



After the Crime: Assisting Students with Recovery After a Crisis



DCJS

Virginia Department of Criminal Justice Services

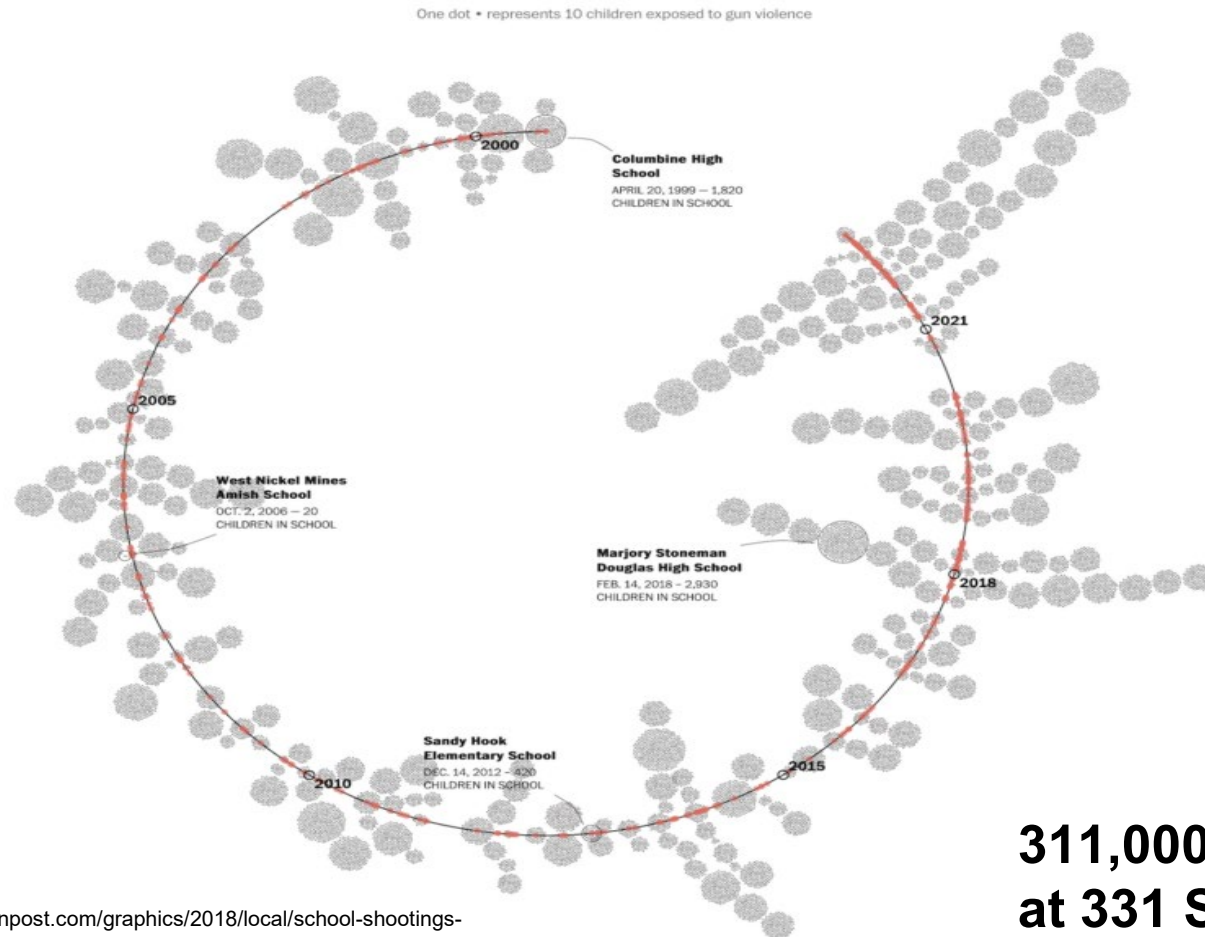
The Problems

Intimate Partner Violence and Sexual Assault

VS.

