



# NMVC

National Mass Violence Center

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

## Report Out from the First National Summit on Mass Violence Victims and Survivors September 5, 2024



### 11<sup>th</sup> Virtual National Town Hall on Mass Violence

*This product is supported by 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 product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.*

# NATIONAL TOWN HALL ON MASS VIOLENCE

*Sponsored by the*  
**National Mass Violence Center (NMVC)**  
*Providing Resources to Victims, Survivors & Those Who Serve Them*

*with support from*  
**U.S. Department of Justice, Office for Victims of Crime**



# 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](http://www.nmvvrc.org).
- ♥ **Joining us by telephone?** Please email us at [nmvc@musc.edu](mailto: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.

# Learning Objectives

- ♥ Describe gaps in programs and services for MVI victims, survivors, first responders and impacted communities, identified by the NMVC Partner Leadership Council, that can be filled by proactive partnerships at the national, federal, Tribal, state, and local levels.
- ♥ Identify key takeaways to improve victim/survivor and community access to collaborative, quality behavioral and mental health services, other supports, and programs.
- ♥ Describe the wide scope of resources available from the 19 national organizations represented on the NMVC's Partner Leadership Council.
- ♥ Identify the latest resources from the National Mass Violence Center.

# National Town Hall Presenters

**Anne Seymour**, Moderator  
Associate Academic Program Director  
National Mass Violence Center (NMVC)

**Eugenia Pedley**, OVC Senior Program Manager,  
U.S. Department of Justice, Office for Victims of  
Crime (OVC)

**Dean Kilpatrick**, Ph.D., Director  
National Mass Violence Center (NMVC)

**Alyssa Rheingold**, Ph.D.  
Director of NMVC Response, Recovery & Resilience  
Division, National Mass Violence Center (NMVC)

**Angela Moreland**, Ph.D.  
Associate Director, NMVC  
Director of the Improving Community Preparedness  
Division, National Mass Violence Center (NMVC)

**Carrie Gonzalez**, CEM, VaPEM  
Senior Emergency Management Specialist  
Virginia Department of Emergency Management  
& Partner, Intl. Assn. of Emergency Managers

**Corey Crickenberger**, ASL/English Interpreter  
**Josh Holmes**, ASL/English Interpreter

# Welcoming Remarks

## Eugenia Pedley

Senior Program Manager, USDOJ Office for Victims of Crime



Office for Victims of Crime  
**OVC**



# Overview of National Summit and Partner Leadership Council

**Dean Kilpatrick, Ph.D.**

Director, National Mass Violence Center



# National Summit Overview & Goals

## The National Summit had three components:

- *In Person Summit* of 114 attendees held in Pittsburgh, PA on July 17-18, 2024.
- *Virtual Summit* with over 1100 attendees held July 17th included live streamed content of July 17th morning session of in person summit and recorded afternoon session addressing fundamentals of mass violence preparation, response, recovery & resilience.
- *NMVC Partner Leadership Council Meeting* held during in person summit

## Goals of the Summit were to:

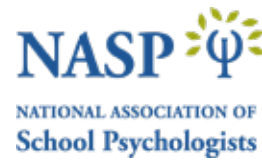
- Identify evidence-based best practices in mass violence preparation, response, recovery and resilience.
- Describe partners needed for effective, collaborative planning and response.
- Highlight importance of engaging marginalized communities and those they serve in all preparation, response, recovery and resilience efforts.



# NMVC Partner Leadership Council (PLC) 19 Member Organizations

The purpose of the Partner Leadership Council (PLC) is to provide expertise to the NMVC and create resources to help communities collaboratively and effectively prepare for and respond to MVIs. The PLC has the following goals:

1. Hold regular meetings with NMVC staff to identify and address gaps in services in MVI preparedness, response, & recovery/resilience.
2. Develop helpful resources that are relevant to specific populations affected by MVIs, and that are survivor-focused.
3. Collaborate with the NMVC and OVC to create a “national landscape” for all aspects of MVI-related programs & services, that can be replicated at the state, Tribal and local levels.



