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# NEWS & NOTES



# NMVC

National Mass Violence Center

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

## Have We Become Desensitized to Mass Violence?

Dean Kilpatrick, Ph.D.

National Mass Violence Center Director

What do these cities have in common: Buffalo, NY; Chesapeake, VA; Colorado Springs, CO; Highland Park, IL; Laguna Woods, CA; Raleigh, NC; St. Louis, MO; Tulsa, OK; and Uvalde, TX? They are all cities that have experienced major mass violence incidents (MVIs) involving firearms thus far in 2022 using the Office for Victims of Crime (OVC) definition of mass violence, hate crimes, and domestic terrorism. These nine MVIs, tragic as they are, are just the tip of the iceberg if you consider all mass shootings that have occurred in the U.S. this year that have produced multiple injuries or deaths.

Defining mass violence is more complicated than you might think. We discuss MVI definitional issues in detail on our [NMVRC website](#). Not all MVIs are mass shootings. Even if we limit the discussion to mass shootings, a November 24th [New York Times article](#) noted that “There is no consensus on what constitutes a mass shooting, complicating the efforts of government, nonprofits, and news organizations to document the scope of the problem”. However, the Times article cited data from the Gun Violence Archive that defines a mass shooting as one in which four or more people are killed or injured irrespective of the perpetrator’s motivation or where the shooting happened. As of mid-November 2022, 609 mass shootings in the U.S. had been documented, 21 of which involved five or more fatalities.

The point of this is not to argue which definition is correct or how many people we should count as direct or indirect MVI victims. The point is that all of us have been exposed to repeated and seemingly never-ending media accounts of numerous MVIs that occur in many places that we used to think of as safe places where we did not have to fear being attacked. Feeling safe is a basic human need, and we human beings have developed powerful psychological mechanisms to deal with perceived threats to our safety. One such mechanism is becoming desensitized to the threat of MVIs and their consequences. We become desensitized not because we don’t care, but because we simply can’t handle the fear and distress of thinking about all the MVIs we continually hear about and the devastating consequences they have for victims, survivors, families, and communities. The risk of desensitization is even greater for those who work directly with MVI victims, survivors, or their families.

There is a difference between indifference to mass violence and becoming desensitized to mass violence. I refuse to believe that most Americans are indifferent. They, and we, may sometimes become desensitized to mass violence for reasons described above and because the sheer number of MVI victims/survivors has made them statistics, not individual people who have suffered profoundly. A famous quote reads, “The death of one man is a tragedy; the death of a million is a statistic.” There may be millions who have been affected by mass violence in America, but we must treat each one like a human being, not a statistic. We owe them that much.

# Data Collection & Evaluation

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Angela Moreland, Ph.D.

Hello from the Data Collection and Evaluation team!

Our largest news item of the past few months is an article published in [JAMA Open Network](#) on results from the data collected in Flint, Michigan, to highlight the impact of the Flint Water Crisis on community members. Since our paper was published on September 20th, it has received an [Altmetric score of 909](#), which places it in the 99th percentile for public engagement for articles of the same age (i.e., ~6 weeks from publication) and top 5% of all research articles ever scored by Altmetric. In total, we garnered news stories from 111 news outlets, including coverage on evening radio and nightly news in Michigan.



Specifically, a survey was completed by 1,970 adult Flint residents five years after the onset of the Flint Water Crisis. Respondents were 54.5% women and reported race as 53.5% Black or African American and 42.5% White.

Data from this study, the largest mental health survey of the Flint community following the Water Crisis, indicate that the scope of exposure to unsafe tap water in Flint is considerable:

- Nearly nine out of 10 (86.8%) Flint residents live or have lived somewhere directly affected by problems with tap water quality
- Nearly all (97.7%) said they altered their behavior to avoid or reduce exposure to contaminated water, including avoiding drinking (78.0%), cooking (91.9%), or cleaning (47.0%) with the tap water
- The majority of respondents believed their own health (75.3%) or family's health (73.8%) was affected in some way by exposure to contaminated water
- Most respondents (80.1%) were concerned that there would be long-term health effects due to exposure to the contaminated water
- More than four out of ten (42.1%) indicated that they experienced mental or emotional problems related to concerns about tap water.

Nearly all (97.7%) said they altered their behavior to avoid or reduce exposure to contaminated water, including:

- Approximately three-fourths avoiding drinking (78.0%) the tap water
- Nearly all used bottled water for cooking (91.9%)
- Almost half avoided cleaning (47%) with tap water

PTSD and depression are among the significant, negative mental health impacts experienced by the people of Flint:

- Nearly one-fourth (22.1%) met clinical criteria for past-year depression
- Almost one-in four (24.4%) met clinical criteria for past-year PTSD
- More than one in ten (14.0%) met clinical criteria for both depression and PTSD

A significant risk factor affecting one's mental health in the aftermath of an acute crisis is whether one has a prior history of exposure to a potentially traumatic event (PTE) such as a life-threatening illness, serious accident, or previous disaster or prior history of physical or sexual assault:

- Respondents with past exposure to a PTE were more likely to experience depression or PTSD.
- Those with past exposure to PTE were five times more likely to have both depression and PTSD.
- Respondents with prior physical or sexual assault were even more likely to experience mental disorders.
- Individuals with low social support were more likely to experience depression or PTSD.
- Those with low social support were three times more likely to experience comorbid depression and PTSD.