Mass Violence

K-12 Children Exposed to School Shootings



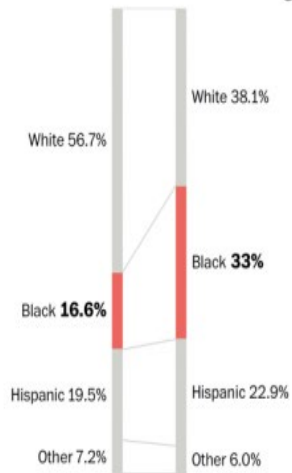
**311,000 Children
at 331 Schools**

<https://www.washingtonpost.com/graphics/2018/local/school-shootings-database/>

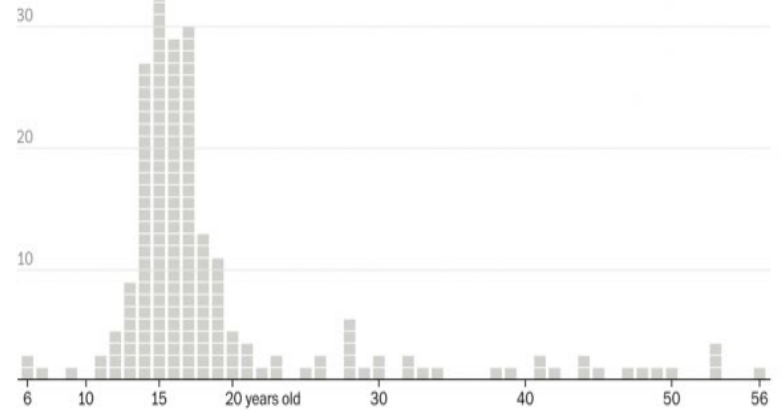
School Shootings

Black students make up 16.6% of the school population...

...but they experience school shootings at twice that rate.



The median age of school shooters is 16.



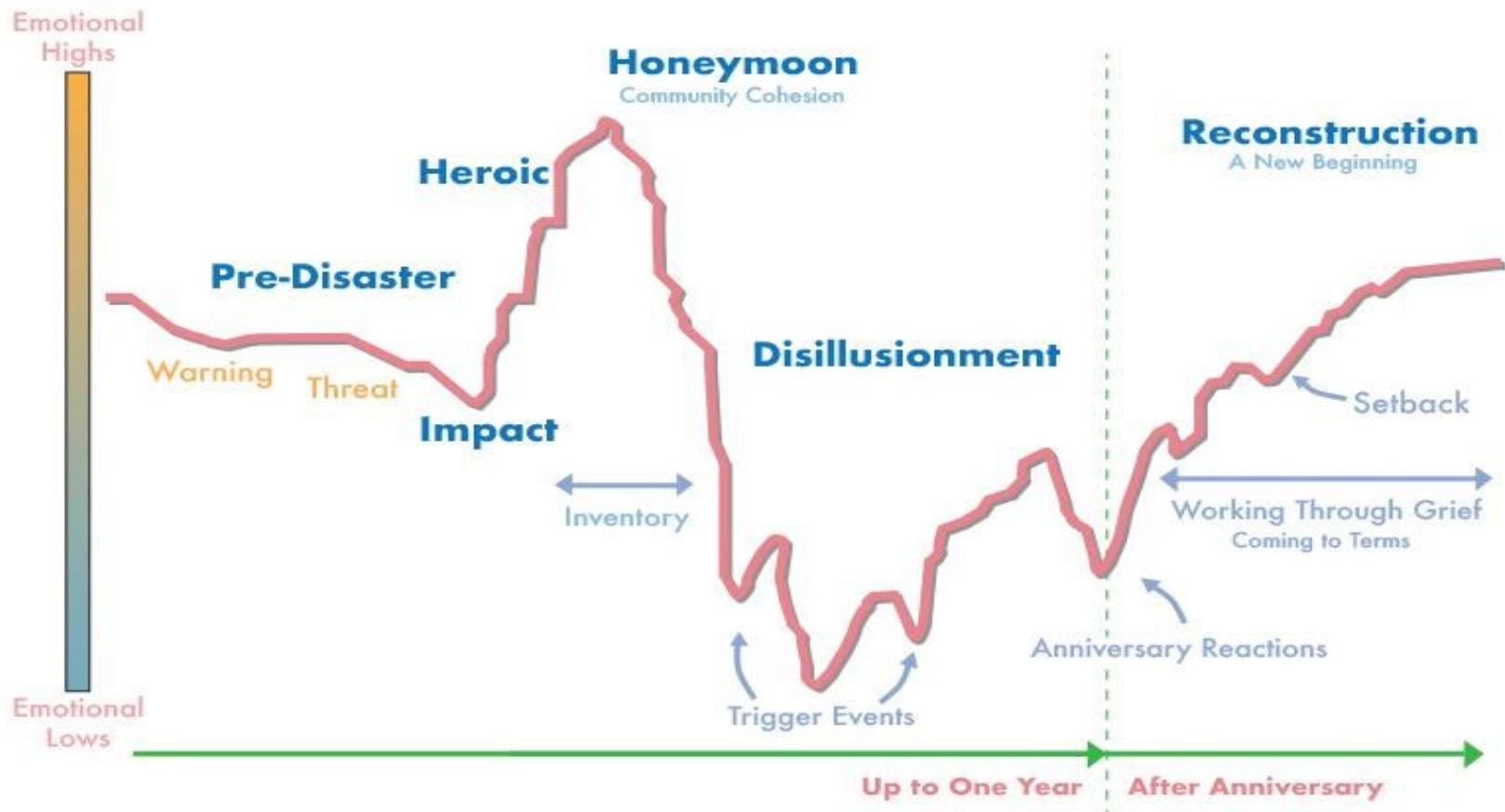
41 shooters with unknown age not included

