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# Supporting Survivors and Communities after Mass Shootings


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# SUPPORTING SURVIVORS AND COMMUNITIES AFTER MASS SHOOTINGS:

A Report Presented to the Mass Casualty Commission

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## INTRODUCTION

Events like mass shootings and other mass casualty incidents provide unique challenges about how best to support not only those who have been impacted, but also the affected community or communities. Despite the growing number of such events,[1] however, there is no recognized set of best practices to guide this process. As a result, decisions about what resources to provide and to whom often fall to the organizations and governmental entities in charge of the recovery efforts. This can be a daunting task, especially without knowing where to begin. There is much to be learned about the road to recovery and resiliency from similar tragedies that have occurred prior. Although each impacted individual and community is unique, these lessons can provide an important foundation from which to begin developing a comprehensive support plan.

This report draws upon original research conducted to better understand the needs of those affected by mass shootings. Beginning in 2017, this report's author conducted interviews with survivors and community members from different communities that experienced mass shootings in the United States.[2] Upon receiving approval from the university's institutional review board,[3] participants were recruited using snowball sampling after the research call was shared by a survivor support organization, The Rebels Project. A total of 37 interviews were conducted via Skype and phone between October 2017 and May 2018. A second round of interviews was conducted in December 2021with one additional survivor as well as four service providers from affected communities for this report. Research findings from the first round of interviews based on a subset of the participants (individuals from the Columbine community) were published by this author in 2021.[4]

This report represents a synthesis of this author's study with existing scholarly research and other literature (e.g., governmental resources) to better understand the needs of those most impacted and of communities in the wake of a mass casualty event.[5] When examined as an aggregate "survivor network," these experiences can aid the Mass Casualty Commission in making meaningful recommendations that can be used by government and communities to support those who were impacted by the April 2020 tragedy in Nova Scotia.

## WHO ARE THE "SURVIVORS"? CONSIDERING THE IMPACT OF A MASS VIOLENCE EVENT

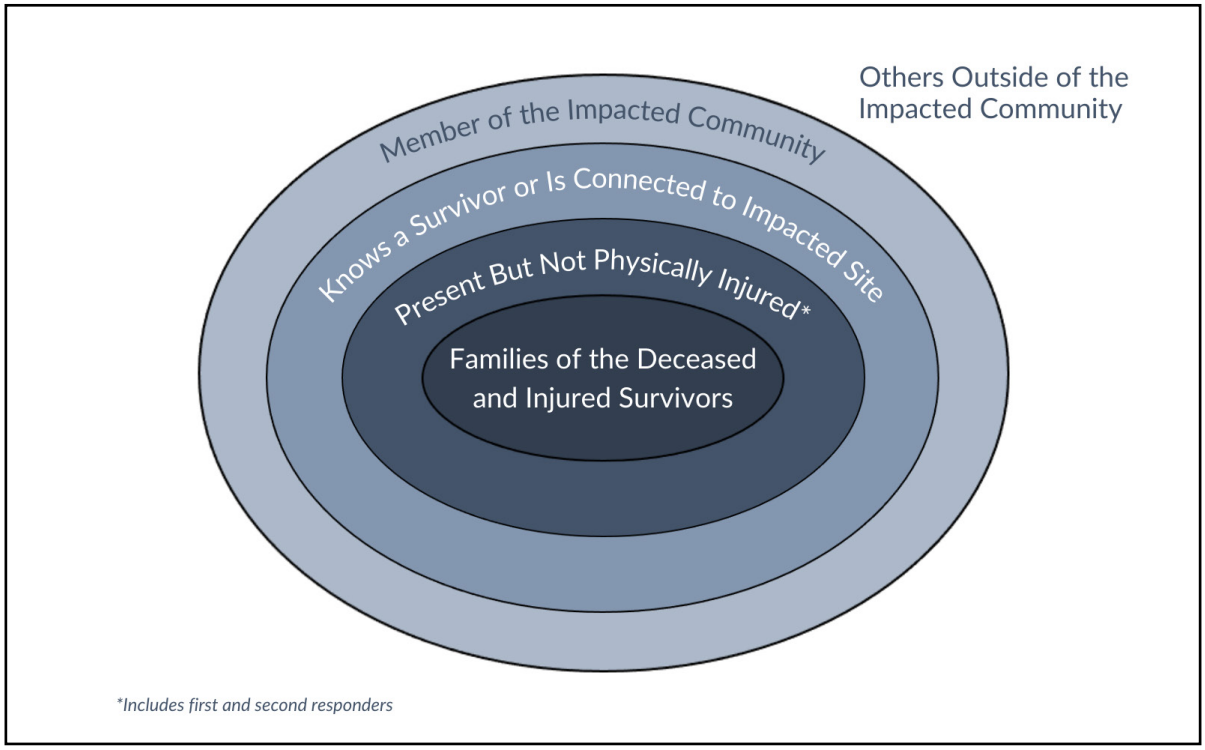
To date, there is no single way in which the term "survivor" is conceptualized in the context of mass casualty incidents.[6] Oftentimes, this term is a label that has been self-applied by individuals who have been impacted by the tragedy or scholars studying the effects of the event. As a result, research examining the effects of these events on survivors has varied in who has been included in this context. One study examining the impact of the 1991 mass shooting in Killeen, Texas, for example, included anyone present at the restaurant during the shooting (customers, employees, responding law enforcement), as well as off-duty restaurant employees and individuals residing in neighboring apartment buildings.[7] A separate study involving survivors of the 1999 Columbine High School tragedy encompassed immediate and extended family members of persons killed in the attack, individuals who were present in the school during the shooting (both injured and uninjured), and those with a connection to someone in the building (such as the parent of a student).[8] Still another study assessing social support among survivors of the 2007 mass shooting at Virginia Tech utilized a broader sample of students enrolled the fall semester after the tragedy, not all of whom necessarily were on campus on the day of the shooting.[9]

Regardless of how the term "survivor" is applied, there are countless individuals who may, in some manner, be impacted by a mass casualty event. Thus, it is imperative to consider how these events encompass different groups or layers of survivors, and an earthquake can provide a useful metaphor for conceptualizing this impact (see **Figure 1**).

At the epicenter are the people who were physically injured in the attack and the immediate families of those who were killed; much in the way of resources and services typically are prioritized around these individuals. Moving outward from the epicenter are those individuals who were present at the scene of the event but were not physically injured, although some may have been more directly exposed to stressful stimuli (e.g., seeing the perpetrator(s) or victims, hearing gunshots) than others. This layer also may include individuals in the immediate vicinity of the site (e.g., neighboring residences or businesses), as well as first responders (police officers, firefighters, and emergency medical technicians) and hospital personnel who treated persons injured in the event. These first two layers represent those who are considered to be ***directly*** impacted by the event.

It also is important to recognize those who may be indirectly affected or who may have experienced vicarious victimization. This can include individuals who have a direct connection to the event site but were not present as well as those who know someone who was directly impacted (such as immediate and extended family or friends of those at the epicenter). As the impact continues to spread outward, it can engulf the broader community where the event took place. Here, individuals may experience

**Figure 1**
*The Layers of Impact for Survivors of Mass Casualty Events*

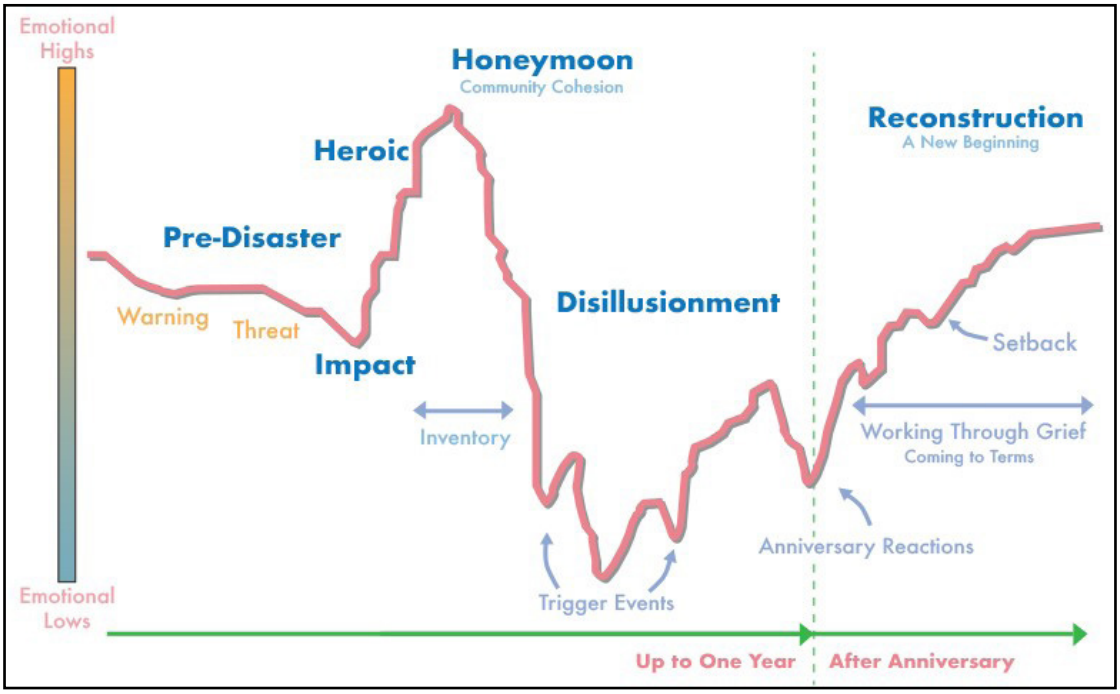


trauma symptomology due to "trigger events," such as seeing a heavy first responder presence (lights, sirens, helicopters).[10] Even more broadly, there may be others who are impacted, including prosecutors, medical examiners, funeral directors, support service providers (e.g., victims' advocates, crisis counselors, and others who are sometimes referred to as "second responders"), community partners (including faith-based leaders), former residents of the community who feel a sense of loss, and survivors of previous tragedies who may be retraumatized by the event's occurrence. In sum, the impact of mass casualty events is both immeasurable and widespread, and no two individuals will move through the trauma recovery process in the same way.

