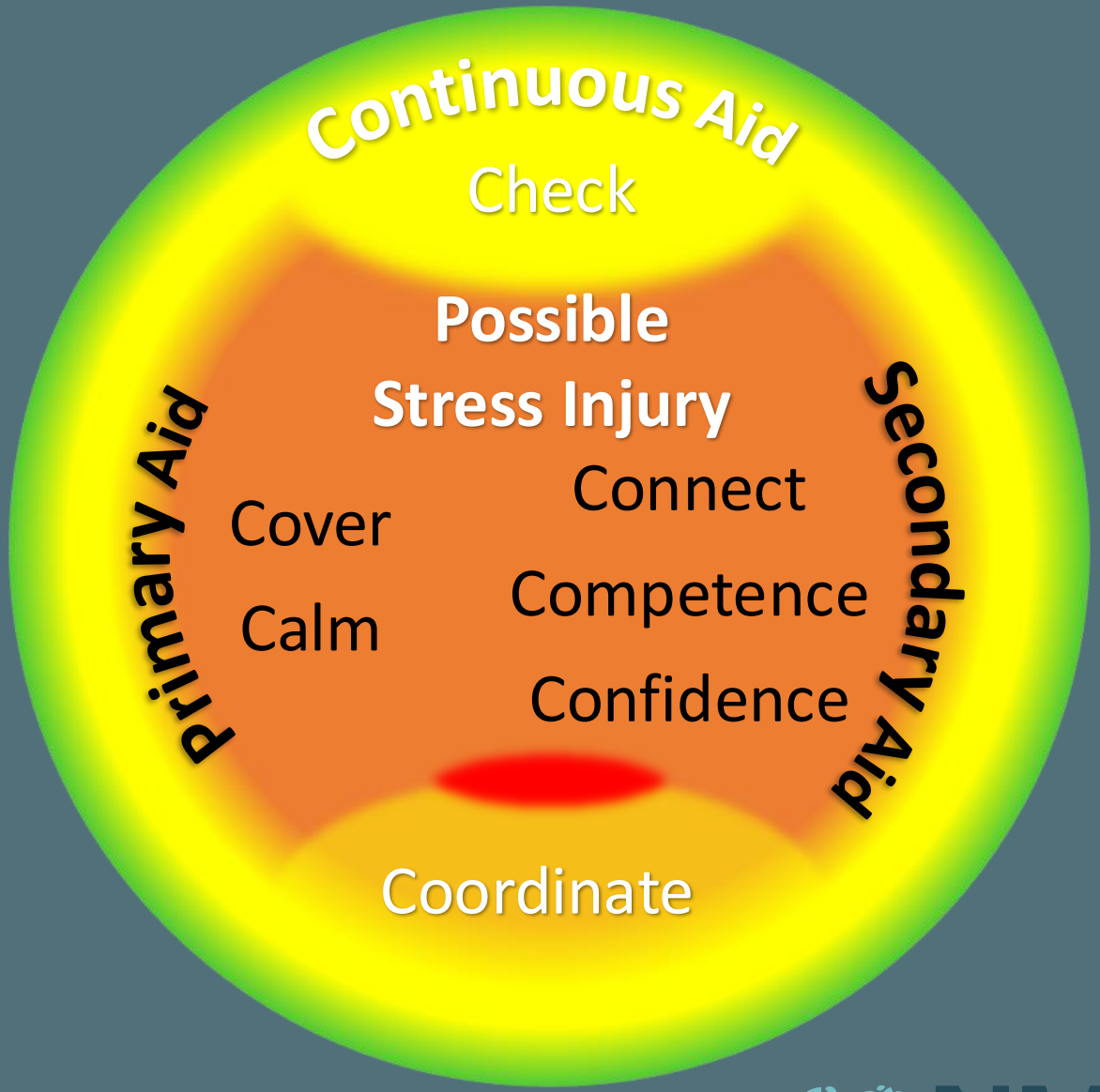
Inefficacy and feeling overwhelmed

Primary traumatic stress direct target of event

Negative aspects of working as a helper

ORGANIZATIONAL APPROACHES TO STRESS

Stress First Aid



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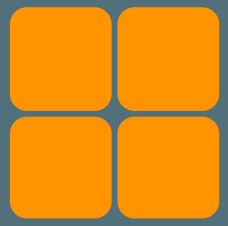
Three Main SFA Concepts

Stress Continuum

Stress Injury



Stress First Aid

Stressors that cause occupational stress injury.

Processes and actions that peers and leaders can use to address stress injuries.