<https://www.washingtonpost.com/graphics/2018/local/school-shootings-database/>



Effects of Trauma on Campus Communities

Post-Trauma Impact



Building Resilience

- When mass violence events occur on college campuses, a collective identity often forms that can help boost a sense of social support in the aftermath
- A communal feeling contrasts with the secrecy, isolation and shame that survivors of individual traumas may face, such as people who experience sexual assault and domestic violence.
- The grief process is shared, often leading to healthy mourning and coping.

Immediate Needs of Victims

- Re-establishing a sense of safety
- Information
- Questions answered
- Support- individual and community
- Expectations for healing
- Empathy
- Time to grieve
- Community resources
- Regaining a sense of control and calm
- A self-determined plan
- Coping strategies



Mental Health After a Mass Shooting

- Research also suggests that mass shooting survivors may be at greater risk for mental health difficulties compared with people who experience other types of trauma, such as natural disasters.
- After the 2008 shootings on NIU's campus, although a large percentage of mass shooting survivors were either resilient or displayed only short-term stress reactions, about 12 percent reported persistent PTSD.

Mental Health After a Mass Shooting



An estimated **10%** of New York City public school students were identified to potentially have PTSD six months after the 9/11 terror attacks

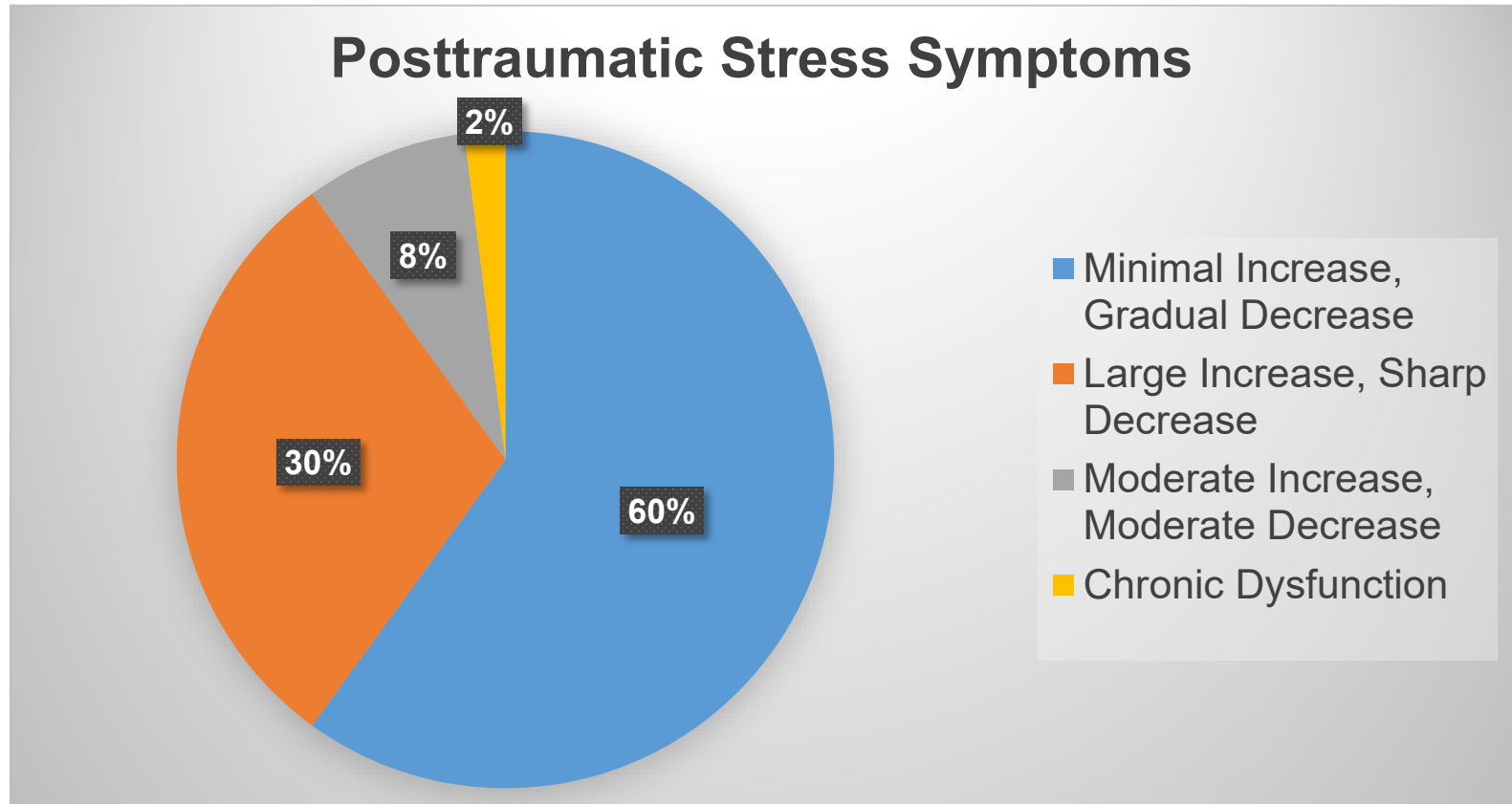
Hoven et al. (2005)



About **12-23%** of students met the criteria for a probable PTSD diagnosis following campus mass shootings