Only slightly over one-third (34.8%) of respondents were offered mental health services to assist with concerns or problems associated with the Water Crisis:

- Unexpectedly, Black residents were more likely to be offered these services than White residents

Many Flint residents were offered mental health services relevant to their water use:

- Over seven out of ten (71.9%) were offered testing in their home to make sure the water was safe; and two-thirds (63.6%) received this service.
- Two-thirds (65.2%) were offered financial support to buy bottled water or be provided with bottled water; and 59.5% received this service.

It is notable that when Flint residents were offered important services in the aftermath of the Water Crisis, most of them sought and actually received assistance.

- After adjusting for race, income, and sex, those who utilized mental health services were 36% less likely to have depression and 10% less likely to have PTSD

## Resources & Technology

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Daniel Smith, Ph.D.

The Resources and Technology Division has been focused on several projects over the last quarter. Most prominently, we are wrapping up the final elements of the Virtual Resiliency Center (VRC), an online resource that provides information and connections to services similar to those provided by Resiliency Centers that exist in communities affected by mass violence. Unlike a physical Resiliency Center, however, the VRC will be available continuously and provide resources to communities in the weeks and months after an MVI, but before a Resiliency Center gets off the ground locally. The VRC will provide information pertaining to Victims Rights and Services, Managing Grief and Trauma, Social Connection & Empowerment, and Health & Wellness in the aftermath of mass violence. As we finalize the VRC's content, we are turning our attention to developing the user experience ("look and feel") of the site, and we hope to have something to share with you very soon!

And after a brief hiatus, we also have forthcoming MVP podcast episodes that we think will be extremely interesting. First up, we have a conversation with our Director, Dean Kilpatrick, Co-Director, Angie Moreland, and post-doctoral fellow, Aaron Reuben, about a recent study they (and their collaborators) published in [JAMA Online](#), "[Prevalence of Depression and Posttraumatic Stress Disorder in Flint, Michigan, 5 Years After the Onset of the Water Crisis.](#)" (summarized above in the Research & Evaluation section). The episode focuses on the discovery of very high observed rates of stress-related mental disorders in Flint; how to address the mental health needs of communities affected by man-made disasters like the water crisis, and implications for future community-wide events. And after that, we'll be sharing our conversation with former Aurora (IL) Police Chief [Kristen Ziman](#), our first guest with a law enforcement background. Chief Ziman talks about what it was like to be a first responder to the mass shooting in her city, and how that experience has inspired her to become and advocate for mass violence preparation among law enforcement. Stay tuned for both of these episodes in the new year!

# Training & Technical Assistance

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Rochelle Hanson, Ph.D.

Over the past quarter, the Training & Technical Assistance Division has remained focused on developing training resources and materials to address the mental and behavioral needs of mass violence victims, survivors, and first responders. We have finalized a detailed outline for our standardized training curriculum entitled: *Behavioral Health Pathways After an MVI: What Everyone Should Know*. Plans are to build two presentations - a 2-hour overview, and a more in depth full-day training for communities impacted by an MVI.

We are also excited to be working with the Response Division developing an MVI Webinar Resource Library, called the NMVVRRC Snaps Series. Our intent for this series is to teach one to two practical skills on a specified topic. Each webinar will be designed to run for 30 minutes or less. The initial roll-out will include the following:

- Overview of the NMVVRRC and How to Access our Resources
- Tips to Identify a Trained Trauma Therapist
- Overview of Psychological First Aid
- Skills for Clinicians in the Court Room: Survivor-Centered Court Processes
- Overview of the Three Centers Involved in Mass Violence Response

As always, we welcome suggestions for new training/education materials and requests for training or consultation.

# Survivors & Providers Steering Committee

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Aurelia Sands Belle, M.Ed.

The Survivors and Providers Stakeholders Forum held its quarterly meeting on Thursday, September 29, 2022. Dr. Angela Moreland-Johnson and Anne Seymour began the meeting by providing an overview of the amazing activities and accomplishments this past quarter by the NMVVRRC.

The primary discussion of this quarters meeting was the presentation by Dr. Daniel Smith, Director of NMVVRRC Technology & Resources, on the Virtual Resiliency Center (VRC). As mentioned above, in the Technology and Resources report, the VRC is an ambitious project whose primary purpose is to provide important information to individuals and communities across the country following a mass violence incident (MVI). As the voices of victims and providers are essential in the authenticity of the VRC, the team has devised a "Studio in a Suitcase" that can be sent to persons interested in offering their perspectives for recording and use on the website. Forum members, Elynne Green and Amy O'Neill filmed segments that will be used on the VRC. Others interested in recording were asked to let Aurelia know.