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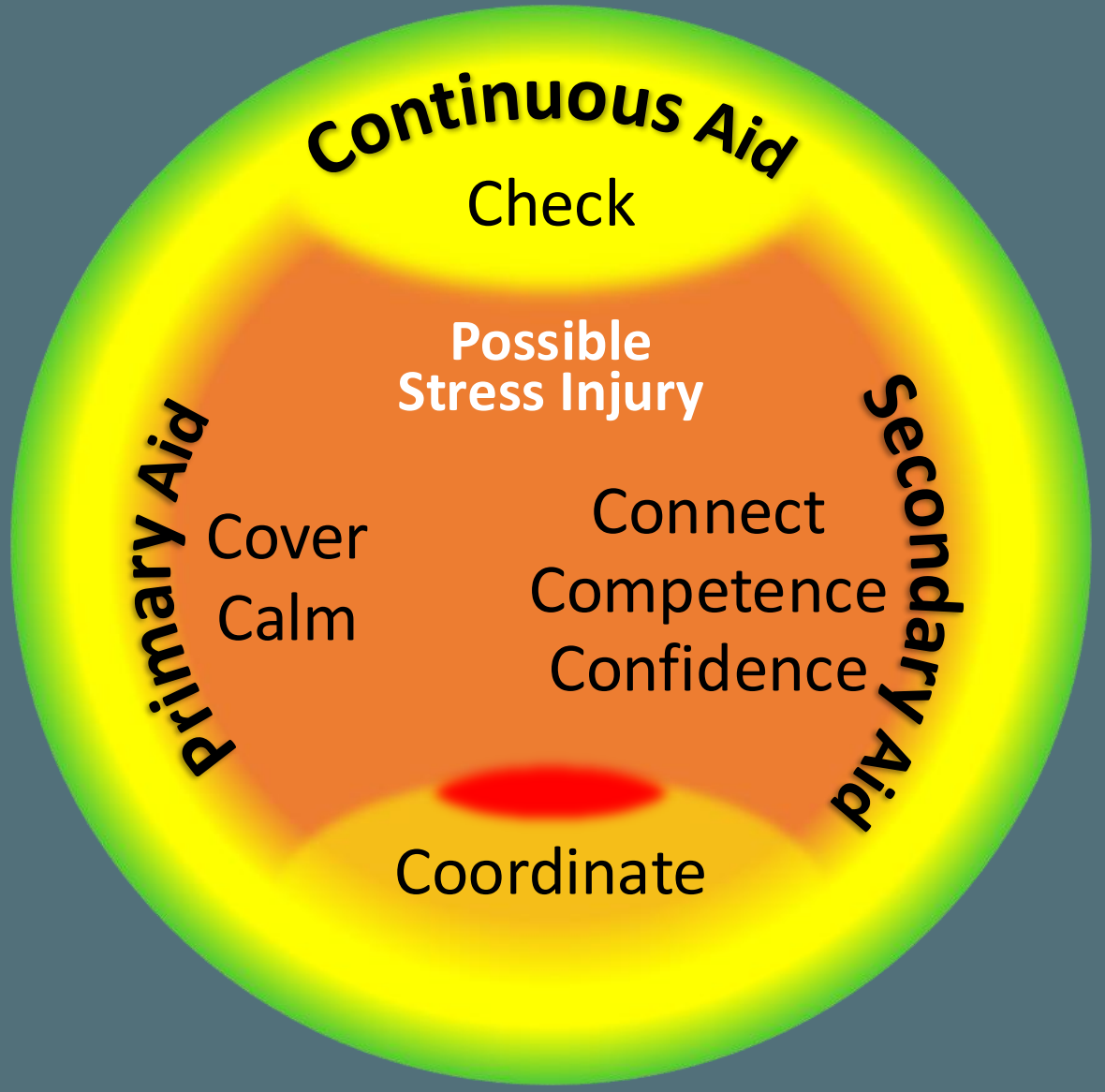
Stress First Aid Graphic (2024)



Seven Cs of Stress First Aid:

Check
Assess, observe and listen

Coordinate
Get help, refer as needed

Cover
Get to safety ASAP

Calm
Relax, Slow down, refocus

Connect
Get support from others

Competence
Restore effectiveness

Confidence
Restore self-esteem and hope

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Hospital Leaders: Where Are YOU on the Stress Continuum?