# Pre-Summit Partner “Homework”

We’re grateful to our Partners for important advance work they did that provided a strong foundation for the PLC meeting at the Summit. Partners were asked to:

- Identify gaps in, and challenges to, providing survivor-centered MVI preparation, response and recovery/resilience.
- Identify priorities to improve our nation’s capacity to prepare for mass violence and provide survivors with the quality services they need.
- Provide information about and URL links to each Partner’s MVI-related resources (please see NTH #11 Resource Guide for list of these resources).

Content analysis of information provided yielded five important themes.

# Five Important Themes...

1. MVI Planning and Preparation is critical
2. Inclusion of Behavioral/Mental Health Resources in MVI Preparation and Response is important
3. Consideration of Resources for Impacted Communities that Identify Community Needs and Seek to Build Trust is essential
4. Creation of MVI Victim/Survivor Resources is needed
5. Development of Planning, Preparation, Response and Recovery/Resilience Initiatives that Address Secondary Trauma and Vicarious Trauma is essential

# Partner Leadership Council Meetings at Summit

- Representatives from Leadership Council member organizations met in two sessions lasting over three hours at Summit to process and discuss the info in the five themes.
- Discussion was conducted in four small groups facilitated by members of the NMVC staff.
- Groups identified key takeaways within each of the five theme areas, which were shared with and discussed by the entire Leadership Council.
- Based on this process, key takeaways were refined and compiled into a preliminary report.

# 1. MVI Planning & Preparation

**Carrie Gonzalez, CEM, VaPEM**

Virginia Department of Emergency Management  
Partner – International Association of Emergency Managers



Virginia Department of  
Emergency Management



Planning and preparation efforts that “normalize a collaborative culture of preparedness,” and include plan development, practice, communication, and more practice; delineation of roles and responsibilities (to the degree possible); and training and cross-training among professionals involved in MVI preparation, response and recovery/resilience.

# Key Partners in Planning

## State and Local Resources

### Governor's Office

- Office of Emergency Management/Services/Planning
- State Homeland Security
- Criminal Justice Policy and Planning
- Criminal Justice Council
- Office for the Aging
- Parks Department

### County and Local Executives

- County Executive
- City Manager
- Mayor
- District Attorney
- Town Supervisor
- Medical Examiner/Coroner
- County Department of Parks
- Emergency Manager County

### Education

- State Board of Education
- Superintendent of Public Instruction
- Chancellor's Office for Higher Education
- State Board of Community Colleges
- School Resource Officers
- School Counselors
- Board of Governors State Universities
- Parent/Teacher Association

### Social Services

- Department of Health and Human Services/Social Services
- Adult Mental Health Services
- Child and Family Wellbeing
- Child Protective Services
- Adult Protective Services
- Rural Health
- Public Health
- Homeless Services

### Public Safety and Emergency Management

- Department of Public Safety
- Department of Emergency Management
- Environmental Protection Agency
- State Office of the Chief Medical Examiner

### Law Enforcement and Firefighters

- State Police
- Sheriff's Department
- Bureau of Investigation
- Department of Homeland Security
- Tribal Law Enforcement
- State/City Transit Police
- Local police departments
- Local fire departments and paramedics
- Park Rangers

### Criminal Justice System

- Attorney General
- State Department of Justice
- District Attorneys' Offices
- State's Attorneys
- Court System (judges, clerks, managers)
- Community Safety Managers

### Victim/Survivor Assistance

- State VOCA Administrator
- State Crime Victim Compensation Program
- State victim/survivor assistance coalitions (DV, SA, general, Child Abuse)
- Prosecutor-based Victim/Witness Staff
- Local Victim Assistance Programs
- Street Outreach Programs
- Trauma Recovery Centers

