



# Preparing For After:

How to help victims of mass violence

**Voices of September 11th**



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## How to help victims of mass violence

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*Healing Families & Communities After Tragedy*

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# Introduction

*The resources available to those who plan emergency response are extensive. However, few take into account the long-term needs of victims of incidents of mass violence. These victims may continue to experience difficulties long after the event or they may find psychological issues will unexpectedly present years later.*

*Most planning is designed to deal with the immediate physical needs of the community and local infrastructure, not the long-term and ongoing emotional or psychological needs of those impacted. This eBook offers recommendations on providing support to these victims based on the real world experience of staff members at Voices of September 11th, who have worked extensively since 2001 with those impacted by the attacks on 9/11, as well as scholarly research and interviews conducted by the organization.*

*The eBook includes several features that readers may find useful. In the interactive galleries, readers can swipe through an entire collection of interactive photos and captions with a finger. They can use a finger or a highlighter to add information to their notes or to search highlighted sections of the book. Notes and highlights will also automatically appear on study cards.*

## Description

The purpose of this eBook is to introduce a long-term recovery perspective into emergency response planning.

Despite a long history of mass violence in the United States, emergency response planning is still a relatively new phenomena. Only in the last few decades have many communities started planning for responding to the long-term emotional needs caused by an event with mass casualties.

Most of these plans focus exclusively on the short-term response and reflect three basic assumptions:

- ▶ The needs of victims are primarily short-term and time-limited;
- ▶ The work of emergency responders ends when life returns to normal; and,
- ▶ Time will heal any remaining wounds.

The growing trauma literature and lessons learned from past events do not support these assumptions. Rather, they promote taking a long-term perspective on recovery by confirming that:

- ▶ Needs are not time limited;
- ▶ Experiences are varied and individualized by individuals, communities and events.
- ▶ Victims lose support from friends, family and the community over time.
- ▶ Financial problems such as loss of employment and long-term mental health recovery need support over time.
- ▶ The work of recovery never ends because life will never be the same.





In short, victims of mass violence are challenged to create a “new normal” and require long-term support to do so. For example, many victims struggle for years to adjust to the losses related to the incident. Sights, sounds, anniversaries and future traumatic experiences may “trigger” memories of the event and related losses.

Other victims struggle to establish a new identity that acknowledges, but is not limited to, being a victim of mass violence. For example, a victim may be stripped of his/her identity as a spouse or parent. Depending on her individual circumstances, she may require significant support over an extended period to re-establish her personal identity and roles.

Other victims must cope with changing relationships related to the violent incident. Case studies of victims of September 11th found that grandparents sometimes lost touch with grandchildren, depending upon whether the child’s remaining parent opts to continue a relationship with their former in-law. In many cases, the loss of a relationship with a grandchild further exacerbated the painful loss of a child.

Plans to address these and other issues facing victims of mass violence are often absent from existing emergency response plans.



## **Purpose**

The purpose of this eBook is to:

- ✓ Underscore the importance of pre-planning to both the short- and long-term outcomes.
- ✓ Highlight limitations of the short-term response perspective;
- ✓ Establish a case for a long-term model for emergency response and recovery services;
- ✓ Identify best practices for meeting victims' needs.

## **Target Audiences**

The target audiences for this eBook are the community leaders and officials who have the authority for initiating an effort to include long-term best practices into a community emergency response plan and who can make the decision to allocate resources. This group likely includes elected officials, local, state and federal law enforcement, district attorneys, prosecutors, police, fire and EMS chiefs, emergency planners, public health and medical care providers, human service and mental health officials, school superintendents, university officials, community leaders and major employers, relevant voluntary agencies and nonprofits and prospective funders.

Components of this eBook may also be of interest to first responders, particularly those charged with providing mental health and emotional support services.

## **eBook Objectives**

Participants who read this eBook will be able to:

- ✓ Describe the basic history of mass violence, the key players after an attack and commonly used emergency management and disaster mental health terminology (Module 1);
- ✓ List the short- and long-term psychological and emotional impact of mass violence on individuals and communities; (Module 2 and 3);
- ✓ Recognize special populations and evaluate the need for creating ethical guidelines in disaster management (Module 4);
- ✓ Understand the lessons learned from four major events of mass violence (Module 5);
- ✓ Learn, from a case example, how one nonprofit served victims, survivors, and first-responders by providing information and referrals, advocacy, social support, education and opportunities to commemorate and create memorials (Module 6); and
- ✓ Identify the best practices at each phase of disaster management including pre-planning, immediate and short-term response and long-term recovery (Module 7).

## **Community Assessment**

Before getting started, please take a minute to assess where your community currently stands with its emergency preparedness plan.



# 1



## Mass Violence: What it means to people and communities

### **Lessons from Incidents of Mass Violence: Implications for Short-and Long-Term Response**

#### **Module 1: Purpose**

To provide an overview of mass violence and to introduce the terminology used throughout this eBook.

#### **Module 1: Objectives**

- ✓ Define mass violence
- ✓ Provide an historical overview of mass violence
- ✓ Identify who is affected by mass violence
- ✓ Define the basic terms used in emergency planning, response, and recovery
- ✓ Distinguish the difference between mass violence and other violent crimes
- ✓ Determine the key groups involved after an incident



## What is Mass Violence?

While there is no universally accepted definition of mass violence, the scale of both the event and the required response is typically used to differentiate mass violence from other types of crime. For the purpose of this eBook, we will define mass violence as:

*An intentional violent criminal act . . . that results in physical, emotional, or psychological injury to a sufficiently large number of people as to significantly increase the burden of victim assistance for the responding jurisdiction.*

(U.S. Department of Justice, 2001, p. 3).

### Mass Violence vs. Other Disasters

It is important to differentiate mass violence from other types of disasters that may result in trauma. These types of events might include natural disasters (e.g., hurricanes, tornados, floods, earthquakes) or technological disasters (e.g., oil spills, extended power outages).

Research was conducted by Norris and Colleagues in 2002 and 2006 that analyzed how people respond to different types of disasters. The goal was to identify what kind of incident caused the greatest level of psychological distress. To answer this question, researchers reviewed studies that examined the psychological effects on people who experienced incidents of mass violence, natural disasters and technological disasters.

Which type of disaster do you think is associated with the greatest level of distress?

- A. Mass Violence**
- B. Natural Disaster**
- C. Technological Disaster**

Check Answer

### The Answer

If you answered Mass Violence, you are correct. To date, the research suggests that higher rates of Posttraumatic Stress symptoms are reported after people experience mass violence.



## Who Is Affected?

Given the increased risk that mass violence poses on individuals and communities, this eBook was developed as a resource for those who will create plans directed at short-term response and long-term recovery. The principles discussed in this eBook will certainly apply to other types of disasters, but the focus of this guide is to offer ideas for assisting communities in preparing for, responding to, and recovering from acts of mass violence.

### Communities and Individuals

Clearly there are individuals who are directly affected by an incident of mass violence. Perhaps they lost a family member or a loved one, suffered an injury or witnessed the event. They might have incurred property damage or business losses. What is less frequently discussed is that when these attacks occur, there is an impact on the larger community. In fact, many times there is a global impact when families, friends and even the general public from around the country and the world become part of a grieving community.

### Mass Violence Affects:

- Victims (including the deceased, injured and the family of the deceased)
- Survivors
- People living in the area
- First and secondary responders, including police, fire, EMS, medical personnel and morticians.
- The community where the attack occurred
- Potentially the local economy (may be broader depending on the scope of the attack)

- Community organizations such as governments, educational institutions and nonprofits
- Potentially people watching on television and on the internet (global impact)

## What defines a community?

### Space

Most of us think about a community in terms of space - geographical, spatial, or territorial regions bounded by a defined perimeter. From this perspective, a community might be a neighborhood, a town, a county, a state, or a country. In some instances of mass violence, the primary impact may be determined by a defined geographic area.

### Common Identity

Communities may also arise from common identity, interests or commitments. Sometimes referred to as functional, relational, or associational communities, these groups bring people together based on ethnicity, race, religion, lifestyle, interests, ideology, sexual orientation, social class, profession, or workplace. They include community groups, professional associations, employers, and faith-based organizations.

### Collective Relationships

Communities also develop through, and are defined by, the collective relationships that give meaning to one's identity. These communities include professional colleagues, personal friends and neighborhoods. From this perspective, individuals who share an experience of mass violence may be defined as a community.



*“I’m here today on behalf of the American people with a simple message: Every one of us has been touched by this attack on your beloved city. Every one of us stands with you. Because, after all, it’s our beloved city, too.*

*Boston may be your hometown, but we claim it, too. It’s one of America’s iconic cities. It’s one of the world’s great cities. And one of the reasons the world knows Boston so well is that Boston opens its heart to the world.”*

~ President Barack Obama

## **How do we identify the individuals affected in a community?**

Although entire communities can be traumatized by a disaster, most often we define the victim at the individual level. Those who are most impacted by a crime include those directly affected by an incident and those close to the affected person. We typically identify four different categories to describe individuals who have been affected by mass violence:

### **Victim of Crime**

“A person who has suffered direct physical, emotional, or pecuniary harm as a result of the commission of a crime” (United States Department of Justice (2005).)

This term refers to both someone who was killed or injured, as well as someone who suffered a loss due to an attack. The definition of victim includes family members of those who are killed.

**Primary Victim** - person who was killed, injured and/or witnessed an event.

**Secondary Victim** - a family member of someone killed, injured or was a witness in a mass violent attack.

### **Survivor**

A person who has escaped danger despite physical proximity to the event.

### **Witness**

A person who can give a firsthand account of something seen, heard, or experienced.

### **Injured**

A person who has been physically hurt.

These four groups, referred to as the affected population, are eligible to receive support services and funds. This does not mean, however, that other people are not affected by mass violence.

## **What’s the first incident of mass violence you remember?**

Incidents of mass violence have occurred in schools and universities, fast food outlets, post offices, federal buildings, landmark buildings, military bases, mall parking lots and movie theaters. How well you remember these events may first relate to your age. Were you alive and old enough to be conscious of these events? Second, were these events well publicized? Third, how many people were killed? These are just a few factors that influence how long these incidents stay with us and ultimately how much individual and community change occurs after one of these events.