## THE PHASES OF DISASTER

Although individuals who are impacted by a mass casualty event may move through the recovery process differently, the way in which such a disaster and corresponding psychological responses to it unfold is largely consistent across cases. The United States' Substance Abuse and Mental Health Services Administration (SAMHSA) conceptualizes disasters across six different and progressive phases,[11] as illustrated in **Figure 2**, from before the event occurs through recovery (reconstruction). Each of these phases presents unique challenges both for impacted communities and individuals as well as for those who are seeking to support them. The remainder of this section summarizes these phases as described by SAMSHA in their training manual,[12] while also incorporating additional resources to help further understand what occurs during each stage of the process.

**Figure 2**
*Phases of Disaster*




*Note.* Adapted from model developed by Leonard Zunin and Diane Myers, as cited by DeWolfe (2000).

The first phase is the ***pre-disaster*** period and is when warnings or threats of the impending event may appear. There is considerable variability in how much advance warning a community receives depending on the type of disaster that occurs. For mass shootings specifically, research has found that the perpetrators of these events engage in considerable planning rather than just "snapping."[13] Often, however, the accompanying warning signs (e.g., leakage, shifts in behavior) are not associated with an impending attack until after it has occurred,[14] leaving the community with little or no time to prepare or prevent.

The second phase is the ***impact*** phase, which coincides with the occurrence of the event. The length of this phase also varies based on the type of disaster. For mass shootings, the average incident is over in approximately five minutes.[15] This interval, however, is sensitive to several factors, including law enforcement response time and whether the perpetrator is mobile and attacks multiple sites rather than a single location. Importantly, it is not only those who are at the location where the event is occurring who are impacted. For example, during mass shootings, individuals who are offsite but have family members at the affected location(s) will experience anxiety until they are reunified with their loved one(s). Individuals also may experience or exhibit panic, confusion, and disbelief while being focused on both self and family preservation.

The third phase, the ***heroic*** phase, begins in the immediate aftermath of the event. In the context of a mass shooting or other mass casualty event, this is when the threat (perpetrator) is neutralized and the imminent danger to community safety is terminated. At this time, efforts shift to providing medical care to injured individuals and evacuating the impacted site. As a general practice, families of deceased victims will be notified by law enforcement with the help of a victim advocate, though it may take hours until positive identifications can be made (see below). Survivors who do not need medical care typically are transported off-site for family reunification, at which time witness interviews with law enforcement also may occur. Although there is seemingly a lot of activity during the heroic phase, the actual output of such productivity is typically low. In other words, while affected individuals may engage in tasks to keep themselves busy (e.g., going to the grocery store, attending routine appointments), they

**Challenges for Family Notifications**

Through this author's research, family members of individuals killed have recounted difficulties related to the death notification process. One parent whose child was killed at an elementary school, for example, described how she and others waited at a reunification center for information, though none was provided until more than five hours after the shooting. By the time that they were finally notified that their loved ones had been killed, they were the only remaining individuals at the location. Other families in similar situations indicated that rather than waiting at one single location, they spent the time driving all over the city to check hospitals when they were not getting any information. In some instances, death notifications were not made until more than 24 hours after the attack occurred, leaving families without any information about their loved ones.[16] To avoid exacerbating grief and trauma associated with death notifications, it is important that all potential survivors be provided with regular informational updates, even if it is to let them know that there is no new information. Providing them with a time of when they can expect another update (e.g., 30 minutes) also may be helpful.

may have difficulty completing them as normal. Altruism is present both among individuals and the community, and outsiders with similar shared experiences also may reach out to lend support. This phase often is short-lived, lasting just a few days at most.

The fourth phase is known as the ***honeymoon*** period, a time when community cohesion and group bonding are particularly high as individuals unite over their shared experiences of the tragedy.[17] This may include participating in memorials or attending funerals for those who were killed in the event. Support among community members is both given and received, which can reinforce this cohesion, and these individuals also may experience optimism about the possibility of rebuilding. During this phase, more formalized resources from the government, such as disaster mental health (e.g., crisis counseling through agencies like the American Red Cross) and community-based family assistance centers, are made available. The honeymoon phase begins about a week after the event and can last for up to a few months before survivors become fatigued and discouraged from dealing with the fall-out of the event.

This gives way to the fifth phase – ***disillusionment***, which occurs as the community becomes further removed temporally from the disaster. Assistance that was provided in the immediate aftermath from both the government and volunteer groups will begin to pull out. This can lead survivors to feel abandoned and resentful as they come to realize the challenges of rebuilding after the tragedy and the limits of their own resources. At the same time, the broader community will have begun to return to "business as usual," leaving those most impacted to feel alienated in some ways.[18] This divide may be furthered as monetary resources are doled out unequally, with priority given to those most impacted, thereby breeding resentment among others who perceive their impact to be similar.[19] Consequently, the cohesion built during the honeymoon phase may be disrupted by increasing divisiveness and hostility. As stress and other pressures (e.g., financial loss, family problems, bureaucratic processes) increase, individuals may turn to less effective (maladaptive) coping mechanisms, including drugs and alcohol, anger, or isolation. The disillusionment phase can last for months or even years as individuals work through their grief. Such progress, however, may be impeded by trigger events (e.g., additional mass casualty events that spark reminders of an individual's own tragedy), year marks,[20] or other setbacks. Communities also may experience added tragedies either directly or indirectly related to the mass shooting. For example, in the respective year following both Columbine and the Marjory Stoneman Douglas High School shooting in 2018, two survivors of each tragedy died by suicide, which undoubtedly further impacted each community still reeling from the initial events.[21]

The sixth and final phase of a disaster is the ***reconstruction*** phase. Reaching this phase is the ultimate goal for a community following a disaster like a mass shooting or other mass casualty event. It typically begins around the one-year mark and can continue for years after. During this time, survivors continue to grieve their losses from the tragedy, but they also begin the process of rebuilding, both physically and emotionally, and adjusting to the "new normal"[22] of life after the event. Although they are on the road to recovery, survivors still may experience setbacks at year marks or as the result of other trigger events, though they continue to build the necessary skills (e.g., resilience) for healthy coping.

While this model can provide an overview of how survivors and communities *may* react and respond to a disaster like a mass shooting in its aftermath, it is important to remember that each situation is unique. Not only may differently impacted individuals and communities move through these phases

**Further Considerations for Differential Impacts of Individuals and Groups**

There are other considerations that must be accounted for when understanding how individuals and groups may be impacted differently by mass casualty events. Specifically, consideration must be given to individuals and groups who are historically marginalized or stigmatized and how their responses and needs may differ as a result. Importantly, even when individuals belong to the same impacted group, they may be affected differently.

Indigenous communities in the United States typically are afforded tribal sovereignty, which means that their land and, by extension, their residents are beyond the reach of the government, media, and public.[23] After a mass casualty event, the reservation may close its borders and turn inwards to manage the tragedy, as was the case in 2005 after the Red Lake High School shooting in Red Lake, Minnesota. Many resources that normally would be afforded to communities, such as financial support, either were not provided or were denied by the Red Lake community, which further exacerbated the challenges as the community was and still is economically depressed, with more than one third of its residents living in poverty.[24] The community also struggled in respect to mental health and addiction before the shooting, which subsequently exacerbated these issues and increased their prevalence. Aside from the cultural differences related to mental health, many of the individuals who were impacted by the shooting also lacked basic resources like transportation to get to service appointments. Consequently, even more than 20 years later, individuals who were impacted by the shooting still struggle with their trauma, with continued addiction and suicides plaguing the community.[25]

Gender identity also must be considered when assessing the impacts of mass shootings, such as the 2016 attack at Pulse nightclub in Orlando, Florida. Research has found that not only were members of the LGBTQ+ community concerned about the safety of themselves and their peers, but they felt less protected in places once considered safe havens (gay and lesbian bars).[26] Moreover, these differences in experiences and responses can be more pronounced among certain subgroups[27] or when there is an intersection of marginalization, such as for LGBTQ+ persons of colour,[28] as was the case after Pulse. This can amplify emotions as LGBTQ+ individuals may internalize violence differently (and in different ways based on other facets of their identity),[29] which can adversely affect their coping processes.

Also compounding the effects of mass shootings is when such attacks are hate crimes targeted towards specific racial or religious groups. This was the case in Charleston, South Carolina in 2015, where a self-radicalized White supremacist targeted the city's oldest historically Black church, killing nine of its parishioners during a Bible study class.[30] Similarly, in 2018, eleven worshippers were killed in Squirrel Hill (Pittsburgh), Pennsylvania in an anti-Semitic attack on a Jewish temple.[31] In each, it is possible that the targeted nature of the attack created complexities for the trauma after the shootings, though existing community cohesion may have balanced this.

Understanding the complexities of such events is critical to providing trauma support through a **culturally sensitive lens** that addresses the challenges of the communities while allowing group characteristics to help guide healing and recovery. It is important to note, however, that attacks against marginalized individuals and communities may have even further reaching consequences. Other individuals from such groups outside of the affected area may identify with the victims, leading to potentially adverse reactions on a broader scale.[32]

at varying rates, but such progression may not always be linear or sequential. Phases of the disaster may be skipped or, in some cases, impacted individuals may retreat to earlier points in the process. How individuals and communities progress along this path is influenced by several factors, including the magnitude of the event and how exposed each person was to it. Individual factors, such as their previous life experiences, preexisting psychopathology or psychological distress, coping styles, family and social support, and financial resources, also play a role in how someone progresses through the phases, as do other extrinsic factors. These challenges are described in more detail in the next section.