### Community-Based Organizations

- Red Cross
- United Way
- State Funeral Directors' Assn
- Faith-Based Organizations
- State Convention Bureau
- State Lodging/Restaurant Association
- Designated Travel Agency
- Translation and Interpretation Services

### Health Care/Hospitals

- State Department of Health
- State Emergency Medical Services
- Statewide Health Planning and Development
- State Department of Mental Health
- State Department of Behavioral Health
- State Office of Rural Health
- State Hospital Association
- Hospital Chaplains
- Hospital Department of Security
- Trauma Recovery Centers – Hospital Based
- Level One Trauma Centers



# Key Partners in Planning

## Federal Resources

### Law Enforcement

- FBI
- US Attorney
- ATF
- Department of Homeland Security
- Department of Interior – National Parks Service Park Police
- Park Rangers
- Tribal Law Enforcement
- DEA
- NTSB
- FEMA
- US Customs and Border Protection

### Federal and National Resources:

#### Victim Assistance

- FBI Victim Services Response Team
- NOVA Crisis Response Team
- DEA Victim/Witness Program
- Department of Interior National Park Service Victim/Witness Assistance
- NTSB Disaster Assistance Division
- ATF Victim Witness Assistance Program
- OVS TTAC

## Associations

### Executive

- National Governor's Association
- State Mayor's Association
- Nation Council of County Association Executives
- Conference of Mayors
- National Association of Towns and Townships

### Law Enforcement

- Tribal Law Enforcement Association
- State Association of EMS Administrators
- State Association of Rescue and Emergency Management Services
- State Association of Chiefs of Police
- State Sheriff's Assn
- State Law Enforcement Officers Association
- State Association of Fire Chiefs
- State Association of EMS Administrators

### Health Care

- State Hospital Association
- State Healthcare Association
- American Hospital Association
- Hospital Chaplains Association

### Education

- State Principals and Assistant Principals Association

## Press Officers

- Governor
- Attorney General
- Mayor
- Law Enforcement
- Prosecutors

# Key Takeaways

1. Develop a resource collection that includes available preparedness resources, training programs, documents, and consultation opportunities that currently exist.
2. Identify credible messengers and validators, who can advocate for the importance and value of preparedness, disseminate vetted resources, and provide access to expertise *before* an MVI occurs.
3. Create a library of sample emergency preparedness plans and sample partner MOUs that involve all necessary partners, which can be adapted for response to individual communities and different types of MVIs.
4. Develop individualized information and action plans for each of the 19 NMVC partners.

# Discussion of Key Takeaways

- Pool all vetted resources and consultations to avoid overlaps; conduct peer reviews of collected resources; and create a centralized, vetted national clearinghouse of preparation (and response) resources.
- Pre-identify peer validators and credible messengers within the community.
- Develop a centralized, multidisciplinary toolbox for MVI preparation, and a common venue for training and technical assistance.
- Standardize terminology across the spectrum of MVI preparation, response, recovery and resilience.

## Discussion of Key Takeaways (*cont.*)

- Develop sample MOUs and train about them among all key allies involved in MVI preparedness activities.
- Don't silo; and identify potential roles for allies who address adjacent issues such as gun violence, school violence, etc.
- Use "After-Action Reports" to provide "lessons learned," and to guide improvement in MVI preparation, response, recovery and resilience.

## 2. Inclusion of Behavioral/Mental Health Resources in Preparation and Response

**Alyssa Rheingold, Ph.D.**

Director of Response, Recovery, and Resilience Division,  
NMVC



Inclusion of behavioral/mental health resources in preparation and response that are culturally- and linguistically-appropriate; evidence-based, and that include an awareness of complex grief and the short- and long-term impact of MVIs on victims, survivors and first responders.

# Key Takeaways

1. Provide access to free training and technical assistance about evidence-informed early interventions for trauma, such as Psychological First Aid (PFA) and Skills for Psychological Recovery (SPR) for MVIs.
2. Develop and/or assess existing MVI behavioral/mental health training programs and psychoeducational curricula for victims, survivors, first responders and their families; and develop a “train-the trainers” program in conjunction with Resiliency Centers for national dissemination.