## Historical Overview of Mass Violence

1927 Bath Consolidated School Bombing	44 people killed, 58 injured
1966 University of Texas in Austin Shooting	15 people killed, 32 wounded
1975 LaGuardia Airport, New York Bombing	11 lives lost, 75 injured
1984 McDonald's near San Diego, California Shooting	21 people killed by gunfire, 19 wounded
1986 Post Office in Edmond, Oklahoma Shooting	14 people killed by gunfire, 6 wounded
1991 Luby's Cafeteria in Killeen, Texas Shooting	23 people killed by gunfire, 20 wounded
1993 World Trade Center, New York Bombing	6 lives lost, 1,042 injured
1995 Oklahoma City Bombing	168 lives lost, more than 680 injured
1999 Columbine High School Shooting	13 people killed by gunfire, 21 wounded
2001 September 11 <sup>th</sup> Attacks	2,997 lives lost, more than 6,000 injured
2005 Red Lake, Minnesota School Shooting	9 people killed by gunfire, 5 wounded
2006 Lancaster County, Pennsylvania Shooting	5 people killed by gunfire, 5 wounded
2007 Virginia Polytechnic and State University Shooting	32 people killed by gunfire, 23 wounded
2008 Northern Illinois University Shooting	5 people killed by gunfire, 23 wounded
2009 Binghamton, New York Shooting	13 people killed by gunfire, 4 wounded
2009 Fort Hood Texas Shooting	13 people killed by gunfire, 29 wounded
2011 Tucson Arizona Shooting	6 people killed by gunfire, 13 wounded
2012 Aurora Colorado Shooting	12 people killed by gunfire, 58 wounded
2012 Oak Creek Wisconsin Shooting	6 people killed by gunfire, 4 wounded
2012 Newtown Connecticut Shooting	27 killed by gunfire, 2 wounded
2013 Boston Marathon Bombing	3 lives lost, 264 injured by bombing 1 killed, 16 injured by gunfire
2013 Santa Monica, California Shooting	5 killed, 4 injured
2013 Washington Navy Yard shooting	12 killed, 8 injured





<p>May 18, 1927 Clinton County, Michigan <b>44 people killed, 58 injured</b></p>	<p>December 29, 1975 LaGuardia Airport, New York City <b>11 lives lost, 75 injured</b></p>	<p>August 20, 1986 Edmond, Oklahoma <b>14 people killed by gunfire, 6 wounded</b></p>
<p>August 1, 1966 Austin, Texas and University of Texas <b>15 people killed, 32 wounded</b></p>	<p>July 18, 1984 San Diego, California <b>21 people killed by gunfire, 19 wounded</b></p>	<p>October 16, 1991 Killeen, Texas <b>23 people killed by gunfire, 20 wounded</b></p>
<p>April 20, 1999 Columbine, Colorado <b>13 people killed by gunfire, 21 wounded</b></p>	<p>April 19, 1995 Oklahoma City, Oklahoma <b>168 lives lost, more than 680 injured</b></p>	<p>March 21, 2005 Red Lake, Minnesota <b>9 people killed by gunfire, 5 wounded</b></p>
<p>February 26, 1993 World Trade Center Bombing <b>6 lives lost, 1,042 injured</b></p>		
<p>September 11, 2001 New York City; Arlington County, Virginia; and near Shanksville, Pennsylvania. <b>2997 lives lost, more than 6,000 injured</b></p>		
<p>April 16, 2007 Virginia Polytechnic and State University <b>32 people killed by gunfire, 23 wounded</b></p>	<p>April 3, 2009 Binghamton, New York <b>13 people killed by gunfire, 4 wounded</b></p>	<p>October 2, 2006 Lancaster County, Pennsylvania <b>5 people killed by gunfire, 5 wounded</b></p>
<p>February 14, 2008 Northern Illinois University <b>5 people killed by gunfire, 21 wounded</b></p>	<p>November 5, 2009 Fort Hood Texas <b>13 people killed by gunfire, 29 wounded</b></p>	<p>July 20, 2012 Aurora, Colorado <b>12 people killed by gunfire, 58 wounded</b></p>
<p>December 14, 2012 Newtown, Connecticut <b>27 killed by gunfire, 2 wounded</b></p>	<p>April 15, 2013 Boston Marathon Bombing <b>3 lives lost, more than 260 injured</b></p>	<p>January 8, 2011 Tucson, Arizona <b>6 people killed by gunfire, 13 wounded</b></p>
<p>August 5, 2012 Oak Creek, Wisconsin <b>6 people killed by gunfire, 4 wounded</b></p>	<p>1 killed, 16 injured by gunfire</p>	

Did any of these events change your perspective or how you view the world?





# Assessing the Impact of Mass Violence

**Table 1.1 Factors Determining Scale of Mass Violence**

Injury	Victims	Burden on Responding Communities
<ul style="list-style-type: none"> <li>Type of injuries (physical, psychological, emotional)</li> <li>Severity of injuries</li> </ul>	<ul style="list-style-type: none"> <li>Number killed</li> <li>Number injured</li> <li>Secondary victims</li> <li>Diversity of victims</li> </ul>	<ul style="list-style-type: none"> <li>Number and diversity of responders</li> <li>Geographic diversity and expanse</li> <li>Victim diversity</li> <li>Infrastructure damage</li> <li>Economic damage</li> </ul>
<p><b>Other Influences:</b></p> <ul style="list-style-type: none"> <li>Media interest and coverage</li> <li>Historical significance of the event</li> </ul>		

## What Differentiates Mass Violence from Other Violent Crimes?

### Scale

One way that a disaster is defined is by its scale. In this eBook, scale is simply a means for assessing the impact and subsequent response needed to assist individuals and communities.

The scale of an event will determine the time, financial resources and personnel required to recover after an attack. It will also affect rescue and recovery efforts, communication services, necessary victims' assistance, the investigation and justice process, and the extent to which the event is historically significant (e.g., policy changes).

### Burden on Community

Another differentiating factor between mass violence and other violent crimes is the burden the event creates on a community (see table 1.1 above). The burden is often, but not always, related to the loss of life and number of injuries. In turn, these factors will affect both the short- and long-term response.



# Who is involved after the Attack?

## Rescue and Recovery

- Police
- Emergency Medical Services
- Fire Department
- National Guard
- Medical Examiner
- Community Emergency Response Team
- Community Leaders
- Medical Providers
- Bystanders

## Services for Victims

- Community Leaders
- Office for Victims of Crime (OVC)
- Local Crime Victim Services
- National Emergency Response Agencies
- Community Organizations
- Mental Health and Health Providers

## Investigation and Justice

- Law Enforcement
- FBI
- Alcohol, Tobacco and Firearms Agents
- Prosecutors

## Media and Others

- Local, State, National and International Media
- Historians
- Archivists
- Policymakers

### Rescue & Recovery:

The scale will also determine the kind of response needed from rescue and recovery personnel, organizations and the number of skilled professionals that will be required. Local organizations may ask for and receive support from state and federal agencies. In some cases, the participation of multiple organizations will complicate the response and recovery process.

Many local, state and federal groups operate under the Incident Command structure to assess needs and resources and to grant access to an operation.

### Services for Victims:

The U.S. Department of Justice Office for the Victims of Crime, the State Offices for Victims of Crime, FEMA and SAMSHA provide essential services.

These offices assist victims of mass violence at the federal, state and local levels by funding direct support, advocacy programs and compensation packages for crime-related expenses. For example, Victims of Crime Offices provided assistance after the Oklahoma City bombing, the Columbine High School shootings and the September 11th attacks in New York City, Shanksville, Pennsylvania and Washington, D.C.

(OVC, 2001)



## The American Red Cross:

The American Red Cross, one example of a national emergency response agency, is a key provider of relief services (i.e., food, shelter, emergency assistance, psychological counseling, and assistance locating missing persons). They may also provide immediate assistance to victims' families together with local, state, and federal victims' assistance programs

## Investigation & Justice:

State and local law enforcement and criminal justice systems have significant roles after an attack. In incidents involving terrorism, federal agencies investigate and prosecute the perpetrator(s).

## Legal Rights:

Victims may be asked to participate in the trial proceedings or they may wish to attend the trials. Legal liaisons can assist families by advising them about trial procedures, arranging transportation and accommodations, and supporting them during hearings and trials. In some states, prosecutor-based victim advocates may also provide direct advocacy and support following a mass casualty incident.

U.S. Department of Health and Human Services, 2005.

A victim advocate will inform victims of their rights, which may include, but may not be limited to:

- Access information about the legal proceedings.
- Participate in the proceedings.

- Receive protection from any outside intimidation or harassment associated with the prosecution.
- Obtain benefits and compensation for crime-related expenses.

## Policy Makers, Educators & Historians:

Because acts of mass violence are generally well-publicized, they are often followed by a desire for change and a need for continued awareness about threats to the community. In preplanning, policy makers should be educated in mass violence.

Frequently, policy makers implement legislation and government reforms to promote both before and after a mass casualty incident to promote public safety and respond to the needs of victims and survivors. Educators and historians often create awareness about the causes of mass violence and chronicle the event. Over time, changes are made that reflect the learning from the crisis situation. Examples of this include:

- Legislative changes: the establishment of the Department of Homeland Security and the Transportation Safety Administration (TSA.).
- Community changes: training students on safety procedures.
- Increased awareness of issues: mental health, gun violence and bullying.
- Awareness of the healing power of remembrance: the establishment of memorials, commemorations and museums.





## Media

When a violent attack occurs, social media and traditional media response will be immediate. The role of the media can be both beneficial and problematic:

### Media response can be helpful by:

- Dispersing critical information about an event and ongoing safety issues.
- Generating public support for victims and families.
- Identifying and locating the perpetrator, if they are still at large.

### Media coverage can also be detrimental by:

- Engaging in invasive practices to obtain interviews.
- Disrupting the normal activities of the community.
- Re-triggering some individuals' trauma response through repeated airing of an attack.
- Distributing information that authorities do not want released.
- Abandoning the coverage when the event no longer has a market value, leaving the public with no sense of resolution.



# 2



## Psychological and Emotional Impact of Mass Violence

### **Module 2: Purpose**

Provide an overview of the psychological and emotional impact of mass violence.

### **Module 2: Objectives**

- ✓ List normal and complex responses
- ✓ Describe Posttraumatic Stress
- ✓ Identify risk factors for complex responses





## Difference Between a Disaster and Trauma

*“Disaster” speaks to the event itself and does not necessarily mean that a person who experienced a traumatic event will have a subsequent diagnosis.*

(Norris, Galea, Friedman, Watson, 2006)

Disasters and trauma are often viewed as two different sides of the same coin (Norris, Galea, Friedman, & Watson, 2006). Although disasters tend to evoke a psychological response, such as shock, disbelief and grief, these reactions should not automatically be considered abnormal. The term “disaster” refers to the event itself. It does not necessarily mean that a person who experienced a traumatic event will have a subsequent mental health diagnosis (Norris, Galea, Friedman, Watson, 2006). In fact, two people can experience the same exact event and have completely different reactions and recovery durations.