## CHALLENGES FOR SURVIVORS AND COMMUNITIES IN THE AFTERMATH OF MASS CASUALTY EVENTS

There are numerous challenges in the aftermath of a mass shooting or similar event that can affect responses to the tragedy, particularly in the phases (heroic and honeymoon) just after it occurs. These can include such factors as the media coverage and corresponding public attention as well as either an overabundance or lack of resources (or both). Understanding the challenges posed by each of these sources for survivors is critical to identifying the ways in which to best support impacted individuals and communities.

### The Media

When news of a mass shooting breaks, the media often rush to the scene to cover the event minute-by-minute, detail-by-detail. In some cases, their arrival occurs while the event or initial response is still in progress and can continue for days or even weeks. Reporters often incorporate interviews with impacted individuals into the coverage. This includes immediately after the event has occurred, as survivors are being extricated from the impacted scene and still trying to make sense of what they just experienced. Survivors of mass shootings interviewed by this author have recounted instances when the media camped out on their residential streets or in front of their homes, called their phones (despite them having unlisted numbers), and went so far as to impersonate grief counselors to make connections. In addition to seeking out survivors in the minutes and hours after the attack, the media usually cover its aftermath, including memorials, funerals, and other important events (e.g., injured survivors being released from the hospital, impacted sites reopening, legal proceedings). As a result of the pervasive media attention, survivors have likened this experience to "grieving in a fishbowl," as described by one individual during an interview with this author.

When the media retreat from the impacted community, sometimes as quickly as they arrived, their departure can leave survivors and the community as a whole feeling abandoned. It is not uncommon for survivors to struggle with feeling as though others have moved on and forgotten about their tragedy while they are unable to. Such feelings are not only related to the presence or lack thereof of the media. Attention from the broader public often is high in the immediate aftermath of a mass shooting, with people offering thoughts and prayers as well as resources. After a short period, however, these too diminish. As this attention may be perceived as a form of social support, its absence can have a negative impact on survivors, who may perceive it as another loss that compounds their initial impact and creates an added obstacle for their recovery journey.

**Recommendations for Reducing the Impact of the Media**

*(Adapted in part from the Toolkit for Response for Advocates in Colorado)*[33]

- During the event and immediate aftermath, work with law enforcement to create media staging points away from the scene or locations where survivors are gathering.
- Assign a Public Information Officer (PIO) to each family or injured survivor.
- Notify family/survivor PIOs and victim advocates of information to be covered at press conferences so they can prepare the impacted individuals they are working with.
- Assign a gatekeeper to field media requests and connect them with persons who have expressed an interest or willingness to provide public interviews.
- Incorporate these same practices for other instances where impacted individuals will be congregated together, such as at funerals, when returning to the event site, and year mark commemorations, as well as for any legal proceedings stemming from the event.
- Provide resources to impacted individuals about healthy media consumption practices (e.g., limiting the amount of media consumed each day; seeking out verified information from trusted and credible sources).
- Encourage the media to adopt a NoNotoriety[34] policy when covering the event in any context, including at annual observance ceremonies. No Notoriety challenges the media to reduce the attention given to a perpetrator in the coverage of a crime, including limiting the use of their name (instead referring to them as "the perpetrator") and image, avoiding prominent placement of the story, and avoiding publishing their manifestos.

## Donations

Mass shootings and similar events also bring about challenges related to resources. Immediately after the tragedy, well-intentioned individuals who want to support the impacted community and individuals may offer help by donating money or goods (from teddy bears to concert tickets). This can create a separate set of challenges beyond just how best to distribute them. For instance, the community already will be taxed in terms of existing resources and may not have the infrastructure in place to deal with the influx of donations not only from the local community but potentially from across the nation or internationally. This can strain the postal system not only for the impacted community but also for those that surround it, as mail may be incorrectly addressed without a central location where items can be sent. It also can add stress to already strained volunteers who will need to figure out where to store the donations and how to distribute them as well as the practical logistics of doing so.[35]

Similarly, people may seek to offer monetary donations to impacted individuals and the community but not know precisely how to do that, particularly if the community has not yet had the opportunity to

### Recommendations for Managing Financial Donations

*(Adapted in part from the Toolkit for Response for Advocates in Colorado)*[36]

- Identify an existing agency (e.g., a nonprofit organization) or financial institution that is able and willing to accept private donations on behalf of individuals impacted by the event. (If possible, establish such relationships before an incident occurs.)
- Consider establishing two separate funds: one specifically for funds donated to help the victims and one that can be used to provide services both for the victims and for the community.
- Determine who is eligible to receive these funds and clearly communicate this information to both donors and potential recipients.
- Advertise the fund(s) through the media and other community outlets, emphasizing that these are the "official" central funds for the crisis to discourage donations to potential scammers.
- Establish various channels through which potential donors can contribute through (e.g., PayPal, Venmo, GoFundMe, and/or similar crowdfunding sites, websites with credit card portal).
- Ensure there are mechanisms in place for timely disbursement, as survivors often will need assistance soon after the event to help with medical costs, lost wages, temporary lodging (if the event occurred at their residence), and/or replacement items.
- Maintain accurate records of all donations and corresponding disbursements.

In lieu of financial contributions, individuals and organizations also may wish to donate goods and services, such as "no-cost" mental health services, providing crisis counseling, and services for special populations (e.g., individuals with disabilities or those needing interpreters or other assistance). Like monetary donations, such contributions require a centralized agency not only to oversee the receipt and distribution of the goods and services, but also to answer calls from potential contributors, to screen and vet providers seeking to offer their services, and to store the goods.

establish a centralized fund. This may be further complicated by crowdfunding campaigns (e.g., GoFundMe) set up by families or friends of impacted individuals. Survivors interviewed by this report's author also have noted that, in some instances, multiple accounts may be set up on their behalf, which leads to more steps needing to be taken to access any funding received. Money received into a general community fund presents a separate set of challenges regarding how it will be disbursed and who will be eligible to receive it.

## THE PSYCHOSOCIAL IMPACTS OF MASS SHOOTINGS

As noted above, the impact of mass shootings is widespread, encompassing individuals who are both directly and indirectly affected. These events have been found to lead to high rates of psychological

distress.[37] Mental health outcomes related to mass shootings include but certainly are not limited to posttraumatic stress disorder (PTSD),[38] posttraumatic stress symptoms (PTSS),[39] major depression,[40] anxiety,[41] acute stress disorder,[42] mood disorders,[43] and alcohol-related conditions.[44] Prevalence rates for these disorders vary across the research, but the most chronic and severe dysfunction (e.g., PTSD) is not as common among mass shooting survivors as has been assumed. Research has, however, found that mass shooting survivors are very likely to experience PTSS, affecting upwards of 95 percent of individuals evaluated.[45] Many survivors also struggle with grief,[46] worry,[47] and dissociation.[48] Moreover, surviving these types of events can affect individuals' fear of victimization,[49] perceived risk of harm,[50] and emotional and behavioral well-being.[51]

Traumatic experiences can manifest themselves through a range of different responses.[52] Mass shooting survivors may experience intrusions (seeing, smelling, hearing, tasting, or feeling something that causes the individual to relive the event), flashbacks, or nightmares. These reactions may be triggered by either internal or external cues at any point. Some survivors, for example, have expressed to this author having sensitivity to sounds that resemble gunshots, such as fireworks or cars backfiring, or sounds that remind them of the response to the shooting (e.g., emergency sirens, helicopters). They may have trouble falling or staying asleep, and also may experience hypervigilance or other forms of arousal that can manifest through startle responses, irritability, new or exaggerated fears, or difficulty concentrating on a task or retaining information. They may adapt avoidant strategies to try to cope with their trauma, both emotionally (shutting down, refusing to talk about their experience) or behaviorally (e.g., staying away from the scene of the event). Some impacted individuals interviewed by this author describe experiencing "survivor guilt," whereby they blame themselves for what occurred or how they did or did not respond to the event. They may question why they survived the shooting when others did not. In some instances, individuals struggling with survivor guilt may feel as though they do not deserve to live, which could lead to them taking measures to end their own lives.[53]

The emotions experienced by survivors of mass shootings have been found to be influenced by a variety of different factors. As noted, individuals may be impacted either directly or indirectly, and research has found that the level of exposure to the shooting can affect trauma symptomology.[54] Incident exposure can be measured as the physical proximity to the attack or how much the individual saw or heard during it. Knowing or being close to someone who was killed or injured in the attack, as well as not being able to contact friends or loved ones during or after the attack, also are markers of incident exposure that can adversely affect individuals.[55] Research has provided some evidence that there is a positive association between exposure level and the length of time that more pronounced symptomology is present, with more extreme and direct exposure to traumatic stimuli corresponding to longer periods of psychological reactions like PTSS for mass shooting survivors. Still, even those with greater levels of indirect exposure, including consuming news media about the shooting or having informal conversations about it with family and friends, can exhibit trauma-related psychological reactions.[56]

Beyond individuals' experiences with the mass shooting, there are other factors that can affect their reactions to it. Individuals with previous psychological distress or trauma exposure have been found to be at an increased risk for posttraumatic symptomology and difficulty coping.[57] Social resources (e.g., social support, solidarity) have been found to be inversely correlated with post-incident mental health outcomes, such that fewer social resources lead to a higher likelihood of adverse reactions in survivors. There also is evidence that sociodemographic factors can affect mental health outcomes. These

include but are not limited to gender, race and ethnicity, age, marital status, education, family history of mental illness, and socioeconomic disadvantage (e.g., income levels and employment status). Research has found, for instance, that women often exhibit greater posttraumatic growth than men.[58] Similarly, one study found that the prevalence of PTSD among exposed children following an elementary school shooting was 91 percent,[59] whereas other studies of adults have reported prevalence levels between 5 and 64 percent.[60] In sum, even a single mass shooting event can affect survivors differently based on a variety of factors, such that no two individuals respond the same.