- **Focused**
- **Engaged**
- **Calm**

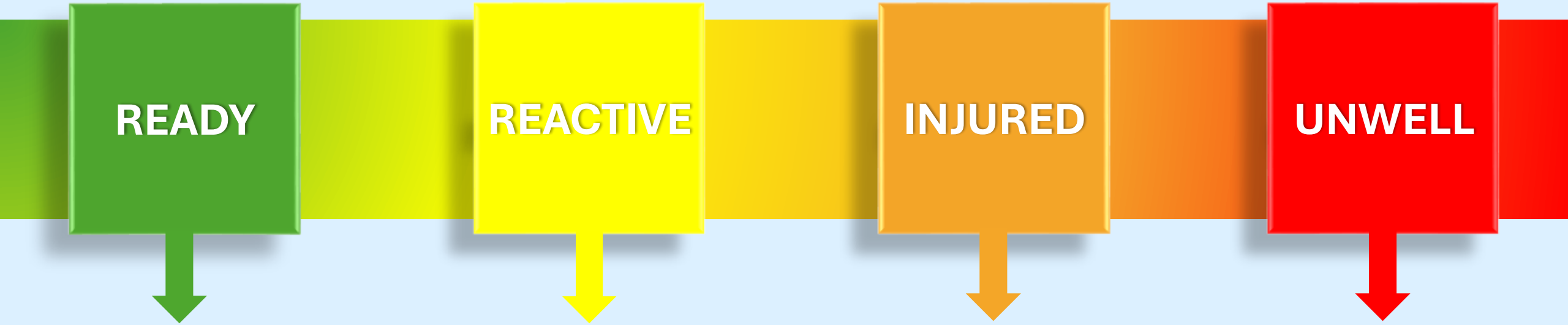
- **Stretched**
- **Irritable**
- **Mild Distress**

- **Overwhelmed**
- **Distracted**
- **Moderate Distress**

- **Impaired**
- **Withdrawn**
- **Severe Distress**

NOTE: Symptoms Worsen and Persist > 30 Days

*Where do You Perceive **YOUR WORKFORCE** to be on the Stress Continuum??*



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- **Withdrawn**
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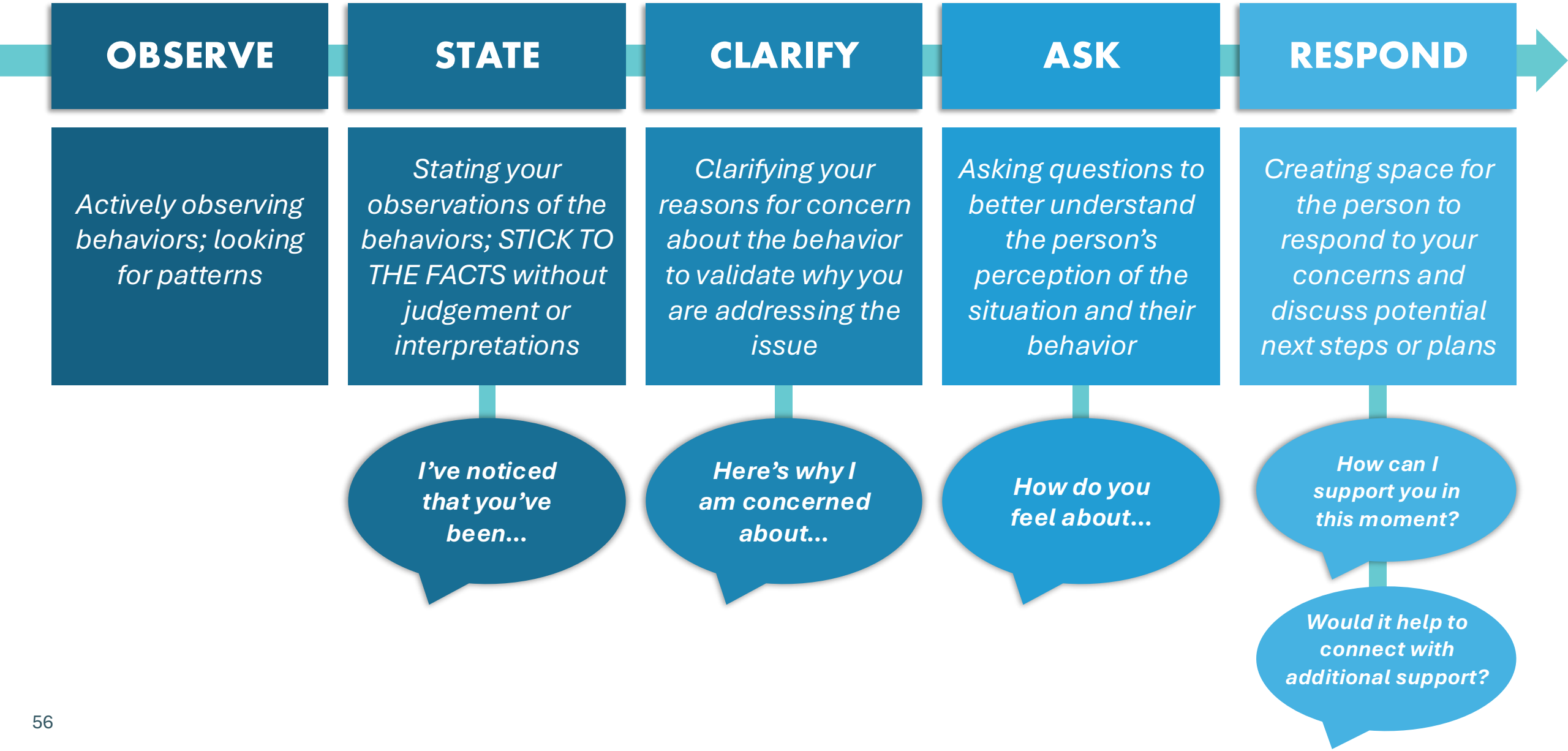
NOTE: Symptoms Worsen and Persist > 30 Days