One frequent mistake an act of mass violence is to assume that victims will require intensive clinical or psychiatric assistance. It would be equally inaccurate to assume that “time heals all wounds” and eventually victims will “get over it.”

### **How do we think about ourselves and the world after an incident of mass violence?**

At the psychological level, acts of mass violence can redefine our beliefs about the world. For example, one may be reminded of an attack every time one goes through airport security or one sees armed guards in public places. These new security efforts were introduced after the attacks on September 11th and are reminders that our national consciousness of safety was altered post-9/11. For many without prior traumatic experiences, the prevailing belief on 9/10 could have been, “the world is a safe place.” Research conducted prior to 9/11 indicates that acts of mass violence may alter or even “shatter” our previously held beliefs and present us with a challenge (Janoff-Bulman, 1992).

The challenge is: “What does one do with this new information about the world?”

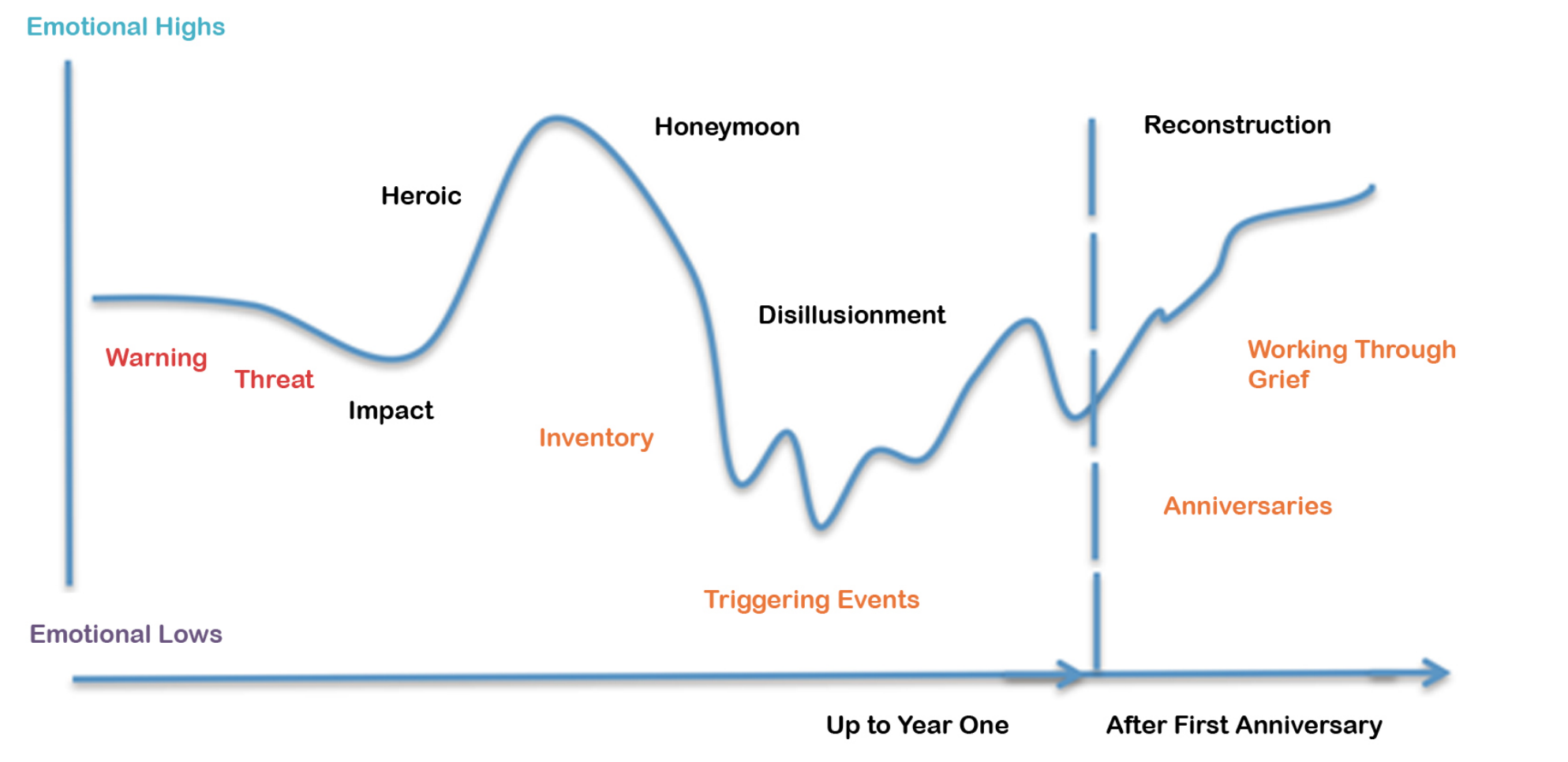




# The "Normal" Recovery Process

First, there is the initial impact of the violent attack. This is followed by the heroic and honeymoon periods, when promises are made (i.e., unified communities, rebuilding, financial recovery). People may feel a strong sense of community and may also be inspired from the support they received.

The heroic and honeymoon periods are generally followed by a period of disillusionment in which the effects and losses of the event become reality. Finally, there is a period of working through grief. At this stage, attempts to create a narrative or make meaning out of the events become more evident. The figure below further describes the typical recovery process:



Zunin & Meyers, 2000

Figure 2.1



## What are the before and after perspectives?

After watershed experiences like acts of mass violence, there is a psychological process that often involves picking up the pieces and trying to make sense of the event(s). The challenge post-disaster is that the beliefs held before the event no longer make sense (e.g., Janoff-Bulman, 2002; Tedeschi & Calhoun, 1995).

Between the before-and-after perspectives, there is a process that involves grappling with information presented by a traumatic event. This cognitive process is an attempt to make sense out of the trauma (e.g., Tedeschi and Calhoun, 2004; Tedeschi & Calhoun, 1995).

For some, a new narrative, or even a new belief system, is created. For instance, some individuals may form a negative belief that certain ethnic groups associated with an attack should be avoided. The belief was created as self-protection, but generalizes to a whole group of people that are now viewed as a “threat.” Conversely, other people may find ways to fit the traumatic experience into their previously held beliefs.

### Example of how someone might process a school shooting:

*Susan had an appointment off campus and was not present the day a student came into her biology class and began shooting at random. Some of her peers, however, were killed and others escaped, but with gunshot wounds. Immediately after the event Susan met with her friends and peers. They were all grateful to be alive and some reached out with cards, phone calls and visits to injured classmates and victims' families.*

*Soon after the shooting, Susan wondered what would have happened if she attended class that day. She wondered if she could have helped someone escape or if she would have been killed. As reports became public, she found herself thinking often about the shooting and even dreaming about it. Susan found herself wanting to know more about the shooter, but at other times wishing she could make the reminders of that day disappear.*

*The final report showed that the shooter struggled in his personal and family relationships. Two faculty members also observed odd behavior in class. One faculty member described him as very distant, not engaged, while another reported that he was very outgoing. Weeks before the shooting, campus police were called after he was found shouting at someone in public. Susan remembered seeing him around campus and she always thought he seemed a little strange. She wondered why more was not done to stop him. In her distress, she decided to take a semester off from school.*

*As months went by, at times, Susan spoke with her classmates and found some of them had the same questions and experiences. Eventually, her dreams lessened and Susan began to feel less jumpy and consumed by thoughts from the shooting. After a few months, Susan decided to go back to school. She reasoned that shootings do not happen all the time; although, she still felt nervous and visualized how she would escape if something happened in the classroom.*





## Processing the Traumatic Event

- Although Susan was not present the day of the shootings, she still had a reaction that included reoccurring thoughts and dreams, feelings of guilt and fear, and avoiding campus and any reminders of the event.
- Eventually Susan's symptoms dissipated as she learned more details about the incident and spoke to her classmates who validated her reaction to the event. Susan was able to go back to class (the trigger/cue).
- In this example, before she could return to school, Susan had to process and grapple with her beliefs about her personal safety following the event.

### **How does personal history affect one's experience of a traumatic event?**

In Susan's case, the way she processed the school shooting is just one example of how someone might react to an act of mass violence. However, it is important to think about how someone might react to a traumatic event when they were already dealing with earlier life traumas, depression, or marital problems.

### **Consider the following:**

- What if the person had experienced other tragic losses?
- What if the person grew up in a home with domestic violence?
- What if the person had mental health problems before they witnessed the violent act?

These are all important considerations for identifying people who may be vulnerable or might experience further complications after an incident of mass violence. Not everyone begins processing a traumatic experience from a belief that "the world is a safe place." Similarly, not everyone concludes with the thought that "something like this shooting is probably not going to happen to me again." In fact, some people may continue to experience symptoms long after a traumatic event.





## Known Risk Factors

### **What are some of the known risk factors that contribute to different responses?**

Why do some people develop more complex problems after a traumatic event and others do not? A number of individual characteristics and circumstances surrounding the traumatic event have been identified as risks for a psychological diagnosis. However, there is no formula for predicting who will require more support services.

There are some commonly known risk factors which may play a role in an individual's response to a disaster. These factors may be characterized as personal (e.g., demographic, social, and psychological characteristics) relational (e.g., quality of relationships), and disaster-related risks (e.g., type and number of losses related to an event).

#### **Personal Risks:**

- Personal functioning before the disaster.
- Family history of psychiatric disorders.
- History of traumatic life events.
- Middle aged.
- Tendency to cope with problems by avoiding them.
- Lower education.
- Low socio-economic status.
- Other life stressors in addition to the disaster.
- Adverse Childhood Experiences
- Social indicators such as domestic violence, medical issues and substance abuse





### **Relational Risks:**

- ☉ Trouble attaching or connecting in relationships.
- ☉ Quality and strength of relationship with victim(s).
- ☉ Marital difficulties.
- ☉ Poor social support.
- ☉ Childhood betrayal trauma
- ☉ Level of financial independence
- ☉ Having children below age 13

### **Disaster-related Risks:**

- ☉ Experienced the disaster as a life threatening event.
- ☉ Severity of the event (i.e., emotional and physical proximity).
- ☉ Repeated exposure (i.e., television watching).
- ☉ Traumatic/panic reactions during the event.
- ☉ Injury and/or suffering that resulted from the violence.
- ☉ The disaster was mass-violence (versus natural or technological disaster).
- ☉ There was loss associated with the disaster.
- ☉ Multiple losses.
- ☉ Relocation resulted from event.

(Adapted from: Linley, Joseph, Cooper, Harris, & Meyer (2003). Norris et al., 2002; Norris, Friedman, & Watson, 2002; Young, 2006)

Although responses after a disaster differ, people most often reported re-experiencing symptoms after the event. These symptoms include recurring and intrusive thoughts, images, dreams and flashbacks. It is believed that these intrusions may occur as the brain tries to make sense of new information presented by the disaster.