# Discussion of Key Takeaways

- Recognize the potential detrimental impact that can be caused by services and programs that lack an evidence base.
- Identify evidence-based services and support modalities for behavioral/mental health services; and document them in easy-to-understand language.
- Increase a cadre of trauma- and crisis intervention-trained behavioral/mental health, health and other professionals (and access to them) to provide crisis response and community-based mental health services for victims, survivors, first responders, and community members.



# 3. Consideration of Resources for Impacted Communities that Identify Community Needs and Seek to Build Trust

**Angela Moreland, Ph.D.**

Associate Director, NMVC

Director of the Improving Community Preparedness Division



Consideration of resources for impacted communities that identify community needs (through ongoing community needs assessments); and seek to build trust (i.e., using cultural brokers and credible messengers) and the relationships needed to contribute to long-term community resiliency.

# Key Takeaways

1. Develop a roadmap/process and community engagement plan to increase cultural competence and practice cultural humility in preparedness, response, recovery, and resiliency activities to ensure they are all-inclusive.
2. Standardize a training roadmap that can be adapted to diverse communities, traditionally-marginalized jurisdictions, and their unique needs.

# Key Takeaways (*cont.*)

3. Develop a resource collection (online library) for mass violence preparedness, response, and recovery/resilience that describes services needed, and services and resources that are available, including at the state, regional, Federal, Tribal and national levels; and Federal, national, state and local funding streams that may be available to support community efforts.
4. Document successful planning and response initiatives that address the “context of the MVI and impacted community” – MVI site/location, culture, community demographics, and whether it is hate- or identity-motivated – and develop resources for organizational response structure; service delivery; training and technical assistance; and community engagement and involvement.

# Discussion of Key Takeaways

- Identify neutral convenors (may start with immediate post-MVI spokespersons).
- Leverage relationships that existed pre-MVI.
- Identify and convene partners.
- Develop and implement MOUs among partners.
- Identify existing and/or develop needs assessment instruments to use, to identify resource needs for rural and other traditionally-underserved jurisdictions.

# Discussion of Key Takeaways (*cont.*)

- Develop and provide culturally- and linguistically- appropriate training for relevant populations.
- Ensure that all activities are culturally appropriate to the community and to the MVI.
- Establish in advance a fiscal entity (or foundation) to receive funding and donations.
- Contact the NMVC to create an MVI-specific webpage within the Virtual Resiliency Center that is culturally- and content appropriate to the impacted community.

# 4. Creation of MVI Victim/Survivor Resources

**Anne Seymour**

Associate Academic Program Director,  
NMVC



Creation of victim/survivor resources based upon research, “lessons learned” from previous MVI responses, and the proactive engagement of victims and survivors in advisory capacities across all planning/response/recovery/resilience efforts. An emphasis on strengthening the capacity of victim compensation programs to provide immediate remuneration to eligible survivors is needed.



# Key Takeaways

1. Create a framework that proactively engages and elevates MVI victims and survivors to assist with mass violence response, recovery/ resilience activities and convenings.
2. Document and disseminate information about MVI victims' financial assistance resources (including crime victim compensation), with policies and procedures to guide victim/survivor financial assistance initiatives.
3. Develop and disseminate sample MOUs among victim/survivor service providers, behavior/mental health professionals, emergency planners, and community partners.
4. Develop resources and make training available to address the secondary trauma and vicarious trauma of victim service professionals.

# Discussion of Key Takeaways

- Create a proactive framework to help victims and survivors to represent within preparation and response initiatives:
  - Treat them as professionals and recognize their lived experiences and subject matter expertise.
  - Legitimize the value of victims/survivors sharing their stories and lived experiences.
  - Connect survivors to Resiliency Centers for support and additional referrals.
  - Recognize that there may be limitations to victims accessing services due to immigration status, perceived stigmas, and other barriers.