See Something, Say Something with OSCAR



Hospital Leaders' Role in Building a Culture of Wellness

- Normalize mental health
- Debrief calls and check-ins
- Model openness and vulnerability
- Strengthen relationships/ know your peers
- Learn warning signs
- Know the resources and skills available
- Compassion and empathy
- Confidentiality/trust

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NMVC and AHA New Resources

- The Health Care Leaders' Guide to Mass Violence Preparedness, Response, Recovery and Mitigation
- Crime victim compensation tip sheet for hospitals
- Collaborators Matrix

https://nmvvrc.org/learn/mass-violence-healthcare/

https://www.aha.org/issue-landing-page/2024-05-29-supporting-victims-and-communities-mass-violence-incidents

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NMVC Offers Extensive Resources for Individuals, Communities, and Professional Who Are Impacted by Mass Violence

Tip Sheets

From grief and trauma to working with the media

Best Practices Guides

Comprehensive guides about critical topics with lessons learned & helpful resources

Resource Guides

Curated for communities impacted by mass violence

Community & Victim Surveys

Findings and reports

Five Forums

Created for RCs to address challenges and solutions

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NMVC Offers Extensive Resources for Individuals, Communities, and Professionals Who Are Impacted By Mass Violence (*cont.*)

National Town Halls

Quarterly, virtual series sharing evidence-based best practices

Mass Violence Podcast

Conversational interviews about complex topics

Transcend NMVC App

Free self-help mobile app to help recovery

Virtual Resiliency Center

Online resource hub for individuals and communities

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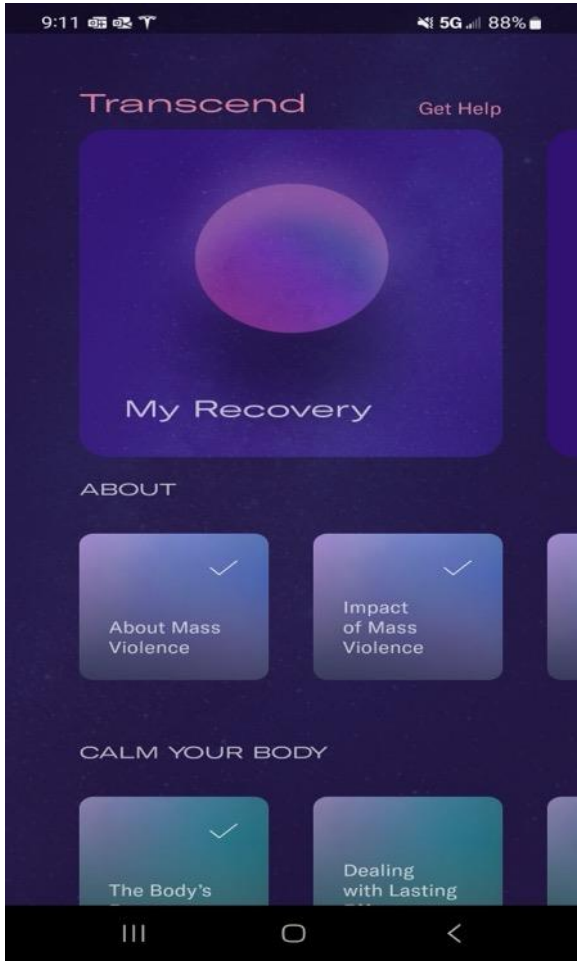