(e.g., Helgeson, Reynolds, & Tomich, 2006; Tedeschi & Calhoun, 1995; Tedeschi and Calhoun, 2004)





# Normal and Common Reactions

## Normal and Common Reactions Following Mass Violence

- Shock and numbness
- Disoriented
- Dissociation and amnesia
- Tearful
- Guilt
- Anger
- Fear
- Hopelessness
- Inability to concentrate
- Difficulty learning new information
- Somatic complaints (i.e., stomach and headaches, faint, agitation, on-edge)
- Change in appetite
- Sleep problems
- Re-experiencing the event (i.e., dreams & flashbacks)
- Wanting to avoid reminders of the event
- Easily startled
- Survivors guilt

Although these reactions are considered normal, the symptoms can still be disconcerting. This can be particularly true when intrusions are combined with other symptoms, such as feeling jumpy or on-edge and avoiding reminders regarding the event (e.g., American Psychiatric Association, 2000). When these symptoms are combined and persist over time, a person may be diagnosed with Posttraumatic Stress Disorder (PTSD).



## Posttraumatic Stress Disorder (PTSD)

### Posttraumatic Stress Disorder (PTSD)

- A. A person was exposed directly to, witnessed, or learned about a stressful event and the response was fear, helplessness, or horror.

#### The symptoms are characterized by:

- B. One **Re-experiencing** symptom - could be intrusive thoughts, images, dreams and flashbacks regarding the stressor.
- C. Three **Avoidance**/numbing symptoms - involves wanting to avoid reminders or cues about the event.
- D. Two **Hyperarousal** symptoms - feeling jumpy, on-edge, or easily startled.
- E. The symptoms have been present for more than one month.
- F. The symptoms cause distress or impaired functioning.





## Prevalence Rates for PTSD

### What are the prevalence rates for PTSD?

In the aftermath of the attacks on September 11, 2001, a number of studies were conducted to understand the prevalence rate of PTSD in the general population. In the first days after the attacks, most people (90%) expressed a moderate degree of psychological distress (Schuster et al., 2001). Notably, a number of studies found that people may not be diagnosed with PTSD soon after a disaster, but months or even years later meet criteria for the disorder (e.g., Boscarino, 2006; Kessler et al., 2008; North et al., 2004).

- Studies conducted within the first year after a disaster found the occurrence of PTSD between **10 to 40%** in the general population (e.g., Neria et al., 2008).
- Disaster studies have shown that PTSD tends to be more prevalent for victims directly exposed to the event (**30 to 40%**), for rescue workers (**10 to 20%**), and for the general population (**5 to 10%**) (Galea et al., 2005).
- PTSD symptoms are generally highest in the first year and lessen over time. Roughly **one-third** of disaster-affected people, however, will develop complications that may require clinical attention (Norris, et al., 2002).



# 3



## Resilience After Experiencing Trauma

### **Module 3: Purpose**

Provide an overview of traumatic responses following mass violence.

### **Module 3: Objectives**

- ✓ Describe disorders that commonly occur with traumatic reactions
- ✓ List how triggers can affect the healing process
- ✓ Explain types of traumatic responses
- ✓ Define resilience and posttraumatic growth





## Commonly Occurring Disorders

In addition to posttraumatic stress, reviewed in the previous section, there are other known traumatic reactions that disaster affected people may experience.

This section will provide a brief overview of traumatic responses following mass violence including; commonly occurring disorders; cues or triggers that reactivate a trauma; reactions that may follow learning or indirectly experiencing a traumatic event; and positive changes that people create in response to mass violence.

Those who are exposed to incidents of mass trauma may experience a variety of complications that may lead to one or more psychological diagnosis.

When several disorders occur at the same time, this is referred to as co-morbidity. For example, major depression, anxiety and substance abuse disorders are often found in tandem with PTSD following exposure to a traumatic event. Below are examples of several studies that looked at substance abuse problems following 9/11:

### Key Points:

- 🎧 Manhattan residents used drugs, alcohol and cigarettes more often after the attacks (Johnson & Richter, 2003; Vlahov et al., 2004).
- 🎧 Substance use may help some people cope in the short-term by avoiding the negative symptoms associated with trauma. However, drug and alcohol use may only prolong the healing process (Vlahov et al., 2004).





# Triggers for Traumatic Reactions

Traumatic events can also affect people biologically. The alarm system in the brain can be activated even in the absence of a real threat and can be tripped when survivors are confronted with triggers or reminders of a traumatic event.

The triggers surrounding a mass violence attack can be enduring and varied. For example, potential triggers after the events of 9/11 are influenced by the news coverage repeatedly

shown on television: the twin towers skyline on a cloudless day, planes flying into the buildings and people fleeing from the cloud of debris.

The table below lists three types of triggers with a few examples that are commonly expressed by people who have experienced an attack of mass violence.

<b>Environmental Triggers</b>	<b>Public Triggers</b>	<b>Personal Triggers:</b>
<p>There may be other reminders that occur in the environment that are less public but still trigger thoughts, feelings and memories of the attacks. These responses can occur both immediately and many years after the event.</p>	<ul style="list-style-type: none"> <li>● National conversations about where to place a mosque or the proper height of memorial structures may further remind and evoke traumatic responses.</li> <li>● Bombings, plane crashes, explosions years later can serve as a trigger. The American Airlines crash in NY that occurred a few weeks after the 9/11 attacks triggered many fears of another attack.</li> <li>● Media coverage or public reference to the event.</li> </ul>	<p>These triggers are often unique to the individual.</p> <ul style="list-style-type: none"> <li>● The anniversary of the day a loved one died.</li> <li>● Birthdays.</li> <li>● Holidays.</li> <li>● Weddings, graduations and the birth of a baby.</li> <li>● Some express sadness while attending events that are joyful because their loved one is not there to share the moment.</li> </ul>
<p><b>After 9/11:</b></p> <ul style="list-style-type: none"> <li>● A burning smell.</li> <li>● Loud noises that could sound like explosions.</li> <li>● Tastes (i.e., metallic taste similar to buildings collapsing).</li> <li>● Looking at missing buildings in the Manhattan skyline.</li> <li>● A beautiful clear sky.</li> <li>● A low flying plane.</li> <li>● Sirens or fire alarms.</li> </ul>		

Table 3.1





## Complicated Grief

The scope of the disaster, the extent of the media coverage and the length of the recovery efforts can make the grieving process more complicated. Mass violence attacks draw public attention, which can make it difficult to grieve in private. For this reason, people who lose someone due to mass violence may experience complicated grief.

### **9/11 Challenges To Healing**

Years later, the attacks on 9/11 remain in the news with documentaries, movies and ongoing media coverage surrounding such issues as commemoration, the Iraq and Afghanistan wars, terrorist trials, and identification of remains.

### **Complicated Grief**

Complicated grief is generally accepted as a type of bereavement without end and without progress. For most people, the intensity of grief symptoms will diminish over time. Someone with complicated grief, however, may experience little to no reduction in symptoms. Some may even experience increased distress that could last for years.

Typically, people who experience complicated grief will feel lost without their loved one and that life has no meaning. They may also search for or have intrusive thoughts about their loved one. Individuals who have experienced serious injuries often mourn the life they lead prior to the injury.

Victims of mass violence often experience complicated grief. After 9/11, Project Liberty was formed as a counseling resource to the primary affected region. They found that roughly 44% of those seeking counseling (not necessarily because they lost someone close in the attacks) reported complicated grief (Shear, Jackson, Essock, Donahue, & Felton, 2006).



## Symptoms Associated with Complicated Grief

### Symptoms Associated with Complicated Grief

- Extreme focus on the deceased loved one
- Obsessed with reminders of the person
- Intense longing or pining
- Dreams and intrusive thoughts about the loved one
- Maintaining a pretend relationship with the loved one
- Auditory and visual hallucinations of the person
- Problems accepting death
- Numbness or detachment
- Preoccupation with sorrow
- Bitterness about the loss
- Inability to enjoy other aspects of life
- Depression or deep sadness
- Trouble carrying out normal routines
- Withdrawing from social activities
- Difficulty setting healthy boundaries in relationships
- Feeling that life is meaningless
- Irritability or agitation
- Lack of trust in others





# Occupational Trauma

## **Occupational Trauma**

Occupational trauma, formerly referred to as vicarious or secondary trauma is a transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients. People who live, work or are in a disaster-zone at the time of the incident, may experience what has been termed as shared trauma.

An example of shared trauma is a hospital social worker who is treating people affected by a terrorist attack. The social workers may also be personally affected by the attack by virtue of where they reside. They may be concerned about their own families, homes, and personal safety while attending to the needs of others in a work setting.

Shared Trauma, also known as Shared Traumatic Reality, is “a situation in which both the intervener and the client [person in care] are exposed to a similar threat” (Nuttman-Shwartz & Dekel, 2008, p.279).

## **Burnout**

Over time, a professional may grow weary from working in a highly stressful environment. In this case, burnout may occur. In one study, burnout (Walsh, M., Taylor, M., & Hastings, V. (2012) was applied to responders and other professionals in the aftermath of disaster. Workers who experience burnout usually reach a point of exhaustion in which they are less productive and able to help others.

If this occupational exhaustion is not addressed, the result can be detrimental to the service provider and to those served.



# Studies on Occupational Trauma

Several studies have shown that responders and other professionals can be seriously affected by living and working in a disaster-zone.

- After the Oklahoma City bombing, nearly 65% of mental health responders reported some level of psychological distress related to their professional role (Wee & Meyers, 2002).
- After 9/11, 15% of New York City social workers reported secondary trauma symptoms that resemble criteria necessary for a PTSD diagnosis (Bride, 2007).

## Who may be impacted by indirect exposure or trauma?

- Anyone hearing or learning about the event (e.g., family members, friends)
- First responders (e.g., firefighters, police, EMS)
- Hospital staff (e.g., doctors, nurses, support staff)
- Mental health clinicians (e.g., social workers, therapists, psychiatrists)
- Volunteers (e.g., American Red Cross, faith based organizations)
- Television viewers (e.g., repeated exposure through media)
- Those repeatedly exposed to disaster because of occupation
- Media staff (e.g., reporters, camera crews, and photojournalists)
- Trial participants (e.g., victim advocates, prosecutors, jurors and court personnel)

## Warning Signs for Burnout

- Fatigue
- Depression
- Negative feelings about work
- Increased cynicism
- Loss of hope
- Sharing inappropriate or personal material (depending on profession)
- Using unhealthy coping skills (i.e., alcohol or drugs)
- Memory loss





## Resilience & Posttraumatic Growth

For many, the symptoms will dissipate. Many will experience a return to equilibrium. Some will discover that they are more resilient than they previously thought. Surprisingly, they are able to return to a degree of normalcy after a markedly devastating event (e.g., Lepore & Revenson, 2006).