# Discussion of Key Takeaways (*cont.*)

- Provide immediate access to financial assistance (including crime victim compensation):
  - Compensation agencies prepare with “go kits” that include all necessary victim/survivor information, applications, etc.
  - An abbreviated, sample MVI-specific victim compensation application form should be developed and shared with state crime victim compensation agencies.
  - MVI-specific policies and procedures necessary for “special benefits” from crime victim compensation programs should be developed and implemented.

# Discussion of Key Takeaways (*cont.*)

- Know/predict based upon previous MVI experiences, which services will be overwhelmed (such as behavioral/mental health counseling), and develop points-of-contact to augment services.
- Document and disseminate information that *clarifies all roles and responsibilities* related to victim/survivor services, i.e., Federal, national, state, regional, Tribal, and local.
- Document and understand the demographics of the community (age, gender, race, culture, language[s] spoken at home, and other demographics) to be able to tailor victim services post-MVI.
- Develop sample MOUs and directives between emergency management and victim/survivor services (see “VOCA Center webinar, Emergency Management & Crime Victim Compensation”).
- Develop resources and make training available to address secondary trauma and vicarious trauma of victim service professionals.

# 5. Development of Planning, Preparation, Response and Recovery/Resilience Initiatives that Address Secondary Trauma and Vicarious Trauma

**Alyssa Rheingold, Ph.D.**

Director of Response, Recovery, and Resilience Division,  
NMVC



Development of planning, preparation, response, recovery and resiliency initiatives that address secondary trauma and vicarious trauma among all MVI responders, with resources and strategies to help people recognize signs and have skill sets to mitigate the impact of secondary trauma.

# Key Takeaways

1. Advocate for increased access for all emergency personnel responders and recent retirees to EAP and mental health services.
2. Create a multi-disciplinary working group to survey the field and develop standards for staff training about secondary trauma and vicarious trauma that features evidence-based practices; and that addresses the needs of first responders, and their families in urban, suburban, rural, remote and Tribal communities.

# Discussion of Key Takeaways

- Prepare for a long-term timetable, communications and support strategy to address secondary trauma and vicarious trauma (ST/VT) of first responders, that includes existing staff, those who have left/retired, and their families.
- Prepare employees and allies for the impact of news media coverage of MVIs; and centralize post-MVI interactions with the news media within agency/organizational Public Information Offices.
- Develop “markers” for when ST/VT reactions may occur.
- Activate peer support programs with trained leaders; and strategies that encourage employees to “notice your co-workers’ status.”



# Discussion of Key Takeaways (*cont.*)

- Recognize the lack of resources and peer support in rural/remote & Tribal communities.
- Develop a national training program about ST/VT that:
  - Recognizes (“predicts”) the problems and challenges of ST/VT; and helps create long-term programs for support.
  - Can be attached to Federal grants and Cooperative Agreements.
  - Can be tailored to specific agencies and partner organizations.
  - Identifies and helps create long-term programs.
  - Features outreach strategies and messaging to helpers.
  - Identifies the value of seeking and providing support for ST/VT.

# Discussion of Key Takeaways (*cont.*)

- Provide training and and train-the-trainers programs about ST/VT that are easily accessible via virtual and in-person modalities; and can be integrated into all employee training programs.
- Normalize self-care and work-life harmony.

Finally....

**DO NO  
HARM**

**ONE STRATEGY OR SKILL**

# To Request an NMVC Consultation or Technical Assistance:

 *For Consultations: [nmvc@musc.edu](mailto:nmvc@musc.edu)*

 *For Technical Assistance: [ICP-TTA@musc.edu](mailto:ICP-TTA@musc.edu)*

# Questions from the Field

Thank you for submitting questions in advance.



Let's answer a few frequently asked questions.

# 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 helpful to improve our National Town Hall series; and to identify topics for the future.

**We appreciate your time and attention.**