It is important to recognize that the trauma-related impacts of events like mass shootings are dynamic rather than static. Research has found that impacted individuals are more likely to report such symptomology in the honeymoon phase right after the event (several weeks to one month).[61] As time passes and the individuals become more removed from the event, the elevated levels of symptomology can decline. Notably, however, not all mass shooting survivors exhibit trauma symptomology along the same timetable relative both to the onset and to the corresponding decline. For some individuals, trauma reactions may be delayed; the person also may choose not to acknowledge their presence or be able to make the connection between their feelings and the event. In one example described to this report's author, a Columbine survivor who was a student on the day of the shooting noted that although he entered counseling almost immediately after the event, it was not until eight years later that he disclosed the impact to his therapist, allowing for the connection to be made and underlying issues to be addressed.[62] Given such variability, it is important to identify the needs of survivors of mass shootings, especially from their perspective, and understand how these can change over time. This information is vital for planning efforts for community leaders, support providers, and others tasked with assisting survivors in working towards recovery and resiliency.

## WHAT RESOURCES DO SURVIVORS NEED?

Given the disparity in how different individuals are impacted by a mass shooting, there inevitably is variability in the types of resources and supports that they need to help them along their posttraumatic journey. Physical needs may be perceived as the easiest to provide as they relate to those injuries that can be seen. Individuals wounded in a mass shooting, for example, will require medical treatment and may need physical therapy afterwards. The level of the severity of injuries will dictate how much treatment and resources are needed to help the individual heal (e.g., identifying if they can be treated and immediately released or if they will require longer hospital stays; if their injuries are temporary or permanent, such as a spinal cord injury that leaves the impacted individual permanently paralyzed). Often, however, the number of people who sustain physical injuries account for the smallest proportion of impacted individuals.[63]

Instead, individuals impacted by mass casualty events are far more likely to sustain injuries that cannot be seen. These "invisible" injuries create the need for emotional and psychological supports, including psychological first aid, not only in the immediate aftermath of a mass shooting but also for years after. Given the widespread number of individuals who are impacted by such events, it can mean that an untold number of people with both direct and indirect victimization may need such support. In fact, individuals who are present at an impacted location during the event but are not physically injured are a critically overlooked group in this respect because their trauma is not visible. Supports for emotional and psychological needs may take the form of both formal and informal resources.

### What are Recovery and Resiliency, and How Do They Differ?

Oftentimes, the aftermath of traumatic events like a mass shooting is viewed through the lens of **recovery**.[64] Immediately after the event occurs, individuals may exhibit elevated trauma symptomology and distress. After a period of heightened arousal, these symptoms can decrease gradually. At some point, the impacted individual returns to a state of pre-event functioning or something that closely resembles it. This period of disruption can last for months or even years, as the amount of time that it takes the individual to return to "normal" depends on the severity of the trauma and how exposed or impacted that person was.[65]

When it comes to mass shootings and similar traumatic events, **resiliency** is conceptually distinct from recovery and often is a more realistic goal for impacted individuals. Resilience has been described as:

> the ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event such as the death of a close relation or a violent or life-threatening situation to maintain relatively stable, healthy levels of psychological and physical functioning, as well as the capacity for generative experiences and positive emotions.[66]

Individuals who have developed resilience after trauma are better able to meet the demands of their everyday lives while managing their stress well. Although they may still experience trauma-related stressors, the impact of these is milder, less prolonged, and typically does not interfere with cognitive functioning as it would for people who have failed to build resiliency. Most individuals tend to exhibit resiliency after trauma,[67] but they also may either underestimate or not be aware of how resilient they are.

Both recovery and resiliency are the product of individuals' coping capabilities. Coping has been defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person."[68] Individuals who are impacted by a traumatic event and consequently experience stress or other symptomology must devise different strategies or plans to respond to these challenges, and how they are able to do so is dependent on a number of factors, including social support and prior traumatic experiences.[69]

Research on the topic has identified four different types of coping strategies that may be employed by survivors of mass shootings:[70]

- ***Problem-focused coping:*** involves changing or removing the source of stress by either doing something about the problem, coming up with ways to resolve the underlying issues, or making sense of it through religion or spirituality
- ***Emotion-focused coping:*** involves managing negative feelings and stress through social support (e.g., seeking out advice or empathy, venting about frustrations)
- ***Avoidance:*** involves finding ways not to deal with the stressor (e.g., distraction, denial, restraint, or evading the issue by using drugs or alcohol)
- ***Acceptance:*** involves coming to terms with the stressor and working to deal with it

Of these types, avoidant coping has been most linked with prolonged trauma symptomology.[71] Notably, however, research has also found that employing multiple strategies predicts greater resilience following a trauma[72] and that the use of different strategies may change over time.[73]

## Formal Resources: Counseling and Therapy

Formal psychological supports most commonly take the form of counseling and therapy resources. Initially after a mass casualty event occurs (during the heroic and honeymoon phases), mental health support can be provided through short-term crisis counseling and psychological first aid.[74] This involves helping survivors understand what they just experienced and the reactions that follow, providing emotional support and teaching coping strategies to help reduce stress and other posttraumatic reactions, and connecting them to other individuals and agencies that can provide additional resources and more sustained support.[75] While broad support, such as teaching stress management and mindfulness techniques, can be provided to impacted individuals throughout the community, triaging and risk assessment may be used to identify those who are in need of immediate attention and connect them with the appropriate services.[76] Early intervention efforts should focus on promoting a sense of safety, calm, community and self-efficacy, connectedness, and hope.[77] Having trained counselors available in the immediate period after a mass casualty event can help to mitigate the risks of posttraumatic symptoms later in the recovery process.[78] Still, it is important to understand that some impacted individuals will reject mental health-related services initially and possibly even for years to come. Even for those individuals who do utilize crisis support, it may not be viewed as helpful, particularly among those most in distress.[79]

As more time passes and the initial impacts (e.g., shock, denial) wear off, more traditional forms of counseling and psychotherapy will be needed to treat the trauma and underlying issues (during the disillusionment through reconstruction phases). Although PTSS prevalence rates typically are higher in the immediate aftermath of the event, failing to treat the source of trauma can increase the potential for relapses, comorbidities with other outcomes (e.g., alcohol or drug addictions), and later diagnoses of PTSD.[80] Longer term, however, significant and ongoing counseling may not be needed as survivors continue to progress along their trauma journeys. Some individuals impacted by mass casualty events even may exhibit posttraumatic growth[81] or report positive changes resulting from their traumatic experiences,[82] though others may require long-term or more complex treatment, particularly if they did not benefit from the supports offered at the immediate aftermath. Notably, this also may be when an increasing number of first and second responders seek trauma supports as they may have delayed seeking treatment or their symptoms may have gone unrecognized during the earlier phases (heroic and honeymoon) of the aftermath.[83]

It is important that the types of treatments that are offered to or sought out by survivors are both trauma-informed and empirically supported. Although research has yet to systematically evaluate the therapy methods that are most helpful for mass shooting survivors or that were the most successful in treating their trauma responses, the American Psychological Association (APA) does provide recommendations about interventions used with PTSD that also may be used to support these individuals.[84] These include cognitive behavioral therapy (CBT), cognitive processing therapy (CPT), cognitive therapy (CT), prolonged exposure therapy (PE), brief eclectic psychotherapy (BEP), eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy (NET). Among these, CBT, CPT, CT, and PE receive the strongest recommendations from the APA, although mass shooting survivors interviewed by this report's author have highlighted EMDR as being especially helpful, with one survivor calling it a "game changer."[85] Although not included in the APA's guidelines, researchers have found that for first and second responders, including medical workers and crisis counselors, critical incident

stress debriefing (CISD) can be used to treat posttraumatic symptomology, including depression and anxiety, during the immediate aftermath of the disaster.[86] Mindfulness-based psychotherapies, such as Acceptance and Commitment Therapy (ACT) and mindfulness-based cognitive therapy (MBCT), also can provide benefits to these groups relative to reducing the impacts of both direct and vicarious trauma.[87] Similarly, beyond the APA's recommended interventions, there may be other types of therapy that can benefit survivors. Some communities, for examples, have incorporated equine therapy[88] and creative arts therapy[89] into their offerings.

Just as survivors will vary in their timelines for when they seek out mental health support, they also will differ in respect to the types of supports that are most effective. As such, those tasked with spearheading support efforts for the impacted community can work to identify service providers trained in each of these different types of intervention, carefully screen and vet them for their ability to respond to the current crisis,[90] and distribute a master list of approved providers to those affected and in need of services. It also is important to consider the impact that a mass casualty event will have on community mental health providers due to a surge in referrals for impacted individuals, which can significantly disrupt more routine operations.[91] Identifying multiple individuals and agencies that can provide each

**Differentiating Between Recommended PTSD Interventions**

Through their *Clinical Practice Guideline for the Treatment of PTSD* resource,[92] the APA describes the aforementioned treatments as follow:

- ***Cognitive Behavioral Therapy (CBT):*** Emphasizes changing feelings, thoughts, and behaviors by addressing underlying problems and symptoms that impact functioning.
- ***Cognitive Processing Therapy (CPT):*** Teaches individuals to challenge and modify negative or unhelpful beliefs to improve functioning. CPT is a form of CBT.
- ***Cognitive Therapy (CT):*** Focuses on changing negative evaluations and memories of trauma to stop them from interfering with an individual's behaviors and thoughts.
- ***Prolonged Exposure Therapy (PE):*** Teaches individuals to confront their trauma-related thoughts, feelings, and memories through a gradual approach to lessen their impact.
- ***Brief Eclectic Psychotherapy (BEP):*** Combines CBT with psychodynamics to help an individual change their adverse feelings (e.g., shame, guilt).
- ***Eye Movement Desensitization and Reprocessing (EMDR) Therapy:*** Combines bilateral stimulation (eye movements) with a brief focus on the traumatic event to reduce the vividness of associated emotions.
- ***Narrative Exposure Therapy (NET):*** Teaches the affected individual to ground their traumatic event in their broader life narrative.

different type of services is key to having enough resources available for all who are affected.