Littleton et al., (2011); Miron et al., (2014)

Mental Health After a Mass Shooting



(Orcutt et al., 2014)

Risk Factors for Long Term Trauma

- Survivor's proximity to the incident
- Prior trauma exposure
- Women are more likely to develop PTSD than men
- Victims' coping strategies and support systems are strong predictors of their long-term health and wellness

Common Traumatic Stress Responses

Emotional:

- Shock
- Terror
- Irritability
- Blame
- Anger
- Grief
- Emotional Numbing
- Helpless ness
- Difficulty feeling happy
- Survivor's Guilt

Cognitive:

- Impaired concentration
- Impaired decision making
- Memory impairment
- Disbelief
- Confusion
- Nightmares
- Decreased self-esteem and self-efficacy
- Self-blame
- Intrusive thoughts
- Dissociation

Common Traumatic Stress Responses

Physical:

- Fatigue/exhaustion
- Insomnia
- Startle response
- Hyper-arousal
- Increased physical pain
- Reduced immune response
- Headaches
- Gastrointestinal upset
- Decreased appetite
- Vulnerability to illness

Interpersonal:

- Increased relational conflict
- Social withdrawal
- Reduced relational intimacy
- Alienation
- Impaired work or school performance
- Distrust
- Decreased satisfaction
- Overprotectiveness
- Feeling abandoned/rejected

Stages of Shock and Healing

Acute phase is often characterized by denial, shock and disbelief

- Survivors should be provided with resources and information.
- Knowledge of resources is one way of feeling connected and people are less anxious and worried
- Crisis interventions can help normalize survivors immediate feelings of fear, anxiety, and helplessness.