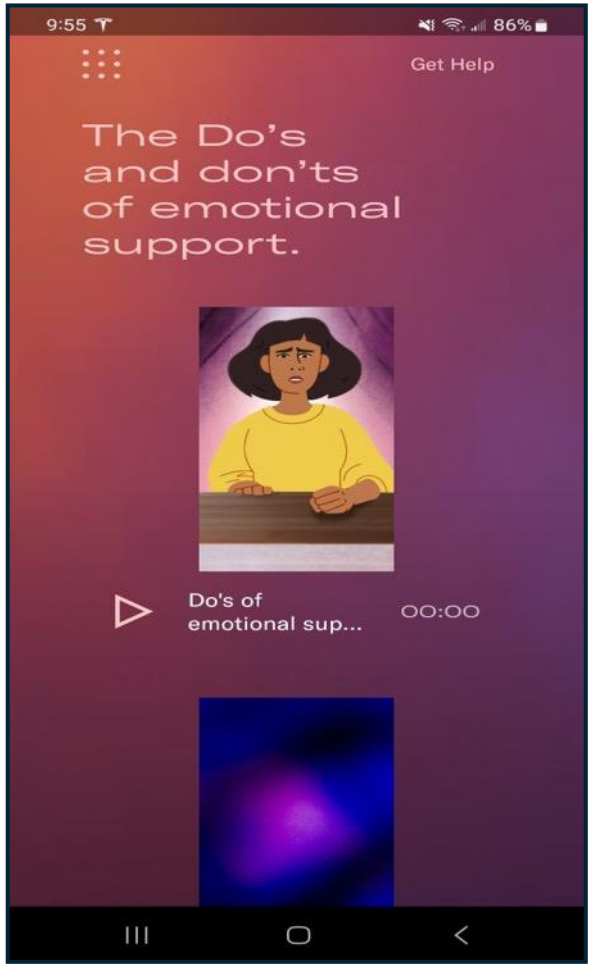

Transcend - NMVC

Free mobile app to facilitate recovery from mass violence events

HOW CAN I FIND THE APP?

From a smart phone or tablet, download the Transcend app from the Google Play Store or Apple Store.

GET IT ON Google Play

Download on the App Store

Developed with partners SpursTech, South I/O, & Igor + Valentine

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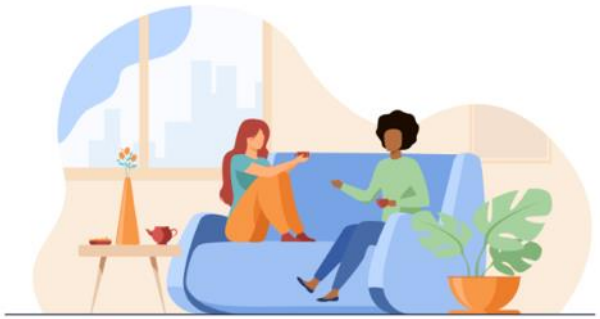
Virtual Resiliency Center

massviolence.help

Victim & Social Services



Social Connection & Empowerment

Health & Wellness

Managing Grief & Trauma

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ONE STRATEGY OR SKILL

Jordan: Review the leadership guide and identify your greatest area for improvement. Within the next 60 days, initiate or strengthen at least one partnership (e.g., local law enforcement, public health, victim advocacy organizations, or behavioral health providers). Be sure to schedule a coordination meeting to clarify roles and responsibilities so your team is well-prepared before an MVI occurs.

Mike: Focus on demonstrating the ability to quickly establish a critical communication bridge. This includes training hospital leaders to initiate a direct, named connection with the Joint Operations Center within the first 10 minutes of an incident, using a designated liaison and a pre-identified communication channel.

Anne: Highlight the integration of Crime Victim Compensation (CVC) resources in hospital settings by ensuring access to materials, educating staff—particularly billing teams—and partnering with victim services. Emphasize engagement with state CVC programs and processes.

Questions from the Field

Thank you for submitting questions in advance.

Let’s answer a few frequently asked questions…

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https://www.youtube.com/@NationalMassViolenceCenter

Catch recaps of past Town Halls on our channel.

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To Request an NMVC Consultation or Assistance:

- *General Inquiries: nmvc@musc.edu*
- *Improving Community Preparedness Inquiries: icp-tta@musc.edu*

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WRAP-UP & EVALUATION

Upon ending your session, a survey will appear.
We ask that you please take the time to complete this brief survey.

Your feedback and suggestions are appreciated, and are helpful to improve our National Town Hall series, and to identify National Town Hall topics for the future.

We appreciate your time and attention.

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Next National Town Hall #18

Topic: *TBA*

Date: September 24, 2026

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