### Informal Resources: Social Support

One of the most important predictors of posttraumatic growth and a reduction of trauma-related mental health concerns is positive social support,[93] or the amount of support, both emotional and instrumental, received by a person from others within their environment.[94] Its presence can help protect against the onset of trauma symptomology, including PTSD. Positive social support also can act as a buffer against the deleterious effects of mental health problems that do set in, either by decreasing the severity of symptoms or minimizing the amount of time it takes the individual to go into remission (meaning that the heightened symptomology is no longer being experienced on a consistent basis). It enables impacted individuals to be able to manage their trauma and recovery more successfully by promoting resilience, posttraumatic growth, and successful coping strategies. When positive social support is absent, however, survivors may be more likely not only to develop adverse trauma-related mental health outcomes but also to experience more chronic bouts of symptoms.[95]

Importantly, not all social support – even when well-intentioned – is positive.[96] Whether such efforts are viewed as positive is dependent on whether the receiver believes they need support, whether the help matches the individual's needs, and/or whether the efforts are requested or unsolicited.[97] Research has found that for bereaved individuals more broadly, efforts such as creating opportunities for those affected to express their feelings and be involved in activities often are viewed as positive, as is having support providers express concern for them.[98] Conversely, efforts may be viewed as negative when they are perceived to minimize the impacted individual's feelings, discourage open communication or grieving, or hurry recovery, offers of unsolicited advice, forced attempts at cheerfulness, and attempts to associate with their trauma (e.g., saying "I know how you feel" without having the same experience) also have been poorly received. In such cases, these attempts at social support may adversely affect not only the receiver but also the provider.[99]

Losing someone to homicide has been described as one of the most severe traumatic experiences that a person can have, due in part to how rare it is.[100] As a result, these losses can lead to the stigmatization and even isolation of those who have been impacted. Even intact social support systems may be weakened over time as non-affected individuals struggle to understand the magnitude of the loss for survivors. Put simply, the lack of shared experiences between homicide survivors and their support networks can have significant consequences that can magnify the impact of the loss, particularly related to mental health outcomes. Given the violent and random nature of mass shootings, it is reasonable to conclude that the occurrence of a mass casualty event can exacerbate these challenges for affected individuals.

While the lack of shared experience can be a significant barrier to posttraumatic growth, one of the most valuable social supports identified in the research is connections with other individuals who have experienced a similar trauma.[101] These "similar others" are uniquely positioned to provide positive social support because they can validate an impacted individual's emotional responses as "normal" (relative to the extremity of the situation) having been through a comparable trauma themselves. Having come out on the other side of tragedy successfully, similar others become role models for survivors, who may observe and imitate what they believe to be successful techniques for managing their trau-

ma.[102] They also can provide different types of assistance, including advice and encouragement, while being less likely to push the survivor towards quick recovery, to minimize their concerns, or to dismiss their feelings and experiences entirely.

Like homicide survivors, individuals who are impacted by mass shootings also have identified connection with similar others as the most beneficial resource they have during their recovery.[103] As described to this report's author by one survivor, "Just to be around people who have been through the same trauma makes you feel normal for a second. It validates your feelings." Not only does this connectedness help to reinforce that the survivor did not go through the event alone, but it also fosters solidarity and cohesion that can help them navigate their trauma long after the honeymoon phase of the disaster has passed. Moreover, it can act as a buffer against the potential negative effects of outsiders, whether it be the media or even family and friends who either intentionally or unintentionally attempt to deny the survivor their experience.

Importantly, research from this report's author finds that social support tends to be viewed as positive not only when it comes from another survivor but when that provider has experienced the shooting in the same way (e.g., both the receiver and provider lost a loved one in the tragedy, they both were in the same space within the affected location during the incident). This holds true not only for the most affected individuals but for any impacted person. For example, one individual who lost their child in a mass shooting in a school noted in their interview with this report's author:

> "[We] had 12 other families who had lost somebody, and we became close with them. Although it was this horrendous tragedy, [it] was extremely important – I think in terms of getting through all this and seeing how they dealt with it. Walking into this group of people and [you] knew you didn't have to explain how you felt. They were there and they knew, and you could just start talking. They knew it was okay to laugh sometimes."

At the same time, another individual, who was in the same school but was not physically injured during the shooting, highlighted during their interview that "The only time that I felt comfortable was when I was surrounded by people that I was in the room with," referencing the nearly 60 other students they were locked down with. Although these two individuals were impacted differently by the same tragedy, they still both sought connections with others who more analogously shared their experience.

One way to promote the development and sustainment of this type of social support is to utilize support groups. Although largely unstudied in the context of mass shootings, research has documented the success of support groups for homicide survivors.[104] These groups allow individuals to bond with others who have a similar experience, to have their feelings validated, and to make sense of their loss. At the same time, survivors can build mutually beneficial relationships with others, and they may seek out those who share more similar experiences to their own. The ability to find a dedicated place among others who understand what they are going through can help to stabilize the effects of the trauma. It also can help individuals to expand their social support networks in meaningful ways. In the context of those impacted by mass casualty events, creating support groups based on the way individuals are impacted can help to further connections with similar others and promote posttraumatic growth.

Through this author's research with survivors, the concept of community also has been identified as

**Leveraging Existing Resources to Build Community**

Cultivating opportunities for impacted individuals to connect with similar others can happen not only within the affected community but also by leveraging existing survivor support networks. One of the most prominent is The Rebels Project (TRP), an organization founded by survivors of Columbine after the mass shooting at the movie theater in neighboring Aurora, Colorado in 2012. The group began with about 100 members but has since grown to approximately 1,400 members representing more than 100 communities impacted by mass casualty events, including from Canada.[105]

Although members of the group are spread out geographically, the fact that TRP exists primarily online (through the group's website and social media platforms) helps to cultivate a surrogate sense of community. It allows for the fostering of social solidarity across both space and time, while creating a forum where individuals can share the lessons that they learned along their trauma recovery journey. This is particularly important as members are all inherently at different stages of this process, whether they are Columbine survivors who are more than 20 years out from their initial trauma or survivors of a mass casualty event within the past few months.

While research, including this author's, finds that virtual networks such as this are helpful for survivors of mass shootings,[106] this type of community cannot completely replace in-person connections. As such, TRP hosts annual in-person survivor gatherings, as well as other events throughout the year, to bring impacted individuals together in a setting that focuses on mindfulness and healing.

Survivors of numerous mass shootings have highlighted the importance of their membership in TRP as it helps them to have a place where they can go when they need support. During the course of this author's research, one survivor noted:

> I wish I had someone who understood. … I found The Rebel's Projects [and] I feel like having them there was what I wanted so I had people who understood, who talked to me, and who knew what I went through or what I was going through.

At the same time, survivors also highlight the importance of TRP not only for finding support for themselves but also for their ability to support other impacted individuals in return, which also can help to promote their own posttraumatic growth, as noted by one individual interviewed by this report's author:

> It has completely changed my life. I'm in the spot now where I'm able to help other people that have been involved in things like this in their life. I'm in a different place than they are. We can help them where they are now because we've been there.

Support providers can help to foster opportunities for connection between these survivors and members of TRP. This may occur in several different ways. First, events, such as speaking engagements, may be organized that bring survivors from other tragedies to the impacted community or communities. This may involve bringing in a panel of survivors who have been affected in various ways (thereby accounting for the different layers of impact to reflect the variability within the community) and holding open community events, or it may be beneficial to arrange individual sessions based on impact level so that individuals can spend more time one-on-one or in smaller groups with those survivors who have the most similar experiences. Second, a grant program may be established to assist survivors with attending in-person gatherings with The Rebels Project via their annual retreat or other initiatives.

being vital to understanding the shared experiences of mass shooting survivors, and it may have both positive and negative effects. In this sense, community is defined not only geographically (referring to a group of people living in the same place) or socially (e.g., a school or religious group), but also as a more abstract sense of fellowship or belonging with others who have a shared experience. Survivors have noted that when the community is close-knit prior to a mass tragedy occurring, it can facilitate the recovery process by helping to get things back to "normal" (or, as noted, the "new normal") more quickly. Community partners, including other residents, can work alongside those most affected to not only rebuild the physical location(s) but also provide emotional support. At the same time, if those most affected need some type of resource to facilitate that process but are unable to procure it, there are other forms of support beyond the community that can potentially step in and assist.

Conversely, community may be perceived as having a negative effect on the recovery process when there is strife among members. As noted, even within a geographic community that is impacted by a mass casualty event, individuals will be affected – and at times prioritized both formally and informally – differently, often with the greatest focus on those most affected (families of the deceased and injured survivors). This can foster tension among survivors, who perceive other impacted individuals from the broader community as not understanding their experiences or being treated differently. Such tension can have adverse effects on trauma recovery.

The loss of community, often as the result of leaving the geographic area associated with the original trauma, also can present challenges for impacted individuals. Rather than being surrounded by others who, albeit to varying extents, also experienced the traumatic event, impacted individuals who relocate out of the community may struggle to connect with others in their new location.[107] The inability to form meaningful relationships with individuals who can relate to or understand their trauma can create a sense of social isolation, which can further impede the recovery process. As such, it is important to foster opportunities to help impacted individuals build new or expand additional social and community support structures.