Member, Brittany Thomas, gave an update on her efforts, as a witness to the 1997 Paducah, KY, school shooting, to be included in the post-conviction hearing. She worked with Anne Seymour to draft a statement that detailed her concerns about being left out of the process. She wanted the Parole Board to understand that witnessing the shooting was also traumatizing and that the definition of "victim" should be more inclusive. Timely and accurate information could have helped her, and others manage their expectations about the process. The result of the hearing was that the shooter would serve out his sentence and not come back up for parole. It was agreed that forum members, Brittany Thomas and Keith Jones, work with Anne Seymour and Aurelia Sands Belle to draft a document to help others in the future.

## Stakeholders Updates:

Rev. Eric Manning attended the White House Summit, United We Stand, reflecting on the effects of hate-based crime on communities and specifically, houses of worship. At the session he stressed the importance of building memorials, so we do not forget the pain the incidents caused.

Resources and video clips from the United We Stand Summit: Taking Action to Prevent and Address Hate-motivated Violence and Foster Unity, hosted at the White House on September 15, 2022. This [link](#) will take you to the entire Summit proceedings and a link to the [White House fact sheet](#) that provides an overview of the Summit and the Administration's commitment to prevent and sensitively respond to hate-motivated violence. Here are links to President Biden's [remarks](#) and Vice-President Harris' [remarks](#) at the Summit.

Elynn Greene informed us that a docuseries, 11 Minutes, is currently airing on Paramount+ . The trailer can be viewed [here](#).

Amy O'Neill presented at National Organization for Victim Assistance meeting about therapeutic considerations and behavioral health perspectives.

Veronica Sanchez reminded us of the fifth commemoration of the Sutherland Springs shooting. Their office is also working with the Uvalde community.

Debra Burton-Howard suggested that School Violence be a subject for an NMVRC National Town Hall in 2023.

Participants were encouraged to send ideas for podcasts and other ways the NMVRC can improve the overall response to mass violence.

## Updates From the Field

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### Anne Seymour, Associate Academic Program Director

In the aftermath of mass violence crimes, impacted communities often create Resiliency Centers to address the myriad, ongoing needs of victims, survivors, first responders and community members. The U.S. Department of Justice, Office for Victims of Crime supports these important efforts through funding provided by the [Anti-Terrorism and Emergency Assistance Program \(AEAP\)](#).

The concept of a Forum for Resiliency Center Directors emerged in 2019 in response to needs from our field. Maggie Feinstein, the new Director of the 10.27 Healing Partnership that was created in response to the mass shooting at the Tree of Life Synagogue in Pittsburgh, PA in 2018, visited the NMVRC in Charleston, seeking insights from our Center's staff about their role in responding to the mass shooting at the Mother Emanuel AME Church in 2015. Feinstein asked if it was possible for the NMVRC to bring together all Resiliency Centers on a regular basis to share information and resources, problem-solve, and address long-term sustainability issues. Our immediate answer was, "Yes, we can!"

The NMVRC began the monthly, virtual Resiliency Center Directors' Forum in April 2020 with 10 members. It quickly became clear to the NMVRC that an additional Forum for Resiliency Center Administrators was needed to focus more on program evaluation and administrative issues, so that bi-monthly Forum commenced in September 2020. The initial Forums' meetings with 10 Resiliency Centers have grown to include 24 Resiliency Centers from across the nation.

Each of the Forums' meetings features an agenda that is developed with input from the respective Forums' members, to address their most timely and pressing needs. As new Resiliency Centers open, their Directors and Administrators have found the Forums to be an important source of guidance and support, with practical resources and "lessons learned" offered on an ongoing basis. The foundation of a new Resiliency Center Best Practices Guide has been developed over the past two years by the NMVRC and its Forums' members.

On October 24, a Joint Resiliency Centers Forum Roundtable was held in San Marcos, TX. Co-hosted by the Leave No Victim Behind VI Conference and Texas State University Police Department, the Forum had three important goals:

1. Share valuable “face time” with Resiliency Center staff and allies.
2. Identify lessons learned, best practices, and core elements of a Resiliency Center.
3. Provide additional “lessons learned” for the NMVVRC Resiliency Center Best Practices Guide.

The hybrid Roundtable (with on-site and virtual attendees) featured brief training presentations about collaborative partnerships; hate-motivated mass violence crimes; funding resources and long-term sustainability; and an organizational lens for vicarious trauma. Most of the day was spent brainstorming about “best practices” and “lessons learned” from Resiliency Centers in five key areas previously identified for the NMVVRC’s Resiliency Center Best Practices Guide, with Roundtable participants adding an important sixth category of “special topics” that identified their unique, ongoing challenges and sustainability issues:

1. Victim/survivor/first responder services
2. Evidence-based mental/behavioral health services
3. Program evaluation strategies
4. Victim/survivor/public awareness and education
5. Building partnerships
6. Special topics

The culmination of over two years of engaging and instructive virtual Forums’ meetings sponsored by the NMVVRC reaped rewards at the Roundtable in San Marcos. Participants expressed gratitude for the opportunity to network, brainstorm, and simply learn from and visit with each other.