Stages of Shock and Healing

Intermediate phase is often characterized by fear, anger, anxiety, difficulty paying attention, depression and disturbed sleep.

- Trauma- informed care is crucial
- Involves understanding, recognizing, and responding to the effects of trauma and emphasizes physical, psychological and emotional safety for both survivors and providers
- Assist survivors in rebuilding and enhancing their social connections and community supports

Stages of Shock and Healing

Long-term Phase-While people in this phase continue to experience periods of adjustment and relapse, most survivors, will no longer need continuous mental health support.

- Some survivors report greater self-worth and sense of life purpose and feelings of gratitude for surviving the event
- Untreated behavioral health reactions can transform into mental health or substance use disorders that require more specialized care



Centers for Assistance

Information And Notification Center

- ❖ Formerly known as the Reunification Center
- ❖ Pop-up locations where victims, survivors, and family and friends gather
- ❖ May be several locations (churches, schools, hotels, civil centers)
- ❖ Open no more than 72 hours after the event
- ❖ Place to receive:
 - Information
 - Location of loved ones
 - Death notifications



Family and Survivor Assistance Center

- ❖ Formerly called the Family Assistance Center

- ❖ Resources include:
 - Victim advocacy
 - Public health
 - Population-specific support/services
 - Food
 - Faith-based services
 - Behavioral health
 - Child care



Resiliency Centers

- ❖ A Resiliency Center is a safe place to provide ongoing services and assistance to victims, family members, first responders, and community members
- ❖ The FAC may transition to a Resiliency Center within weeks or months after the event, depending on the nature and scale of the event





Victims Crisis Assistance and Response Team

Virginia State Code §22.1-279.8

The plan shall include a provision that the Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund shall be contacted immediately to deploy assistance in the event of an emergency as defined in the emergency response plan when there are victims as defined in § [19.2-11.01](#).

The Department of Criminal Justice Services and the Virginia Criminal Injuries Compensation Fund shall be the lead coordinating agencies for those individuals determined to be victims, and the plan shall also contain current contact information for both agencies.

- ❖ K-12 schools
- ❖ College campuses
- ❖ Hospitals
- ❖ Political Subdivisions

VCART and Emergency Management



Phases of Emergency Management:

VCART can fit into all phases of emergency management:

- ❖ **Mitigation**: Collaborate with the locality after the event to discuss what worked, what didn't work, and what we could do differently and more effectively
- ❖ **Preparedness**: Assist localities with emergency plans, ensuring that VCART is a part of the plan as required by Virginia code §22.1 – 279.8
- ❖ **Response**: Deploy team(s) to campuses to offer additional support if the event overwhelms local resources
- ❖ **Recovery**: Provide teams that can conduct individual and group crisis intervention (GCI's) that can assist in starting to build resilience within the community

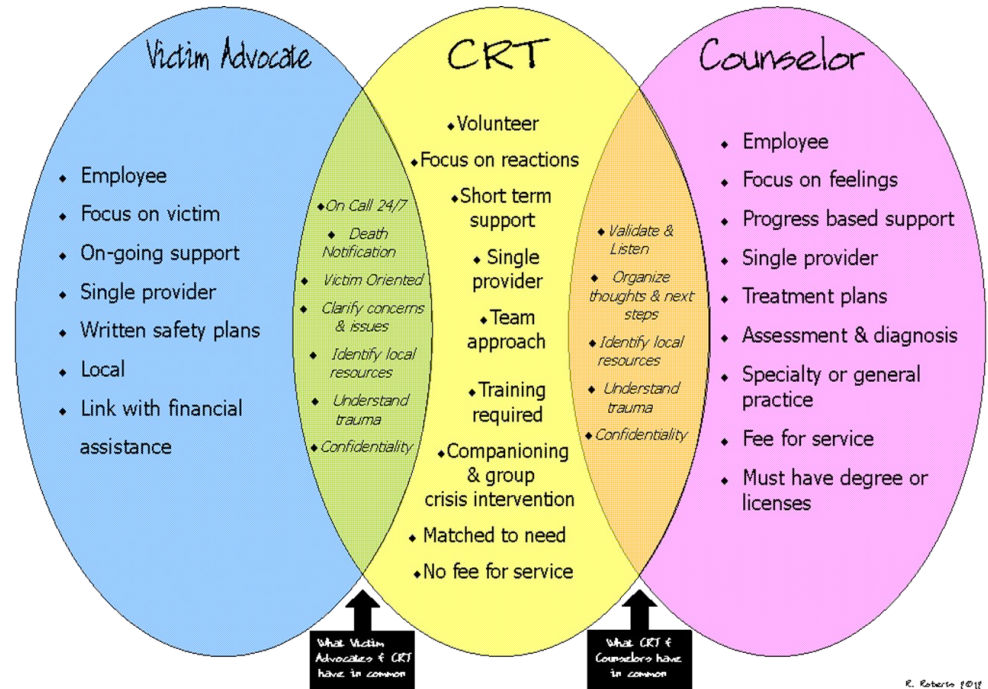
The Victims Crisis Assistance and Response Team (VCART)