## Other Resource Needs

To provide for both the physical and emotional/psychological needs of individuals impacted by mass shootings and other mass casualty events, a third form of support is required: financial resources. This type of support is needed for a host of different needs for survivors, including, but not limited to, subsidizing or completely covering the costs associated with medical care (both short- and long-term), burial assistance, lost wages, and temporary or permanent housing (if the event causes individuals to be displaced). Financial support also may be needed to assist with covering the cost of counseling and therapy resources, including insurance copays. Further, financial support may be needed to help restore or rebuild the location where the event occurred.[108]

Regarding financial resources, there are two key sets of considerations in planning how to support survivors and communities impacted by mass casualty events. The first set involves deciding who is eligible to receive financial support and how these resources will be distributed. Undoubtedly, individuals will have varying needs based on the manner or degree to which they were impacted. As such, for the purposes of providing resources, it may be necessary to define up front (either before a tragedy occurs or immediately after when resource assistance is activated) who will be considered a primary,

secondary, or even tertiary victim.[109] In terms of distributing resources, it must be decided how this will occur – whether through assessments of individuals' applications on a case-by-case basis, set amounts of money based on the level of impact, or designated formulae that account for a variety of factors.[110] Other decisions will need to be made regarding who is responsible for overseeing the distribution process, how that individual or committee will be appointed, and the formula for resource allocation (if used). Once established, this same process also may assist with dividing donated goods and services.

The second set of considerations must account for the long-term needs of individuals and communities. In the United States, for example, funding through the national Office for Victims of Crime (OVC) is made available for up to three years (maximum) after the initial impact of the event.[111] As noted, however, in the immediate aftermath and even in the first few years following a mass casualty event, it is possible that survivors are either unwilling to accept resources or do not realize that they need them. For some, by the time that they are able or willing to utilize these supports, the resources have expired, meaning that their needs can potentially remain unfulfilled. One Columbine survivor interviewed by this report's author, for example, noted that it was not until eight years after the shooting that he realized he needed to seek help. Even those survivors who do seek out more immediate assistance still may need resources later, such as counseling following other mass casualty events or other community-based traumas. As such, it is important that those who are tasked with leading the support efforts engage in planning for a longer period and coordinate the necessary resources to be able to do so, including money.[112] Conducting ongoing needs assessments at specific intervals (e.g., every three to five years) beyond the initial evaluation can be beneficial in coordinating or rearranging efforts for the upcoming period. Such assessments typically are conducted by administrators at victims' services agencies in collaboration with community agencies, academic institutions, consultants, or others skilled in such evaluations.[113]

## ADDITIONAL AVENUES FOR SUPPORTING INDIVIDUALS AND COMMUNITIES AFTER MASS SHOOTINGS

### Memorials and Annual Remembrance Events

There are other types of social support efforts that have been found to promote resiliency and reduce the traumatic impact among mass shooting survivors.[114] Such efforts include community-based rituals and events that take place in the aftermath of mass shootings (during the honeymoon period). Immediately following the event, temporary memorials may appear either at the impacted site or elsewhere in the community where people can leave flowers, teddy bears, signs, and other tokens.[115] Candlelight vigils often occur,[116] and there may be other public events, such as community marches and even funerals, that provide opportunities for impacted individuals to gather to share in their grief.[117]

Both planned and unplanned rituals such as these can have a significant effect on survivors of mass casualty events, particularly when they are struggling to make sense of what just happened. One study following a mass casualty event found that 70 percent of people felt more connected with others in the community in the immediate aftermath,[118] likely due to such rituals. The unity fostered by participating in these community-based events can improve feelings of belongingness that serve to promote well-being, recovery, and solidarity, all which can promote more positive coping mechanisms.

It is not uncommon that these rituals will continue long after the initial tragedy and transition from spontaneous to more permanent efforts. The candlelight vigils held in the days after the mass casualty event, for instance, often become annual observance ceremonies held at each year mark (during the phase of reconstruction) to honor the individuals killed and injured in the tragedy as well as the broader community. Like the earlier rituals, annual observances serve to bring people together in solidarity to share in their collective grief while promoting belongingness and well-being, which can buffer any potential trauma-related symptomology stemming from the year mark and the recalling of events. It is important, however, that when such observances are held, that they involve input from those impacted and that any event plans are reviewed for trauma sensitivity.[119]

Communities also may choose to establish a permanent memorial to commemorate the event and the people impacted by it.[120] These sites can provide centralized places for impacted individuals to grieve as well as for outsiders to pay their respects, and they may host the annual observance ceremonies. Permanent memorials can take a considerable amount of time to plan, as well as construct, because there are a lot of decisions to be made. Input should be collected from those who are most impacted as well as from the broader community to ensure that the permanent memorial is reflective of those who it is dedicated to. Multiple design concepts usually are solicited, and members of the community may be given an open period during which they can review the concepts and provide comment to the planning committee.

While the process can be lengthy, the opportunity for survivors (particularly those who are most impacted) to assist in the planning can help further promote well-being and positive coping by giving them a creative outlet and a way to ensure that their loved one's memory is honored. Families of Columbine victims interviewed by this report's author, for example, have noted the benefits received from working with the other families to build the school's new memorial library. Although not specifically a community memorial (e.g., being offsite), the process of working to raise financial support, assisting with planning the design of the space, and seeing it through to opening was found to be a helpful way to channel their grief. Selecting the site for the permanent memorial also is important and can have unanticipated benefits. Establishing the memorial offsite or some distance away from the impacted location(s) can serve to provide some space between those who are most affected and individuals who may come to the space to mourn.[121] Similarly, impacted individuals may prefer a location away from the site of the original tragedy as grieving there could be triggering.

## Resiliency Centers

Another opportunity to provide support to survivors and the broader community after a mass casualty event is to establish a resiliency center. Resiliency centers focus on promoting physical and emotional wellness among all impacted individuals, from the most affected to the broader community, without the clinicalized aspects of more traditional forms of counseling. Instead, resiliency centers offer a range of services, including support groups, therapy groups (including for bereavement or secondary trauma), exercise classes, activities, healing therapies (e.g., yoga, massage, meditation), and trauma education.[122] They often are staffed by a collaborative team of trauma-informed practitioners and service providers from different disciplines and specializations.[123] The centers also combine existing programs with emerging resources to create a therapeutic community.[124]

In the context of mass shootings specifically, resiliency centers typically develop out of the reunification and family assistance centers that are established immediately after the tragedy. For those earlier centers, the goal is to provide short-term support and an information clearing house. Resiliency centers, on the other hand, are focused on providing a longer-term community-based space where impacted individuals can connect with one another while utilizing free services focused on wellness. The first known resiliency center established after a mass shooting was in Aurora, Colorado following the movie theater shooting in 2012 (though the center did not actually open until July 2013, one year after the tragedy). Since then, similar centers have been established after the mass shootings in Orlando, Florida (2016), Las Vegas, Nevada (2017), Parkland, Florida (2018), Santa Fe, Texas (2018), Pittsburgh, Pennsylvania (2018), Thousand Oaks, California (2018), Virginia Beach, Virginia (2019), and El Paso, Texas (2019). Like the center in Aurora, many of these centers opened approximately one year after the mass casualty event, as time was needed to establish a long-term planning committee, secure a location, hire the necessary staff, and build the infrastructure for the center to operate. Nearly all are still presently open and operating as of the time of this report, except for Aurora, which closed in 2019 after six years of service (citing an increase of resilience-enhancing programs in the community).[125]

As with other aspects of support for mass shooting survivors discussed throughout this report, there is no set of guidelines or best practices available for how to establish and operate a resiliency center.[126] Stakeholders wishing to establish a similar resource can, however, draw from the experiences of those who have already begun navigating this process.[127] In speaking to the staff of several resiliency centers and community partner agencies, the author of this report found that they believe their clients are satisfied with their services and benefit from having a range of options. In many ways, the centers pride themselves on having something for everyone. This includes holding meetings with the families of victims and providing information updates (e.g., about forthcoming court proceedings), which can help ensure that they are the first to know and not caught off guard.

When establishing a resiliency center, it is important to consider existing organizations within the community that can help. These organizations also may be tasked with staffing and operating the center, and in some instances may be the initial or primary funder. As noted, in the United States, affected communities can apply for funding through OVC, which is part of the Department of Justice, under its Antiterrorism and Emergency Assistance Program (AEAP).[128] These grants, however, can take a considerable amount of time (18 months or more) to be awarded and disbursed, meaning that communities seeking to set up a resiliency center or provide other services must have alternative seed funding.

Another challenge of the AEAP is that funding can only be used to support select individuals rather than anyone who is impacted, meaning that the government ultimately defines victimhood in a way that limits who is eligible for support. These individuals typically include primary (families of the deceased, injured survivors, witnesses, and first responders) and some secondary victims. It can omit members of the broader community who also may be impacted by the mass casualty event and would benefit from such services, which resiliency centers have noted creates obstacles to helping all who have been affected. Having a community organization leading the efforts to establish and maintain the resiliency center can help to address this challenge by leveraging their own resources and existing partnerships. There also may be opportunities for members of the community to help underwrite the costs of supporting the broader community, including providing resources to those individuals who are not covered under AEAP funding. In Parkland, for example, a local businessperson and philanthropist

established a nonprofit organization within two months of the shooting. The nonprofit, Parkland Cares, serves as a funding "warehouse," accepting donations from community members and then issuing grants to local service providers, including the resiliency center. Although direct funding to impacted individuals is not available, the grants offered by the organization indirectly underwrite services to a broader segment of the community.[129]

A third challenge of the AEAP is how long funding is available. For mass casualty events involving a perpetrator who survives, grant funding is available for up to three years; when the perpetrator dies in the attack, the funding is limited to 18 months. Many impacted individuals, as noted, may not seek services for years after the mass casualty event, which means that the government funding may no longer be available and they may not be able to access the necessary support.[130] Having an organization that can continue to provide services after the government funding has expired is crucial not only for individuals but for the broader community in terms of maintaining resilience long-term.