In fact, a number of studies have shown that some people make significant positive life changes following a communal disaster (e.g., Bauwens & Tosone, 2010; Cieslak, et al., 2009; Linely, Joseph, Cooper, Harris, and Meyer, 2003; McMillen, Smith, & Fisher, 1997; So-Kum Tang, 2007).

Below are a few examples of how people have transformed the tragedies of the attacks on September 11th, Oklahoma City bombing, shootings at Northern Illinois University (NIU) and Virginia Polytechnic University (Virginia Tech) into positive personal or communal change:

- Rebuilt communities that were economically and physically destroyed.
- Started nonprofit organizations.
- Created educational programs.
- Established violence prevention & awareness programs.
- Founded scholarships.
- Advocated for changed in policies.
- Shared experiences through books & documentaries.
- Became involved in bringing healing to their communities through: art, writing, building memorials, advocacy and education.
- Initiated athletic events to remember victims.
- Sponsored support groups for disaster-affected people.
- Formed new relationships.
- Built schools in poverty stricken countries.
- Helped in other communities effected by mass violence.

Table 3.2



# 4



## Ethical Considerations

### **Module 4: Purpose**

Describe the ethical concerns related to responding to an incident of mass violence.

### **Module 4: Objectives**

- ✓ Outline ethical principles in disaster response
- ✓ Identify cultural considerations for planning and responding in a given community
- ✓ Describe traumatic reactions among children and youth





## Disaster Ethics

As the community mobilizes following an event, it may be tempting to take shortcuts in the emergency response effort. Therefore, it is important to have pre-established guiding principles for disaster response. Identifying and agreeing to ethical principles prior to the event can help to inform decision making.

Arras and Jennings (2012) outlined the following principles that can be used to develop professional or organizational guidelines. They've identified seven ethical goals that should inform emergency preparedness and response:

1. **Harm reduction and benefit promotion that protects public safety, health, and well-being.** Public health emergency preparedness planning and response activities should protect public safety, health, and well-being. They should minimize the extent of death, injury, disease, disability, and suffering during and after an emergency.

2. **Equal liberty and human rights.** Preparedness and response activities should be designed so as to respect the equal liberty, autonomy, and dignity of all persons.

3. **Distributive justice.** Preparedness and response activities should be conducted so as to ensure that the benefits and burdens imposed on the population by the emergency and by the need to cope with its effects are shared uniformly and fairly.

4. **Public accountability.** Preparedness and response activities should be based on and incorporate decision-making processes that are inclusive and transparent and that sustain public trust.

5. **Development of strong as well as safe communities.** Preparedness and response activities should strive as a long-term goal to develop hazard-resistant and resilient communities. These are communities with robust internal support systems and networks of mutual assistance and solidarity. They are also communities that maintain sustainable and risk mitigating relationships with their local ecosystems and their natural environment.

6. **Public health professionalism.** Preparedness and response activities should recognize the special obligations of some public health professionals and promote their competency, as well as coordination among them.

7. **Responsible civic response.** Preparedness and response activities should promote a sense of personal responsibility and citizenship.

[Quoted from the Hastings Center](#)





## Cultural Considerations

One principle of an ethically-based disaster response plan is to treat all people with dignity, recognizing the diverse needs of vulnerable and special populations. Marginalized groups, immigrants and individuals other than the prevailing culture may be working with few resources. This is known to further complicate both immediate and long-term recovery. Special consideration should be given to the needs of these people and others known to be at greater risk for traumatic reactions (see Module 2). Ideally, responders will learn the practices, beliefs, and needs that exist within these communities.

Building relationships with gatekeepers in these communities is an effective means of gaining the trust of people who have been oppressed, have special needs or feel ostracized from the rest of the community. Gatekeepers might include pastors and leaders of faith-based organizations, clubs and local organizations, recognized leaders among special needs populations (i.e., deaf community, elderly, physically handicapped, homeless, and non-English speaking communities).

Strong relationships with gatekeepers in these communities may bridge barriers to mental health services and help mitigate trauma for individuals in these communities. For example, it may be difficult for gatekeepers and community leaders to distinguish between normal reactions and those requiring a mental health intervention. Providing training for gatekeepers may be one way for community members to overcome barriers to accessing mental health or other services and a means for leaders to identify those who may need further assistance.

To address the cultural differences and special populations, consideration might be given to hiring a cultural liaison to assist with emergency plans. Below is a list of a few cultural differences that may exist in a particular community.

- Grief and trauma responses may be different from what is seen in the dominant culture.
- Translators can help bridge language barriers.
- Educational materials should be provided at around the 8th grade reading level to accommodate differing reading levels.
- Some individuals may perceive the event differently (i.e., some may view it as punishment).
- There may be differing political beliefs.
- Immigrant populations may be in the country seeking political asylum and may be uncomfortable approaching the government for services.
- Undocumented immigrants may fear deportation and be reluctant to access services.
- Some may feel discriminated against if an individual from their ethnic group is responsible for the attack.
- Religious rituals and beliefs about death may differ.
- There may also be different views about medical and psychological interventions.



## Children & Youth

Another group of people that may be overlooked following mass violence is children and youth. Disaster affected families may be dealing with the loss of a family member, new financial responsibilities, an injury, etc. The needs of these children may be overshadowed by a grieving or traumatized adult, or perhaps a caregiver who is unaware of the child's needs. Likewise, children living in a community nearby, or one who saw an event on television, can be negatively affected.

Like adults, children may experience negative emotions after incidents of mass violence including; fear, anger, loneliness, grief, etc. Children's traumatic reactions may lead to PTSD and other psychiatric disorders. In fact, one study found that a substantial number of children in New York City (28%) reported anxiety and depressive disorders six months after 9/11. (Archives of General Psychiatry, 2005).

Children's responses to trauma are characterized by the same criteria as adults, but often identified by different behaviors. For example, children may have repetitive play and reenactments of the event. They may also appear disorganized and agitated. In general, children's distress is often associated with the degree of parental distress (Levine, Whalen, Henker, & Jamner, 2005). When children feel supported by their families after a disaster, the prevalence of PTSD is typically reduced.

### Reactions Among Children & Youth

- Overly-dependent and clingy.
- Anxiety reactions when separating from caregivers.
- Hyperactivity.
- Not wanting to sleep alone & nightmares.
- Anger & aggressive & disruptive behavior.
- Bed-wetting and incontinence.
- Crying and tantrums.
- Academic problems.
- Mood swings.
- Returning to earlier stages of development (i.e., potty-trained children wetting the bed).

(Adapted from: Norris, Friedman, Watson, Byrne, Diaz, & Kaniasty, 2002; Institute for Trauma and Stress at the NYU Child Study Center, 2002)



# 5 “Last Moment of Innocence”



1995 Oklahoma City, Murrah Building Bombing

2001 September 11th

2007 Virginia Tech

2008 Northern Illinois University

## **Module 5: Purpose**

Describe several incidents of mass violence and identify best practices that emerged in the response

## **Module 5: Objectives**

- ✓ Provide an overview of the Oklahoma City bombing, September 11th attacks, and campus shootings at Northern Illinois University (NIU) and Virginia Polytechnic University (Virginia Tech)
- ✓ Identify best practices in responding to incidents of mass violence





# 1995 Oklahoma City

## *“Last Moment of Innocence”*

### Oklahoma City Bombing

At 9:02 a.m. on April 19, 1995, a powerful bomb constructed from agricultural fertilizer, diesel fuel and other chemicals exploded in a vehicle parked in front of the Alfred P. Murrah Federal Building in downtown Oklahoma City.

The explosion killed 168 people, including 19 children, and injured an estimated 601 people. The bombing damaged more than 300 buildings, including ten which collapsed completely or partially.

An estimated 7,000 people were left without a workplace and 462 were left homeless. The Oklahoma City bombing remains the worst act of home-grown terrorism in U.S. history.

On June 2, 1997, just a little over two years after the bombing, Timothy McVeigh was found guilty of murder and conspiracy, and sentenced to death. His execution was carried out in June 2001. McVeigh’s accomplice, Terry Nichols, stood trial and was found guilty of conspiring to build a weapon of mass destruction and involuntary manslaughter of federal officers. He was sentenced to life in prison without parole on June 4, 1998.

## Challenges and Best Practices

### Supporting Victims and Families

#### Challenges

- Providing support services for the families of those killed or injured as well as those individuals who were displaced by the attack.
- Employing professionals with expertise in trauma and bereavement issues to assist family members.

#### Best Practices

- The Family Assistance Center (FAC) was established within seven hours of the event at a local church.
- Support services were provided for almost three years. Project Heartland was the first mental health program designed to intervene in short and medium-term care for survivors of a major terrorist incident. FEMA and SAMHSA provided funding for this project.

### First-Responders

#### Challenges

- Addressing the needs of responders and hospital workers who demonstrated significant symptoms of stress, secondary or vicarious trauma and burnout. This was evidenced by reports of physical illness, emotional distress, absentee rates and low staff morale.





## Best Practices

- Critical Incident Workshops were held to give first-responders an opportunity to share their stories and to understand that, while the traumatic event was abnormal, their reactions were typically normal.
- Oklahoma City first responders had received training at the Emergency Management Institute in Emmitsburg, MD, and were well-versed in the Incident Command System that provides multi-agency, coordinated response in the wake of a disaster.
- A pastoral care team provided Critical Incident Stress Management sessions to the entire hospital staff.
- Critical Incident Stress Management was also coordinated by professional first response groups, including the CISM Coordinator from the state of Texas who was on loan to the state of Oklahoma following the bombing.

## Identifying Remains, Notifying Families, Placement of Unidentified Remains

### Challenges

- Managing the identification process while maintaining the integrity of the crime scene investigation.
- Ensuring that families received information about their loved ones in a manner that supported their long-term recovery.
- Considering family preferences in determining the placement of unidentified human remains.

## Best Practices

- The staff from the Office of the Medical Examiner worked with the FBI to identify, handle and preserve evidence.
- An ante mortem profile for victims was developed to facilitate identification of remains.
- Families were notified of the remains of their loved one by a team which included the Office of the Medical Examiner, clergy members and mental health professionals.
- Families were consulted about placement of unidentified remains, which were eventually buried at the Oklahoma State Capitol in 1999.

