



TIMELINE FOR MAYORS' ENGAGEMENT OF VICTIM SERVICE PROFESSIONALSⁱ & BEHAVIORAL AND MENTAL HEALTH PROFESSIONALSⁱⁱ IN THE AFTERMATH OF A MASS VIOLENCE INCIDENT

Victim service professionals (VSPs) and behavioral/mental health professionals (B/MHPs) are essential partners and resources for Mayors and their Executive Teams for mass violence readiness, response, recovery and resiliency. They have significant roles in helping victims, survivors and the entire community. Further, capitalizing on B/MHPs' expertise can be useful to address the significant secondary trauma that Mayors and their Teams often endure in the aftermath of mass violence.

This Timeline features suggestions and links to resources to help Mayors effectively prepare for and respond to mass violence incidents, as well as lead their communities toward long-term recovery and resiliency.

In Advance of the Mass Violence Incident

Learn

Review the [Mass Shooting Protocol: First 24 Hours](#) and [Mass Shooting Playbook](#) developed by United on Guns (both documents address the role of victim/survivor and behavioral/mental health services).

Learn about MVI readiness, response, recovery and resiliency resources available from the U.S. Department of Justice:

- OVC's [Helping Victims of Mass Violence & Terrorism Toolkit](#)
- OVC TTAC's [Mass Violence Webinar Webpage](#)
- FBI Victim Services brochure, ["I Was There: Coping with Witnessing Mass Violence."](#)

Learn about mass violence victim/survivor assistance resources available from the USDOJ Office for Victims of Crime, including the [Anti-terrorism Emergency Assistance Program](#) (AEAP supports many jurisdictions that have experienced MVIs with grant funding for crisis response, consequence management, criminal justice support, and crime victim compensation; and non-grant training & technical assistance).

Visit the [National Mass Violence Victimization Resource Center](#) website's [Prepare Your Community](#) web page, and Rebuild Your Community web page for helpful resources and tip sheets.

Connect

Engage your state's Victims of Crime Act (VOCA) Administrator, Crime Victim Compensation (CVC) Administrator, VSPs, and B/MHPs in your jurisdiction's emergency response planning, such as those sponsored by your local or state emergency planning agency, Homeland Security Exercise Evaluation Program (HSEEP), and/or the FBI. This is essential to ensure collaborative, cross-agency planning and readiness strategies.

Develop 24/7/365 contact information for [your state VOCA and CVC Administrators](#) who help coordinate responses to mass violence victims/survivors, first responders, and impacted communities.

Local and state Lead VSPs involved in MVI readiness and planning often develop and regularly update rosters of trauma-informed VSPs and B/MHPs across the local and state area who can assist with initial and ongoing MVI coordinated responses.

Plan

Develop an *advance plan* for timely, effective communications among the Incident Command Center (Joint Operations Center & Joint Information Center) and Lead VSPs at the initial Friends & Relatives Center, when an MVI occurs. (**NOTE:** The "Friends & Relatives Center" has previously been called the "Reunification Center;" this terminology was changed to reflect the fact that, sadly, too many MVI victims are not reunified with their loved ones who are killed.)

Determine readiness of state/community-level and state/community-funded Departments of Behavioral Health and Mental Health to provide support for crisis response activities.

Prepare

Lead efforts to plan and practice MVI responses through collaborative drills and tabletop exercises that involve and engage VSPs and B/MHPs (a sample [tabletop exercise template](#) for Mayors was developed by United on Guns).

Support local and state *cross-training programs* about mass violence readiness, response, recovery and resilience for key collaborators, including VSPs and B/MHPs, including:

- Plans and guidelines to establish a coordinated, full-service Friends & Relatives Center and a Family Assistance Center to serve impacted victims, survivors, first responders and community members.
- [Psychological First Aid](#), a brief evidence-informed trauma and disaster early intervention provided in the first few days after MVI by volunteer professionals (e.g., Red Cross, VSPs, B/MHPs).

- [Skills for Psychological Recovery](#), an evidence-informed trauma and disaster early intervention after safety and security are established, provided in the initial weeks to months after the MVI by volunteer professionals (e.g., VSPs, B/MHPs).
- How to provide [sensitive death notifications](#) (FBI and Penn State University) and [follow-on](#) support to victims' families with compassion (NMVVRRC).