Beyond funding considerations, it is important to identify who will lead the resiliency center as its director. The first step to making this determination is crafting a job description that aligns with the mission and goals of the center itself. This will then guide the search and subsequent selection. Choosing the right person is important, as the director wears many hats, from public information officer to manager to even janitor at times. The most important role of this individual, however, is to help filter through the different ideas and perspectives that inevitably come up as the center is being developed.

Once up and running, it is critical to make the community aware of the center, its services, and who is eligible to use them. This can be done through local media (e.g., television, newspapers) and social media. A key to the success of a resiliency center, however, is not to wait for the impacted individuals to come to the location, but instead to meet them where they are. Several resiliency center directors interviewed by this report's author have indicated that it is very important to be out among the community, attending events (e.g., religious services, farmer's markets) and passing out informational material (flyers, business cards), and generally being present. Choosing a location for the center that is in a higher traffic area also can help to increase awareness of the center and may encourage walk-ins, while having a phone app can help expand accessibility to different services and can make signing up for them easier.

Additionally, it is important to recognize that there is no set menu of services for all resiliency centers. Flexibility and adaptability are key, as all options tried may not be successful. If the center is considering trying out a therapy and a cost-benefit analysis suggests that the risk is low-stakes, then moving forward with it is a good thing. If it ends up not working out, it easily can be phased out of the offerings. Adopting this approach also will help the center to be flexible as the needs of the community and the center's clients can change over time. There will be some services, however, that prove to be staples based on the clients' needs and providing them consistently will be key. When determining what services will be offered, it is important to also consider how they will be branded and marketed. One resiliency center's assistant director interviewed by this report's author noted the challenge of labeling services as "therapy" given the community's bias against the term. By being rebranded as "wellness" support, however, they were better received, even though they were delivered with a therapeutic focus.

Finally, it is important to recognize that that there is no set period of time that the resiliency center should be open. Ultimately, this will be dependent on the community. Some communities may want the center to close after several years to remove the reminder of the mass casualty event, while others may come to see it as a staple of the community and want it to remain. To help guide such decisions, the center's director can conduct follow-up needs assessments,[131] either using surveys or focus groups, with clients as well as service providers throughout the community.

## CONCLUSION: A ROADMAP FORWARD

The impacts of mass casualty events are widespread and long-lasting as both individuals and communities travel the complex path of trauma. Although many will travel this path, their journeys will not all be the same, which can present challenges for those who are tasked with supporting them. Understanding these challenges from the onset is critical to the success of support efforts, which must not only be tailored to the needs of those who are impacted but also be flexible as time passes.

Among the most important considerations for support efforts is the breadth of those who are impacted. Unsurprisingly, efforts often are focused on those who are most affected by the tragedy and therefore need considerable support. Underestimating how many people are affected and ultimately need support, however, can lead to chronic problems, not only for those individuals but for the broader community. As such, effective support efforts must account for this bigger footprint and aim to make resources available and accessible to all who need them. Establishing a community resiliency center is one such way to accomplish this goal. Such a center can provide both improved access to resources and a range of service to meet the varying needs of all who are impacted.

At the same time, it is critical to understand that trauma and the recovery from it do not occur according to a specific timetable. Too often, resources are gone before those who need them are ready to take advantage of them. Trauma recovery is a marathon rather than a sprint, and those tasked with providing support must be prepared to do so for the long run. This can be a complicated balancing act, given that much in the way of trauma symptomology presents itself early after the tragedy, yet the ability for individuals to effectively seek help and manage it will not come until later. Thus, planning for the future is critical, though it is important to not be overly focused on the long term as this can cause the more immediate needs of impacted individuals and the broader community to be overlooked. Leveraging resources from both within the impacted community and beyond, including existing survivor support networks (e.g., The Rebels Project), can help ensure a sustainable model for the future while enabling the focus to remain on what is needed in the present.

Finally, it is critical to be both present and consistent. Not only will keeping the lines of communication open help support providers to know what is needed from them, but impacted individuals also will feel as though their voices are being heard and their needs are being met. This can be accomplished both formally, such as through community forums, and informally, by having service providers out within the community. At a time when it may feel as though nothing is normal or safe, the consistent presence of those who care can be an invaluable resource for those individuals and communities impacted by mass casualty events.

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3 The research protocols used for the original interviews conducted in 2017 and 2018 were approved by the Human Subjects Committee at SUNY Oswego on September 22, 2017 under application number 20170910db1. The protocols for the follow-up interviews conducted for this report were approved by the Human Subjects Committee at SUNY Oswego on November 6, 2021 under application number 2021.035. Copies of approval notifications are available upon request.

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21 Suicides by survivors occur not only in the year after the initial tragedy. In the three months following the one-year mark of Parkland, two survivors of other mass shootings also took their own lives: the father of a victim of the Sandy Hook Elementary School attack (7 years post-tragedy) and a Columbine survivor who had been shot in the library (20 years post-tragedy).

22 Survivors of mass shootings often describe the aftermath of their tragedy as the "new normal" as they recognize the profound and seemingly permanent impact of the event on themselves and their community.

Consequently, they feel that they must essentially re-learn how to live in a world that is fundamentally different than before the event occurred. The term "new normal" was highlighted in Schildkraut et al. (2021). See note 4.

Another term that mass shooting survivors also often incorporate into descriptions of their impact, including through interviews conducted by this report's author, is being members of "the club that nobody wants to be a part of," highlighting their unique experience shared by few people while emphasizing their lack of control or choice they had in being affected.

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79 Murtonen, K., Suomalainen, L., Haravuori, H., & Marttunen, M. (2012). Adolescents' experiences of psychosocial support after traumatisation in a school shooting. *Child and Adolescent Mental Health, 17*(1), 23-30. https://doi.org/10.1111/j.1475-3588.2011.00612.x; North et al. (2002). See note 38.

80 North et al. (2002). See note 38.

81 Novotney, A. (2018). What happens to the survivors? *Monitor on Psychology, 49*(8), 36-44. https://www.apa.org/monitor/2018/09/survivors

82 Calhoun, L. G., & Tedeschi, R. G. (2000). Early posttraumatic interventions: Facilitating possibilities for growth. In J. M. Violanti, D. Paton, & C. Dunning (Eds.), *Posttraumatic stress intervention: Challenges, issues and perspectives* (pp. 135-152). Charles C. Thomas.

83 Golden, L. L., Jones, R. T., & Donlon, K. (2013). Delayed treatment seeking following the April 16th shootings at Virginia Tech: Impact on a first responder. *Clinical Case Studies, 13*(5), 391-404. https://doi.org/10.1177/1534650113512174

84 American Psychological Association. (2017). *Clinical practice guidelines for the treatment of posttraumatic stress disorder (PTSD) in adults.* https://www.apa.org/ptsd-guideline/ptsd.pdf

85 Through the work of this report's author, survivors of mass shootings have referenced being treated with CBT and EMDR, particularly when used in combination with CBT preceding EMDR as a primer. At the same time, survivors have noted barriers to taking advantage of EMDR treatment, such as a lack of qualified therapists who practice this technique.

86 Jenkins, S. R. (1996). Social support and debriefing efficacy among emergency medical workers after a mass shooting incident. *Journal of Social Behavior and Personality, 11*(3), 477-492.

87 Chopko, B. A., Papazoglou, K., & Schwartz, R. C. (2018). Mindfulness-based psychotherapy approaches for first responders: from research to clinical practice. *The American Journal of Psychotherapy, 71*(2), 55-64. https://doi.org/10.1176/appi.psychotherapy.20180015

88 For a general discussion of equine therapy and trauma, see Yorke, J., Adams, C., & Coady, N. (2008). Therapeutic value of equine-human bonding in recovery from trauma. *Anthrozoös, 21*(1), 17-30. https://doi.org/10.2752/089279308X274038

89 Hylton, E., Malley, A., & Ironson, G. (2019). Improvements in adolescent mental health and positive

affect using creative arts therapy after a school shooting: A pilot study. *The Arts in Psychotherapy, 65,* 101586. https://doi.org/10.1016/j.aip.2019.101586

90 Importantly, during the screening and vetting processes, it is important to account for cultural factors when selecting approved providers. These cultural factors, such as traditions, norms, and values, can impact how impacted individuals mourn the tragedy as well as how and when funerals are conducted. Ensuring that cultural competence underlies support efforts will be critical. See, generally, Cacciatore, J., & DeFrain, J. (Eds.). (2015). *The world of bereavement: Cultural perspectives on death in families.* Springer International.

It also is important to account for other potential impediments to support services, such as language barriers and immigration status, to ensure that those who need to access such resources can. Blocked opportunities that restrict access to support may lead to persistent and exacerbated mental health distress, which in turn adversely affects both the individual and the community.

91 Toolkit for Response for Advocates in Colorado. (2018). *Mental health*. https://cdpsdocs.state.co.us/ovp/TRAC/community-response/MentalHealth.pdf

92 American Psychological Association. (2020). *PTSD treatments*. Clininal Practice Guideline for the Treatment of Posttraumatic Stress Disorder. https://www.apa.org/ptsd-guideline/treatments

93 Bonanno, G. A.,Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual Review of Clinical Psychology, 7*(1), 511-535. https://doi.org/10.1146/annurev-clinpsy-032210-104526; Maercker, A., & Müller, J. (2004). Social acknowledgement as a victim or survivor: A scale to measure a recovery factor of PTSD. *Journal of Traumatic Stress, 17*(4), 345-351. https://doi.org/10.1023/B:JOTS.0000038484.15488.3d

94 Maercker, A., & Müller, J. (2004). Social acknowledgement as a victim or survivor: A scale to measure a recovery factor of PTSD. *Journal of Traumatic Stress, 17*(4), 345-351. https://doi.org/10.1023/B:JOTS.0000038484.15488.3d

95 Charuvastra, A., & Cloitre, M. (2008). Social bonds and posttraumatic stress disorder. *Annual Review of Psychology, 59*(1), 301-328. https://doi.org/10.1146/annurev.psych.58.110405.085650

96 Wortman, C. B., & Lehman, D. R. (1985). Reactions to victims of life crises: Support attempts that fail. In I. G. Saranson & B. R. Saranson (Eds.), *Social support: Theory, research, and applications* (pp. 463-489). Springer Publishing Company.