## Managing Donations

### Challenges

- Determining how to organize and distribute contributions from various organizations in an expedient and fair manner.
  - ▶ The Oklahoma City Disaster Relief Fund received more than \$14 million from individual donors.
  - ▶ The Survivor's Education Fund was established a few weeks after the bombing to support secondary education costs for children who lost their parent(s).
  - ▶ The Murrah Fund was created by the state legislature through the Oklahoma Crime Victim Compensation Program to cover expenses such as funeral, medical, dental, counseling, loss of income and loss of support.





## Best Practices

- The Resource Coordinating Committee (RCC), also known as the "unmet needs committee," was established in May 1995 to pool funds and services and match the needs of each victim with the resources of the committee.

The needs addressed included housing expenses, car payments, medical and counseling expenses, student loans and other educational needs. Other needs addressed by the committee were reimbursement of lost income, finances for car repairs, babysitters, new eyeglasses or other costs caused by the bombing that were not covered by insurance plans.

- The Resource Coordinating Committee ceased operations in 2000. However, independent case managers and the American Red Cross still handled about 50 active cases ten years later (personal communication, Oklahoma City official, September 26, 2012).
- Oklahoma City victims received a two-year reprieve on their federal income taxes.
- The Oklahoma City National Memorial Foundation created the 9:03 Fund in May 2012 to solicit support for the museum and its educational programs.

## Media Management

### Challenges

- Providing families and survivors information in advance of release to public.
- Ensuring that accurate information is given to the public.
- Protecting families and survivors from media intrusion.

### Best Practices

- A Public Information Officer was appointed and regular press briefings were conducted.
- Families gave consent before the names of victims were released to the general public.
- Members of the media were required to remain in a specific area to shield family members from unwanted media attention.
- Interviews were arranged for family members who were willing to participate.
- Public affairs specialists from the American Red Cross prepared and debriefed families who were interviewed.
- A Joint Information Center was established to monitor print and broadcast media and schedule interviews.





## Providing Access to Criminal Trials

### Challenges

- Ensuring that survivors and victims' families could attend or view the McVeigh and Nichols trials over 600 miles away in Denver, Colorado in 1997.
- Providing support to families and survivors during the criminal trial process.

### Best Practices

- "Safe havens" were set up in Denver and Oklahoma City to ensure families could have access to the trials.
- Families and survivors were surveyed about their interest in attending the trials.
- Every family member who wished to do so was able to attend a portion of the trials.
- Crisis counseling, support and mental health services were available to families watching the trials.
- An attorney liaison was provided to educate victims about the criminal judicial proceedings, to provide updates about the trial, and to debrief victims to warn them about attending emotionally exhaustive testimonies.

## Remembering Victims

### Challenges

- Establishing a memorial that acknowledges the event, honors the lives of victims and responders and offers comfort for survivors.

### Best Practices

- A memorial is held every year on the anniversary of the bombing and includes 168 seconds of silence along with the reading of the names of the victims.
- A memorial and museum was built at the site of the Murrah building and dedicated on April 19, 2000.

- The Gates of Time stand on either end of a reflecting pool. One gate is engraved with the time 9:01 – the city's "last moment of innocence" – while the other gate is engraved with 9:03 – the moment the city was changed forever.
- Empty chairs stand in nine rows representing the nine floors in the Murrah building.
- Each chair is engraved with the name of a victim. Smaller chairs represent the child victims.
- A survivor wall stands as one of the only remaining pieces of the original building. The names of more than 800 survivors are inscribed on two granite blocks.
- The Survivor Tree, an American elm that survived the bombing, symbolizes resilience. It is surrounded by new plantings of nut and flower-bearing trees.
- The Memorial Fence is notable as a place where visitors left stuffed animals, poems, key chains, and other items as tributes. Mementoes are periodically collected, catalogued and stored.





- The Oklahoma City National Memorial Museum was dedicated in 2001.
- A memorial marathon has been held annually since 2001 to financially support the memorial and museum and to commemorate the lives lost.
- President Barack Obama announced in 2010 that April 19th will be a National Day of Service and Remembrance for Victims and Survivors of Terrorism.

## Archives and Preservation

### Challenges

- Collecting, organizing and maintaining documents related to the event.

### Best Practices

- A sub-committee was assigned to address archiving issues.
- Records were maintained from response units, media clippings, local opinions, investigation and trial information and the memorial process.
- More than 600,000 archived items are now housed in the Oklahoma City National Memorial and Museum.

An Archive Reading Room was opened, available only to researchers for access to primary and secondary sources not located anywhere else. This includes: FBI evidence, building records, city-wide damage studies, photos, pieces of the rental truck, and even oral histories recorded from survivors, their family members, and rescue workers.

## Giving Back

### Challenges

- Providing opportunities for Oklahoma City survivors and families to express their appreciation and “give back” to others who experience loss due to an event of mass violence.
- Sharing best practices and lessons learned with other impacted communities as they respond to incidents of mass violence.

### Best Practices

- Oklahoma City Community Foundation and the American Red Cross of Central Oklahoma provided direct assistance to victims and support services in the aftermath of September 11th.
- The WTC United Family Group paired with the National Memorial Institute for the Prevention of Terrorism to form peer support groups that allowed victims of both the Oklahoma bombing and September 11th to share stories and provide support.
- The Oklahoma City National Memorial Institute for the Prevention of Terrorism published a book in 2002 that described the lessons Oklahoma City learned as a community. The book was titled “Oklahoma City – Seven Years Later: Lessons For Other Communities.”
- Oklahoma families traveled to New York to meet with September 11th families at the Family Assistance Center.





# Oklahoma City Timeline

## Oklahoma City, Murrah Building Bombing

### 1995

- April 19  
9:02 a.m. Bomb detonated in the Alfred P. Murrah Federal Building.  
10:30 a.m. Timothy McVeigh was arrested at a traffic stop near Billings, OK.

- April 21 Timothy McVeigh's accomplice, Terry Nichols, surrendered.  
President Bill Clinton declared a national day of mourning.

- April 23 Memorial service was held.  
Attendees included President Bill Clinton, Attorney General Janet Reno, and the Reverend Billy Graham.

### 1996

- April 19 On the first anniversary, a private memorial service for families and survivors was held.  
October 25 Decision that Timothy McVeigh and Terry Nichols should be tried separately.

### 1997

- June 2 Timothy McVeigh found guilty on all 11 counts of mass destruction.  
June 13 Jury decided unanimously to impose the death penalty on Timothy McVeigh.

- December 23 Terry Nichols was convicted on conspiracy charges for use of a weapon of mass destruction. He was also charged with involuntary manslaughter for eight federal agents.

### 1998

- June 4 Terry Nichols received a life sentence.

### 2000

- April 19 Oklahoma City National Memorial was dedicated at the five year anniversary.

### 2001

- February 19 President George W. Bush dedicated the Memorial Museum.

- June 11 Timothy McVeigh was executed and pronounced dead at 7:14 a.m.

### 2005

- April 18 10th anniversary of the Oklahoma City bombing.

### 2010

- April 19 An event was held to honor those who helped in the immediate aftermath of the bombing.  
Federal Relief Aid continues to help rebuild Oklahoma City





## 2001 September 11th

### ***“Always Remember”***

#### **September 11th Terrorist Attacks**

The terrorist attacks on September 11, 2001 were perhaps the most devastating and destructive acts of mass violence in U.S. history. The incident began on the morning of September 11th when 19 terrorists associated with al-Qaeda hijacked four passenger jets and crashed them into World Trade Center’s North and South towers in New York City, the Pentagon in Arlington, Virginia and an open field in Shanksville, Pennsylvania.

#### **World Trade Center, New York City**

Five hijackers commandeered American Airlines Flight 11 from Logan Airport in Boston, carrying 76 passengers and 11 crew members, and flew the plane into the World Trade Center’s North Tower. United Airlines Flight 175, carrying 51 passengers and nine crew members, was hijacked by five terrorists after leaving Boston’s Logan Airport and crashed into the South Tower.

The death toll at the World Trade Center site totaled 2,753, including 414 first responders, as well as the 127 passengers and 20 crew members aboard the two planes. According to the World Trade Center Health Registry (U.S. Department of Health & Human Services, & Centers for Disease Control and Prevention, 2006), of the 8,418 adult survivors of the World Trade Center, nearly 6,000 had sustained injuries.

The North and South Towers, as well as five other buildings in the World Trade Center complex, were completely destroyed.

*The dead included 343 FDNY firefighters and paramedics, 23 NYPD officers, and 11 EMS personnel who were responding to the event attempting to save lives*

Although the loss of life was the largest ever in an attack on U.S. soil, remarkably thousands of people were saved because of the heroic actions of the first responders and the actions learned in fire drills.

*“Tens of thousands of persons escaped from the World Trade Center complex – one of the most successful rescue efforts in human history. A large percentage of the building occupants on the floors below the crash attacks – some estimates as high as 99 percent – were able to get out alive thanks to the physical stairwell improvements, actions learned in fire drills, individual fire wardens, dedicated civilian operations staff, as well as the valiant efforts of the Port Authority Police, the Fire Department of New York, and the New York City Police Department, and other uniformed responders and support personnel. This could not have been achieved without careful planning”.*

Joseph Morris: Former Port Authority  
Police Chief of Department  
Testimony, Tuesday, May 18, 2004



## The Pentagon, Arlington, Virginia

American Airlines Flight 77 left Dulles Airport in Washington D.C. and was flown into the Pentagon in nearby Arlington, Virginia killing 184 people. All 59 passengers and crew members on board the plane were killed in the crash. A total of 125 Pentagon employees – 70 civilians and 55 military personnel – also perished. Area hospitals and clinics received 106 patients.

## Shanksville, Pennsylvania

United Airlines Flight 93, which had taken off from Newark International Airport in New Jersey, crashed into a field in Shanksville, Pennsylvania, a rural community midway between Harrisburg and Pittsburg, Pennsylvania. The hijackers missed their intended target, which was believed to be the U.S. Capitol Building in Washington, D.C., when passengers attempted to gain back control of the plane. None of the 40 passengers and crew members survived the crash.

## Trials

On December 11, 2001, Zacarias Moussaoui was indicted by a federal judge in U.S. District Court on six federal charges: conspiracy to commit acts of terrorism transcending national boundaries, conspiracy to commit aircraft piracy, conspiracy to destroy aircraft, conspiracy to use weapons of mass destruction, conspiracy to murder United States employees, and conspiracy to destroy property. Moussaoui was sentenced to life in prison without the possibility of parole on May 3, 2006.