- Composed of volunteers trained to provide trauma mitigation and education in the aftermath of a critical incident
- Team members have received a minimum of 24 hours of skills-based, field tested training developed by the National Organization of Victim Assistance (NOVA)

What is the Victims Crisis Assistance and Response Team (VCART)?

Team members that are called upon to provide assistance to those affected in both large and smaller-scale incidents as the result of a criminal act

VCART training covers techniques and protocols for providing crisis intervention, focusing on the fundamentals of crisis and trauma as well as psychological first aid and response during a catastrophic event



Campus Crisis Teams:

- Smaller incidents that do not trigger the emergency plan
- Non-criminal events
- Incidents where members of the campus crisis team are not impacted
- Incidents where confidentiality and privacy are paramount
- For long term assistance and resources

State Crisis Teams:

- When emergency plans are triggered
- In criminal incidents that impact a large number of people (victims, witnesses, community, campus crisis teams)
- When campus and/or community resources are overwhelmed
- When outside help is more appropriate
- For short term

VCART Services

- Coordinate victim advocate response
- Respond to Family Assistance Center (ESF6)
 - Provide advocates to assist families in understand the process and agencies they will encounter at the FAC
 - Provide companions to victims at the FAC
 - Assist local law enforcement with providing death notifications
 - Supporting victims by explaining the criminal justice process, if applicable
- Ensure victims and family members are aware of the FAC and services available to them

VCART Campus Services

- Individual Crisis Counseling (short term)
- Group Crisis Intervention groups (short and long term)
- Assistance with compensation (VVF leads this)
- Linking students, faculty, staff with local resources such as VWAP, CSB, private counselors
- Providing students, faculty, staff with training/info on common responses to trauma and what to expect short and long term
- Discussing victim-centered approaches to moving forward and strategies for limiting re-traumatization
- Providing crisis support during ceremonies and other events related to this trauma

Types of VCART Deployments:

“Statutory” deployment

Agency/locality contacts DCJS/VVF as a part of their emergency response plan after an incident. DCJS/VVF assist in coordinating victim response.

Requested deployment

Agency/locality familiar with the services of the VCART contact DCJS/VVF and request team

National team deployment

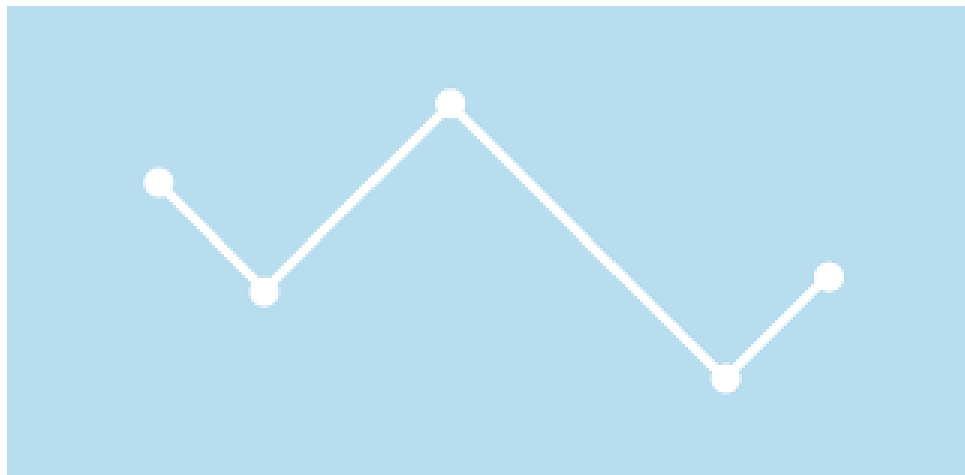
NOVA may request staffing for incidents out-of-state requiring large-scale response or subject matter expertise. They may request specific team members or put out a call for volunteers.