97 Revenson & Lepore (2012). See note 69.

98 Lehman, D. R., Ellard, J. H., & Wortman, C. B. (1986). Social support for the bereaved: Recipients' and providers' perspectives on what is helpful. *Journal of Consulting and Clinical Psychology, 54*(4), 438-446. https://doi.org/10.1037/0022-006X.54.4.438

99 Kessler, R. C., Price, R. H., & Wortman, C. B. (1985). Social factors in psychopathology: Stress, social support, and coping processes. *Annual Review of Psychology, 36*(1), 531-572. https://doi.org/10.1146/annurev.ps.36.020185.002531

100 For context, in both the United States and Canada, homicide accounts for 0.2%-0.3% of all violent crime offenses known to law enforcement.

101 Hawkins, N. A., McIntosh, D. N., Silver, R. C., & Holman, E. A. (2004). Early responses to school violence: A qualitative analysis of students' and parents' immediate reactions to the shootings at Columbine High School. *Journal of Emotional Abuse, 4*(3/4), 197-223. https://doi.org/10.1300/J135v04n03_12; Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior, 52*(2), 145-161. https://doi.org/10.1177/0022146510395592

102 Schildkraut et al. (2021). See note 4.

103 A notable gap in the scholarly literature assessing the impact of mass shootings is the failure to utilize qualitative methodologies to provide a rich and robust understanding of survivors' experiences. Just one study to date, conducted by this report's author, has begun to address this limitation. The remainder of this section is based on this research, published in part in Schildkraut et al. (2021). See note 4.

104 Blakley, T. L., & Mehr, N. (2008). Common ground: The development of a support group for survivors of homicide loss in a rural community. *Social Work with Groups, 31*(3-4), 239-254. https://doi.org/10.1080/01609510801980971; Briere, J., & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Sage.

105 For more information on The Rebels Project, visit their website at https://www.therebelsproject.org.

106 Hawdon & Ryan (2012). See note 9. See also Jackson, S. D. (2017). "Connection is the antidote": Psychological distress, emotional processing, and virtual community building among LGBTQ students after the Orlando shooting. *Psychology of Sexual Orientation and Gender Diversity, 4*(2), 160–168. https://doi.org/10.1037/sgd0000229

107 As an example, one survivor interviewed by this report's author who was a junior at Columbine on the day of the shooting moved out of state to attend college. She noted that being away from her family, friends, and others who attended the school made her feel "very isolated," which had an adverse experience on her college experience.

108 There is no one "right" way to move forward after a tragedy like a mass shooting, and different communities have taken different approaches to restoring, rebuilding, or otherwise repurposing impacted locations. Sites such as the Columbine school library, the movie theater in Aurora, and the Walmart in El Paso, Texas, were renovated and reopened to continue to serve the community. Sandy Hook Elementary School was torn down after the shooting, and a completely new school was built on the same site. The First Baptist Church in Sutherland Springs, Texas, originally was turned into a memorial, but parishioners voted in 2021 to tear it down. Although Pulse nightclub permanently closed for business after the shooting, the location was designated as a national memorial by President Joe Biden in 2021 and will be turned into a permanent memorial with a museum and education center located less than a half mile from the property.

109 See National Association of Crime Victim Compensation Boards. (2000). *Compensation protocol: A guide to responding to mass-casualty incidents.* https://cdpsdocs.state.co.us/ovp/TRAC/RepsPubs/Natl_Assoc_Crime_Victim_Comp.pdf

110 Following the Columbine shooting, for instance, an administrative team was brought in to make individual assessments about how resources should be supplied to the 761 applications received from primary victims.

Initially after the Aurora movie theater shooting, a set amount of money was provided to victims who had been injured and to the families of the deceased. A team was brought in shortly thereafter to develop a formula,

which was based on whether the person had been killed or injured and, if the latter, how severe the injuries were (based on the number of nights spent in the hospital). Impacted individuals who did not stay in the hospital were not eligible for any funding. See Toolkit for Response for Advocates in Colorado. (2018). See note 33.

111 Office for Victims of Crime. (2020). *Antiterrorism and Emergency Assistance Program (AEAP): Types of assistances available through AEAP*. https://ovc.ojp.gov/program/antiterrorism-and-emergency-assistance-program-aeap/types-assistance

112 Notably, there is no specific period that has been identified for being an appropriate point at which to terminate resources. More than 20 years after the shooting, Columbine survivors still acknowledge needing ongoing support, with some still not even getting initial assistance.

113 Office for Victims of Crime. (2015). *Helping victims of mass violence and terrorism: Planning, response, recovery, and resources — Needs assessment of event or criminal act*. https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/mvt-toolkit/victim-assistance.html#naeca

114 Nurmi, J. (2017). *Shared experiences of mass shootings: A comparative perspective on the aftermath*. Routledge.

115 For memorial items left in the aftermath of a mass casualty event, the community will require a system to be able to collect and store the items until further decisions can be made. Items that pay tribute to a specific victim may be offered to that individual's family, who can then determine how it should be treated (kept, donated, or disposed of). More general items that commemorate the broader tragedy may be collected and used later in a permanent memorial. See Toolkit for Response for Advocates in Colorado. (2018). *Initial and permanent memorial sites*. https://cdpsdocs.state.co.us/ovp/TRAC/Long-Term/Permanent_Site_Memorials.pdf

116 Felix, E. D., Dowdy, E., & Green, J. G. (2018). University student voices on healing and recovery following tragedy. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(1), 76-86. https://doi.org/10.1037/tra0000172

117 Høeg, I. M. (2015). Silent actions – Emotion and mass mourning rituals after the terrorist attacks in Norway on 22 July 2011. *Mortality, 20*(3), 197-214. https://doi.org/10.1080/13576275.2015.1012488

118 Thoresen, S., Flood Aakvaag, H., Wentzel-Larsen, T., Dyb, G., Kristian, O. K. (2012). The day Norway cried: Proximity and distress in Norwegian citizens following the 22nd July 2011 terrorist attacks in Oslo and on Utøya Island. *European Journal of Psychotraumatology, 3*, 1-11. http://dx.doi.org/10.3402/ejpt.v3i0.19709

119 For recommendations and considerations for organizing annual observances, see Toolkit for Response for Advocates in Colorado. (2018). *Annual observances*. https://cdpsdocs.state.co.us/ovp/TRAC/Long-Term/Annual_Observances_narrative.pdf

120 Hawke, A., & Ness, O. (2017). Rituals that helped heal a nation after a terror attack. *Scandinavian Psychologist, 4*, e6. https://doi.org/10.15714/scandpsychol.4.e6

121 This can help to address the issue of onlookers. Numerous communities have noted that people come by, either for altruistic or morbid reasons, to the location where the mass casualty event occurred. If this location is still in operation, however, it can make it uncomfortable or even unsecure for the people who must go to the space (e.g., for work, school, or other purposes). Situating the memorial some distance away may draw the onlookers away and provide the opportunity for those most affected to heal without fear of disturbance.

122 Although resiliency centers are not clincally focused, they may offer referarals to psychotherapists and similar resources as needed.

123 See, for example, The Resiliency Center of Greater Philadelphia. (2021). https://theresiliencycenter.com/

124 Morrow, E., Call, M., Marcus, R., & Locke, A. (2018). Focus on the quadruple aim: Development of a resiliency center to promote faculty and staff wellness initiatives. T*he Joint Commission Journal on Quality and Patient Safety, 44*(5), 293-298. https://doi.org/10.1016/j.jcjq.2017.11.007

125 Importantly, the organization tasked with overseeing the center consulted with survivors and community members before deciding to close the center location and transition services to other community-based organizations. See Aurora Mental Health Center. (2019). *Announcement: Aurora Strong Resilience Center transition* [Press release]. Retireved from https://www.aumhc.org/wp-content/uploads/Aurora-Strong-Resilience-Center-announcement-4-29-19.pdf

126 Beyond the interviews conducted by this report's author, only one dissertation published to date has examined any aspect of resiliency centers as a support for communities affected by mass shootings. See Solomon, H. R. (2020). *Appreciative inquiry of an exemplary trauma informed wellness center created for the community and families affected by a school shooting* (Doctoral dissertation). Nova Southeastern University. https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1068&context=shss_dft_etd

127 Information contained herein, unless otherwise cited, is based on interviews by this author with several resiliency centers and community partner agencies for this report. In order to maintain confidentiality, only the main themes of these interviews are discussed.

128 For full details for the program, including eligibility requirements, see the website for the Office of Victims of Crime: https://ovc.ojp.gov/program/antiterrorism-and-emergency-assistance-program-aeap/overview.

129 Since its establishment, Parkland Cares has awarded $800,000 to 10 non-profit organizations. This has enabled these organizations to provide 500 hours of crisis intervention, 2,843 hours of trauma-informed therapy, 757 hours of case management, and more. See Parkland Cares. (2022). *Parkland Cares: Inpact on our community since 2018*. https://parklandcares.org

130 Schildkraut et al. (2021). See note 4.

131 See, for example, Center for Victim Research. (n.d.). *Needs assessment*. https://victimresearch.org/tools-training/needs-assessment/; Community Toolbox. (2022). *Assessing community needs and resources*. https://ctb.ku.edu/en/assessing-community-needs-and-resources