On February 11, 2008, the U.S. Department of Defense charged Khalid Sheikh Mohammed, Ramzi bin al-Shibh, Mustafa Ahmad al-Hawsawi, Ali Abd al-Aziz Ali and Walid Bin Attash for the September 11th attacks under the military commission system. They are charged with the murder of 2,977 people, terrorism, and providing material support for terrorism and plane hijacking, as well as attacking civilian objects, intentionally causing serious bodily injury and destruction of property in violation of the law of war. The charges against them list 169 overt acts allegedly committed by the defendants in furtherance of the September 11th attacks.

## Challenges and Best Practices

### Supporting Victims and Families

#### Challenges

- Distributing timely, accurate information to victims, survivors and family members was problematic due to the volume of information and the rapid rate at which it was updated.
- Meeting the diverse language needs of victims from 90 different countries and their families.
- Establishing a central location to distribute information, accept missing persons reports, collect DNA samples for the identification of human remains and provide support services.



- Tending to the needs of some specific populations, such as undocumented immigrants, people in same-sex partnerships and those in unmarried heterosexual relationships. These populations faced issues related to accessing services and benefits, obtaining death certificates and collecting life insurance benefits.
- Providing continued services after the FAC closed its doors.

### Best Practices

- Family Assistance Centers (FACs) were established at six locations (NYC, Liberty State Park (NJ), Arlington, VA. (Pentagon), Shanksville, Logan Airport (Boston), Los Angeles International Airport) to provide immediate assistance to families. The NYC location was moved multiple times due to space constraints, finally residing at Pier 94.
- The FACs functioned for 24 hours/day, 7 days a week. Depending on the location, it was operational either for several weeks or up to 15 months.
- The FAC, the Anti-Violence Project and the Lesbian and Gay Community Center offered free counseling to surviving partners in same-sex relationships.
- Nonprofit organizations were created to provide immediate assistance to those impacted. The IRS reported that by October 2001, 262 new tax-exempt organizations had been created.  
(September 11, The Philanthropic Response, p.10)

- Important safety and security concerns received national attention, including skyscraper safety, cockpit door reinforcements and homeland security needs.

### First Responders

#### Challenges: New York City

- The command center and police operations hub was located in the North Tower, which was destroyed in the attacks, resulting in the loss of a key command center hampering the response efforts.
- Locating command posts for agencies in different buildings resulted in a lack of coordination, contributing to redundant searches.
- Difficulty in communicating among NYC responders and 911 operators led to problems sharing information about the location of occupants.
- Other communications challenges included: dispatching first responders, the large number of units at the scene, unclear orders, problems with radio equipment, lack of a radio for every officer and use of different radio channels.

#### Challenges: The Pentagon

- "Organizations, response units, and individuals proceeded on their own initiative directly to the incident site, without the knowledge and the permission of the host jurisdiction and the Incident Commander".



- Maintaining national security operations at the Pentagon during the rescue and recovery efforts.

### Best Practices: New York City

- After action reports prepared by McKinsey & Company and FDNY personnel for the FDNY and EMS made recommendations for operational improvements including:

- ▶ Expand the use of the Incident Command System and the FDNY Operations Center into a functional Emergency Operations Center.
- ▶ Improve FDNY's ability to assess city-wide needs during a major incident.
- ▶ Adopt a specific plan for recalling off-duty personnel.
- ▶ Emphasize the need for proper staging when responding to a scene.
- ▶ Develop a procedure for activating mutual aid agreements with surrounding communities.
- ▶ Expand special operations such as hazardous materials and rescue teams.

- Other recommendations for FDNY focused on management, communications technology and family and member support services including:

- ▶ Create a Management and Planning Group (MAP) with multiple responsibilities including creation of an annual plan with objectives and initiatives to accomplish these objectives. A set of measurements and metrics would be required to monitor progress.

- ▶ Implement joint training exercises to ensure that agencies will cooperate by operating under a unified command structure.
- ▶ Create a Technology Steering Committee to address communications and other technology deficiencies such as the inability to communicate with responders in tunnels.
- ▶ Acquire (at substantial cost) repeater systems in all high rise buildings.
- ▶ Improve EMS's ability to track patients during the incident.
- ▶ Expand departmental capability to provide support services to families of personnel killed, injured or missing on duty.

- Hold annual physical response drills and table top exercises.

### Best Practices: The Pentagon

- Both the Pentagon and Arlington County produced comprehensive after action reports for the Pentagon disaster. The Pentagon report was focused on the operations of the Family Assistance Center (see FAC Best Practices) and the Arlington County report focused on the emergency response.

- ▶ Arlington County published a Comprehensive Emergency Management Plan in 1956. "It was well thought out, properly maintained, frequently practiced, and effectively implemented". (Page 11 Arlington County After-Action Report)



- ▶ At the Pentagon, an Incident Command System was opened to coordinate effective effort across all agencies.
- ▶ Mutual-aid and other support proved invaluable despite some problems with self-dispatching responders from the Washington Metropolitan area.
- ▶ “At the time of the Pentagon attack, Arlington County already had in place an aggressive, well-established Employee Assistance Program (EAP) offering critical incident stress management (CISM) services to public safety and other county employees. In particular, the Arlington County Fire Department (ACFD) embraced the concept and encouraged all its members to use EAP services. Thus, it was not surprising when the EAP staff was well-received when they arrived at the incident within three hours of the attack”.

- ▶ Many fragmented human remains required forensic odontology (dentistry), forensic anthropology, and DNA testing as alternative methods of identification. 19,963 remains, (mostly bone fragments and soft tissue) were delivered to the Office of Chief Medical Examiner (OCME) for DNA testing between 2001 and 2005.
- ▶ The NYC Office of the Chief Medical Examiner did not receive the finalized list of victims until January 2004.
- ▶ The delay in the notification process led to a sense of “ambiguous loss” where family members held on to hope that their loved one was alive. This created delayed mourning, complicated grief and chronic stress.
- ▶ The massive destruction at the WTC site impeded the ability to find and identify all remains, delaying the release of death certificates.

## Identifying Remains, Notifying Families, Placement of Unidentified Remains

### Challenges: New York City

- 🌐 Facilitating communication between the NYC Medical Examiner’s Office and the families of victims. Typically, a law enforcement agency serves as a “buffer” between families and lab personnel. Since there was no agency assigned to this role, the NYC Medical Examiner’s Office worked directly with families of victims.

### Best Practices: New York City

- 🌐 The NYC Office of the Chief Medical Examiner created a system whereby family members could select their preferences regarding the notification process in contacting them about identified remains (who should be contacted, how they should be contacted and how often they should be contacted).
- 🌐 Death certificates were granted without physical evidence under “special circumstances”.



- Advancements in DNA processing enabled new identification of victims' remains over time.

#### Best Practices: The Pentagon

- At the Pentagon, each family was assigned a casualty assistance officer to serve as a liaison between themselves and the Dover Port Mortuary.

#### Best Practices: Shanksville

- In Shanksville, the Somerset County Coroner's Office coordinated 300 personnel in "Operation Clean Sweep", an initiative to pick up debris and look for remains at the Shanksville site.

## Communications

### Challenges

- Communicating accurate information when multiple organizations, government entities and varied locations are involved.
- Keeping print materials updated. Information changed so quickly that materials were often out-dated before they were distributed.
- Managing a worldwide media presence of unprecedented size.
- Protecting victims, survivors and families from extensive or unwanted media intrusion.

### Best Practices: The Pentagon

- A regional review of response plans should be conducted to identify, institute, and implement communication channels to be used by all area responders and hospitals to ensure complete communications.
- A central location should be established for communications. The Pentagon FAC became the headquarters for the Department of Defense, other federal agencies, airlines, and relief organizations.
- Regular information briefs were provided.
- Trained public affairs officers managed and interacted with the media.
- A separate space was reserved for the media.
- Tours of the FAC were arranged for the media.

## Managing Donations

### Challenges

- Managing the outpouring of donated funds, goods and services.
- Determining appropriate allocation of the Victim Compensation Fund (legislation enacted by Congress on September 22, 2001).
- Assisting families of undocumented workers, same-sex and unmarried partners.
- Declining funding available for organizations providing long-term support services.



## Best Practices

- Congress passed the Air Transportation Safety and System Stabilization Act authorizing the newly created September 11th Victims Compensation Fund specifically for victims and survivors of the 9/11 attacks. This was the first time a fund to benefit victims had been created in this manner. Those who participated in the Fund were required to waive their right to sue the airlines involved in the attacks, as well as other potentially responsible entities.
  - ▶ Families of undocumented victims ultimately received payment from the September 11th Victims Compensation Fund and most were given temporary residency in the United States for humanitarian reasons.
  - ▶ Some organizations and private funds offered financial assistance to unmarried and same-sex surviving partners providing they could show proof of a committed live-in relationship.

### The Philanthropic Response After 9/11

- Nineteen large independent foundations each donated \$1 million or more amounting to a total of \$166 million.
- A total of 555 corporations, corporate foundations, and business associations pledged or donated \$641.8 million, representing 43% of total giving.
- The September 11th Fund had received \$501 million and distributed \$301 million by June 30, 2002.
- More than 100,000 individuals received cash and services, including 3,800 families and other financial dependents of those who were killed or were severely injured, 35,000 people who lost their jobs, and 6,000 individuals and families who were displaced from their homes.

## Remembering Victims

### Challenges

- Creating memorials and events that meet the expectations of a diverse group of family members and survivors.



## Best Practices

- Victims' families were invited to participate in planning the memorials and commemoration services.
- Some families and friends chose to remember their loved ones by creating individual memorials, foundations or commemorations.
- Other families chose to remember their loved ones by engaging in advocacy efforts (e.g., advocating for safety changes in honor of their loved one or to prevent another family from going through similar suffering)
- Spontaneous memorials and memorials in local communities were created.
- Victims were commemorated in a manner that honors and respects their diversity.

## Giving Back

### Challenges

- Providing opportunities for families to find healing by offering support, in their loved one's name, to others in need.

### Best Practices

- A family whose daughter had a "passion for literacy and helping children" created an organization that has donated nearly 100,000 books and 15,000 backpacks filled with books and school supplies to children and families in need.

- A family of a professional hockey player and coach created a foundation in his honor to help children in need of hospitalization. Because of his "deep love and care for all children," they established a fund at the Floating Hospital for Children at New England Medical Center, which is dedicated to the well-being of children undergoing medical care and their family members.
- A family who lost their flight attendant daughter created a nonprofit in her memory to promote children's wellness and an active lifestyle. The organization supports a recreation center in one of San Francisco's most densely populated neighborhoods which provides sports-related activities and programs to people of all generations and backgrounds.