Recognize that responding to an MVI can be very stressful for Mayors and their teams. To assist with this stress, identify resources that can help identify and mitigate secondary trauma (the [NMVVRRC](#) has helpful information and tip sheets).

Immediately After the Mass Violence Incident Occurs

Establish ongoing communications with law enforcement leaders and state/local emergency response teams for immediate updates on crisis response, including victim/survivor and behavioral/mental health services.

Identify gaps in needed resources or services, and work with local and state VSP Leaders to identify strategies to address any gaps.

Seek and receive updates regarding deceased and injured victims and survivors from law enforcement and VSPs involved in the immediate response.

Provide accurate information about the victims and survivors and related services at any press conference or press availability:

- Location of Friends & Relatives Center
- Location of Family Assistance Center
- Crime victim compensation
- Crime victim/survivor services
- Any local hotlines or websites established for victim/survivor information and services

Within a Few Hours After the Mass Violence Incident Occurs

Identify points-of-contact of Lead VSPs who establish the Friends & Relatives Center in the impacted community (FBI Victim-Witness, state-level VSP leaders, etc.), its physical location, and contact information.

Confirm that accurate lists of victims, survivors and other impacted individuals are being documented and updated.

Request and receive *accurate briefings* about the number of victims injured and killed, and number of witnesses and other impacted individuals; and *accurate briefings* about death notifications provided by law enforcement, VSPs and B/MHPs, including the sensitive notification of deaths to surviving family members.

Include and coordinate with Lead VSPs for any plans to personally visit the initial Friends & Relatives Center or Family Assistance Center.

Day After the Mass Violence Incident

Obtain briefing about the establishment of the Family Assistance Center, its location, and services being provided; and offer supportive resources, if needed and upon request.

Secure the NMVVRC Mass Violence Incident Resource Page from the U.S. Conference of Mayors (in [English](#) and sometimes in [Spanish](#)) – curated for each specific MVI – with helpful information for victims, survivors and community members – which can be promoted through your traditional and social media outlets.

Obtain a briefing and photos/video footage about any makeshift memorials or other tributes sponsored in the impacted community.

Obtain a briefing from leaders of all hospitals providing medical treatment and support to victims and survivors, and the Coroner's/Medical Examiner's office, regarding the current status of their efforts.

48 Hours After the Mass Violence Incident

Obtain briefing from Lead VSPs about victim/survivor assistance, and behavioral and mental health efforts and services, including any gaps in services.

Obtain updated lists of victims, survivors and other impacted individuals (it is extremely helpful for Mayors to be able to *cite the names of those who were killed and have photos of them* – the Lead VSPs can help facilitate this).

Limit images of and information about the perpetrator in the media unless they are an ongoing threat to public safety.

Weeks Following the Mass Violence Incident

Obtain briefing from Lead VSPs to ensure that victims and survivors are provided with information that is culturally-specific and relevant to their victims' rights under state, Federal and/or Tribal laws; and about long-term services available to assist them.

If relevant, obtain briefing about your state's efforts to obtain [AEAP funding](#) from the USDOJ, Office for Victims of Crime for long-term recovery and resiliency activities, and other victim/survivor assistance funding.

Obtain information from the [NMVRC](#) about potential community needs assessments that can help identify survivors' and community behavioral/mental health needs, in order to best address such needs.

If the alleged perpetrator is alive, with a trial likely in the future, provide the local prosecutor, District Attorney or U.S. Attorney with the NMVRC's [Planning and Implementation Guide for Comprehensive, Coordinated Victim Assistance for Mass Violence Incidents Trials](#).

Request and receive briefings about the creation of a long-term Resiliency Center to support victims, survivors and impacted communities (often with [AEAP funding](#) from the USDOJ).

Coordinate with the impacted community's victims, survivors and VSPs to begin planning your community's commemoration of the one-year observance of the MVI, and other future memorial tributes.

Request support from B/MHPs to help address the stress and secondary trauma that Mayors and their teams may feel in the aftermath of responding to the MVI.

ⁱ "Victim service professionals" include Federal, national, Tribal, state and local victim/survivor advocates, who are from both system-based agencies (law enforcement, prosecution, courts) and community-based nonprofit organizations.

ⁱⁱ "Behavioral and mental health professionals" include professionals trained in treating emotional, behavioral, and biological aspects of physical and mental well-being, including clinical psychologists, psychiatrists, counselors, clinicians, therapists, clinical social workers, nurse practitioners, and pastoral counselors.

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