Opportunities for VCART to assist:

Immediate uses for the CRT (first 3 – 5 days)

Short-term opportunities for response (up to 6 months from the incident)

Long-term opportunities for response (6 months and beyond)



Requesting a Crisis Response

DCJS is notified of mass casualty event

The event is assessed to determine the level of response needed

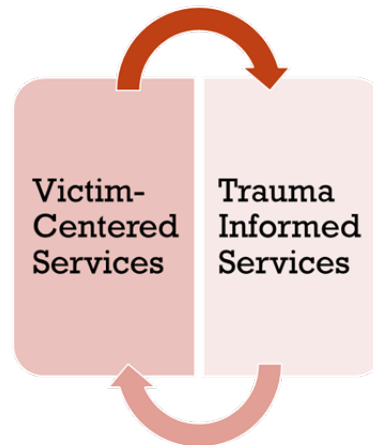
If the event is deemed to need an on-site response, DCJS will notify VVF and coordinate efforts and deploy to assist



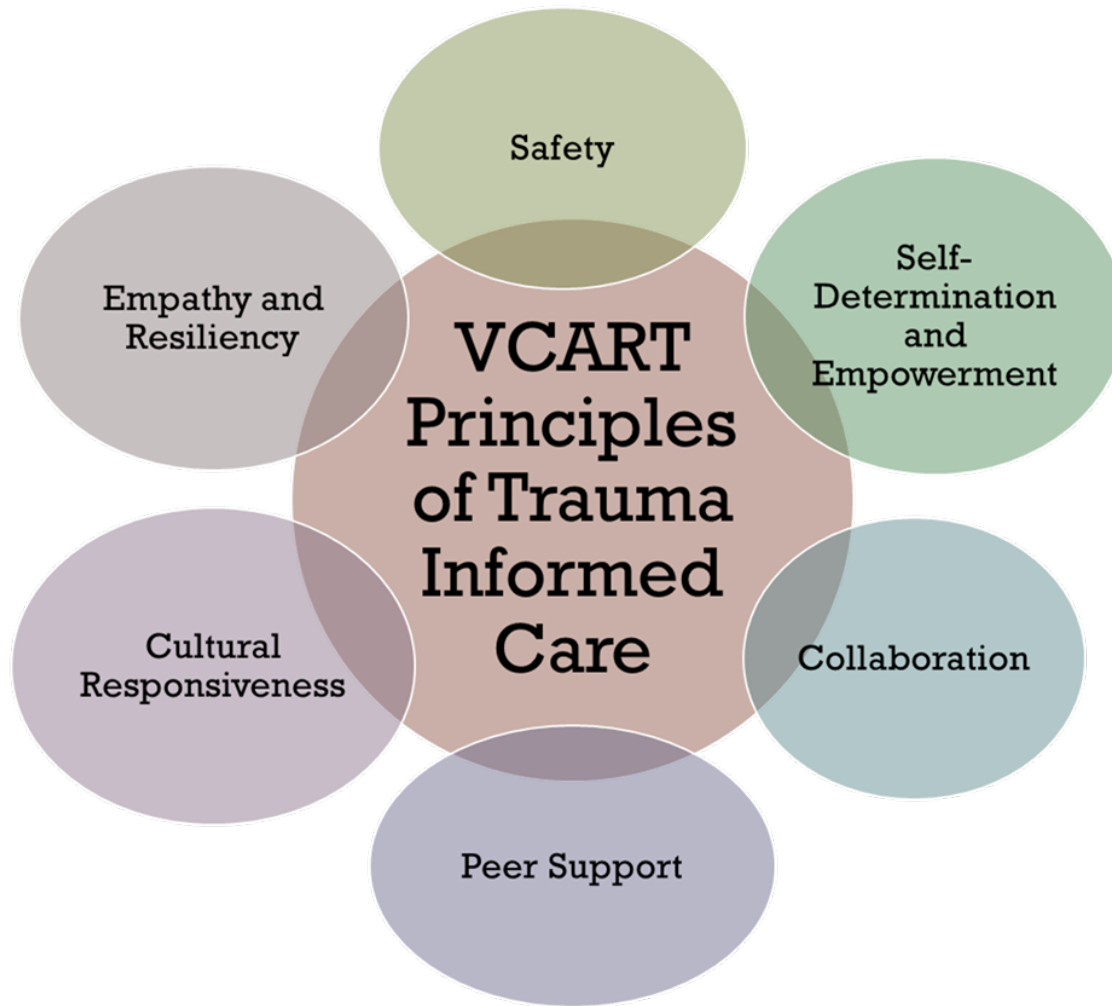
Trauma Informed Services

Victim Centered & Trauma Informed

- Translating what we know about trauma into our policies, procedures, planning, and practices
- Decrease re-traumatization by supporting victims in a non-judgmental way.
- Understanding that the victim's perspective is the only one that matters for him/her/them and allowing them to decide what is best for them.



Trauma Informed Care





Lessons Learned

Lessons Learned

Early intervention can help to promote a positive recovery environment by promoting safety, calm, self-efficacy, social support, and hope.

Promoting a positive recovery environment may also involve protecting survivors from punitive or blaming others, or an intrusive press.

Lessons Learned

Immediate intervention or crisis counseling can be especially useful for those with risk factors which include experiencing death of a loved one or personal injury, witnessing violence, or being a lone survivor.

Early intervention could include: psychological first aid, advocacy, crisis counselling, referrals and public health messaging.

Lessons Learned

Community connections are crucial for victim's resilience in the aftermath of mass violence and that they have ongoing support available to them.

Memorial events—particularly those that are student and community initiated and led—are most helpful to survivors in terms of recovering after a mass violence event

Lessons Learned

In the case of campus shootings, advocates can:

- work effectively with law enforcement after death notification to **provide support and a perception of safety**;
- **provide** calm, compassion, cognitive **support when survivors meet with officials**;
- **remind the parents of traumatized students of the importance of reassurance, safety, routine, and honesty**;
- **provide grief counseling**, encouraging family members to tolerate different grieving processes, as there is no right way to grieve or process a loss.

Key Concepts

- Immediate response defines the event for victims & public
- Understand that the needs of victims are very different from individuals that survive other types of disasters
- Rely on outside experts in the field for short-term, larger scale assistance
- “victims taking care of victims” is never a good model
- Ensure that assistance efforts have clear leadership with decision making authority

Questions?



Resources and References

<http://www.dcjs.virginia.gov/victims-services/report-campus-local-emergency>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3873118/>

<https://www.apa.org/monitor/2018/09/survivors>

<https://www.ovc.gov/pubs/mvt-toolkit/about-toolkit.html>

https://www.fbi.gov/file-repository/activeshooterincidentsus_2014-2015.pdf/view

[Anxiety, Stress, & Coping, Vol. 28, No. 3, 2015](#)

www.dcjs.Virginia.gov

www.virginiavictimsfund.org

www.vanetwork.org

<https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>

Miron, L. R., Orcutt, H. K., & Kumpula, M. J. (2014). Differential predictors of transient stress versus posttraumatic stress disorder: evaluating risk following targeted mass violence. *Behavior therapy*, 45(6), 791-805.

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Miron, L. R., Orcutt, H. K., & Kumpula, M. J. (2014). Differential predictors of transient stress versus posttraumatic stress disorder: evaluating risk following targeted mass violence. *Behavior Therapy, 45*(6), 791-805.

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