*A family whose stockbroker son dreamed of a new career as a teacher founded a one-week all expense paid summer camp specifically created for children aged 7 – 12 who lost a loved one on 9/11 or who have lost a parent to illness or tragedy. They said that their son "always had a special love for children, and talked about living a life where he could help to both educate and bring joy into their lives."*





# September 11th Timeline

## The Terrorist Attacks on September 11th

### 2001

9/11/2001

- 8:46 a.m. American Airlines Flight 11 crashes into the North Tower.
- 9:03 a.m. United Airlines Flight 175 crashes into the South Tower.
- 9:37 a.m. American Airlines Flight 77 crashes into the Pentagon.
- 9.59 a.m. South Tower collapses.
- 10:03 a.m. United Airlines Flight 93 crashes in Shanksville, Pennsylvania.
- 10:28 a.m. North Tower collapses.
- 11:02 a.m. Lower Manhattan evacuated.
- 5:20 p.m. 7 WTC collapses
- 8:30 p.m. President George W. Bush addresses the nation

Family Assistance Centers (FACs) are opened in Shanksville, Pa., Logan Airport and near Los Angeles International Airport.

September 12 NYC Family Assistance Center was opened.

Trucks arrived at landfill in Staten Island with debris from the WTC site. This landfill was later designated a crime scene. Investigators were given the opportunity to analyze and search the debris from the WTC for remains.

The Pentagon Family Assistance Center (PFAC) was opened at the Crystal City Sheraton Hotel in Arlington, Virginia.

- September 14 National Day of Prayer and Remembrance for the victims.
- September 17 New York Stock Exchange reopened after the longest closure since 1933.  
  
Memorial service held in Pennsylvania for victims of Flight 93.
- September 18 Anthrax attacks began in the U.S. Five people were killed and 17 were infected.
- September 22 Congress passed the Air Transportation Safety and System Stabilization Act authorizing the Victim Compensation Fund.
- September 24 NYC Mayor Giuliani announced the shift from rescue to recovery efforts at the World Trade Center site.
- October 7 Operation Enduring Freedom began with the first attacks by US forces against Taliban in Afghanistan.
- October 11 Memorial Service held at the Pentagon River Parade Field with approximately 20,000 guests attending.
- October 13 Pentagon FAC was relocated to the Polk Building, Crystal City, Arlington, Virginia and operated until November 1, 2001. Now renamed the Pentagon Family Assistance Resource Office (PFARRO), its primary mission was to support victims' primary next-of-kin and the casualty assistance officers.
- October 28 Memorial service held at the World Trade Center site.



November 2 Lower Manhattan Development Corporation (LMDC) was created to have oversight regarding the rebuilding of the WTC.

Flight 587 crashed in Queens. Many personnel who responded were also responders on 9/11.

December 1 American Red Cross Respite Center in NYC closed. Responsibilities were transferred to the Salvation Army.

December 11 Zacarias Moussaoui indicted on six federal charges related to the 9/11 attacks.

December 30 The public viewing platform opened at the World Trade Center site.

## 2002

March 11 Tribute in Light premiered. This tribute is now a part of every 9/11 anniversary.

May 30 A ceremony was held at the World Trade Center site to officially mark the end of the recovery efforts.

June 25 The last truckload of debris was carried away from the site.

September 11 Anniversary ceremonies were held at all three locations.

September 12 Memorial Service conducted in the Arlington National Cemetery Amphitheater followed by the Group Burial/Committal Service for Pentagon victims unidentified remains and identified remains of those families who elected to have them included in the group burial.

September 24 Flight 93 crash site was designated a National Memorial site.

November 25 Department of Homeland Security was established.

November 27 The National Commission on Terrorist Attacks was established.

December 2 New York City FAC closed.

## 2003

March Pentagon Family Assistance Center (PFAC) After Action Report Completed.

March 19 U.S. launched invasion into Iraq.

December 19 Design was unveiled for the Freedom Tower.

December 22 Original deadline for filing a claim with the 9/11 Victims Compensation Fund.

## 2004

January 1 "Reflecting Absence" design was selected for the 9/11 Memorial Competition.

July 22 9/11 Commission released investigative report and recommendations.

## 2005

February 23 The NYC Office of the Medical Examiner announced that it would wait for DNA technology to advance before proceeding with any more human remains identifications.

August Lawsuit filed by families regarding remains at the landfill in Staten Island.



## 2006

- April 1 Human remains discovered on the roof of the Deutsche Bank building.
- May 3 Zacarias Moussaoui was sentenced to life in prison without parole for plotting the 9/11 attacks.
- November 3 Human remains discovered at Ground Zero.
- December 30 Saddam Hussein was executed.

## 2007

- March 13 The "Improving America's Security Act" passed in the Senate. The Act implemented recommendations from the 9/11 Commission.

## 2008

- February 11 Khalid Sheikh Mohammed, Ramzi bin al-Shibh, Mustafa Ahmad al-Hawsawi, Ali Abd al-Aziz Ali and Walid Bin Attash charged with murder for the September 11th attacks under the military commission system.
- September 11 President George W. Bush dedicated Pentagon Memorial.

## 2009

- April 21 Kennedy/Hatch Serve America Act was signed into law, which designated 9/11 as a national day of charitable service.
- April 27 Air Force One conducted a low fly-over of Manhattan for a photo opportunity. Many were reminded of 9/11/01.

## 2010

- May 1 Community Board 1 in Lower Manhattan reviewed plans for the construction of an Islamic Community Center a few blocks from the World Trade Center site. Protests followed.
- August 19 Last U.S. combat brigade left Iraq.

## 2011

- January 2 President Barack Obama signed the James Zadroga 9/11 Health and Compensation Act, allowing for \$4.3 billion in health care coverage for 9/11 responders and survivors.
- April 3 Some family members raised objection to the planned repository of unidentified remains at the National September 11th Memorial & Museum.
- May 1 Osama bin Laden was killed during a military operation in Pakistan.
- September 10 Flight 93 National Memorial in Shanksville, Pennsylvania was dedicated.
- September 11 World Trade Center Memorial in New York City was dedicated on the Tenth Anniversary.

## 2012

- September 10 Federal health authorities added 58 types of cancers that could have resulted after exposure to toxins at the World Trade Center site.

## 2014

- May 15 The National September 11 Memorial Museum in New York City was dedicated.



# 2007 Virginia Tech

## *“VT Unite”*

### Virginia Polytechnic Institute and State University

On April 16, 2007, 23-year-old Virginia Tech student Seung-Hui Cho went on a shooting spree in two university buildings, killing 32 students and faculty members and injuring 17 people. The first two victims were shot in a residence hall after allegedly engaging in a dispute with Cho.

Approximately two hours later, after chaining the doors to prevent people from escaping, Cho entered Norris Hall where he fired 174 rounds of ammunition in several classrooms. The incident ended when Cho committed suicide. To date, the Virginia Tech shootings remain the largest single act of violence on an American university's campus.

### **Challenges and Best Practices**

#### Supporting Victims and Families

##### Challenges

- Meeting the diverse needs of a large number of impacted victims and their families, many of whom lived outside the geographic area.
- Providing support for students, faculty, staff and others exposed to the incident.
- Protecting families from unwanted media intrusions.

##### Best Practices

- The Family Assistance Center (FAC) was established at the Inn at Virginia Tech to provide information and resources for parents and other family members.
- Representatives from the Victim Assistance Program were available, including those from the Office of Criminal Injuries Compensation Fund and the Office of the Medical Examiner.
- Each family was assigned one liaison by the university.
- The campus counseling center provided screenings, workshops, consultation and referrals for off-campus services. For three weeks hours were extended to seven days a week from 7 a.m. to 9 p.m. to meet increased need.
- On-campus counseling services were supplemented with assistance from volunteer professionals and academics from the clinical psychology, counselor education, and marriage and family therapy programs.
- The employee assistance program, community disaster response coalition and local mental health associations from the community provided assistance.
- Counselors were placed around the campus to provide “compassionate loitering” during the first weeks following the incident and again at the end-of-year graduation ceremonies. Counselors would position themselves in areas where students congregated or in classrooms of the deceased or injured students.





- Students could determine whether they would finish the semester based on work completed to date or additional work required for the course.
- A faculty member arranged with the American Counseling Association for volunteer clinicians across the country to offer students up to five free sessions in their hometowns during the summer.
- Crisis counselors from the employee assistance program were engaged to provide sessions for faculty and staff.
- Support activities, initially managed by each family liaison, were consolidated on July 27, 2007 into a newly created Office of Recovery and Support to address the on-going needs.

## Identifying Remains and Notifying Families

### Challenges

- Manage the identification process while maintaining the integrity of the crime scene investigation activities.
- Ensure that families receive information about their loved ones in a timely manner.
- Cope with an inadequate number of medical examiner personnel to identify victims and provide death notifications. As a result, all victims were not identified for more than two days.

### Best Practices

- Ensure that the identification and notification process can proceed in a timely manner by bringing in additional medical examiner personnel from either the state or federal resources.
- Provide families with an explanation of standard medical examiner protocols.

### Communications

#### Challenges

- Conveying emergency information in a timely manner to students, faculty and staff, as well as to concerned families.
- Providing one source for accurate, up-to-date information.
- Managing information provided by non-official sources, particularly through Facebook and other social media.

The first Facebook message was posted regarding the incident within seven minutes of the initial alert to students and nearly 500 Facebook groups were used to communicate about the event on the morning of April 16th.





## Best Practices

- Campus police sent a campus-wide alert notifying students about the initial shooting at the residence hall.
- The Facebook group “VT Unite” was created as a place to grieve and share prayers and thoughts. It registered more than 5,400 student and alumni members within the first 24 hours.
- “I’m Okay at VT” was created at 11:34 a.m. on April 16th to enable students to let friends and fellow students know they were alive and safe. By April 18th the page had almost 3,500 members.

## Media Management

### Challenges

- Ensure accurate information is given to the public.
- Protect families, students and university personnel from unwanted media intrusion.

More than 700 reporters from nearly 300 news organizations arrived on campus to cover the story.

### Best Practices

- Ensure adequate private space for victim families by moving media vehicles and personnel to a separate location and securing the Family Assistance Center.

## Managing Donations

### Challenges

- University was prohibited from accepting financial donations for reasons other than education.
- Managing an outpouring of physical items such as flowers, candles and teddy bears.

### Best Practices

- Brought in a mediator to recommend and administer disbursement process for donations which were apportioned to families of those who died and to injured survivors.
- Family members were allowed to select from items sent and the remainder of items were destroyed or, if organic, composted and added to a rose bed surrounding the memorial.

## Remembering Victims

### Challenges

- Providing an opportunity for community members to come together to mourn the loss of life.
- Establishing a memorial that acknowledges the event, honors the lives of victims and responders and offers comfort for survivors.

### Best Practices

- The first memorial ceremonies were held on April 17th with an estimated 10,000 attendees.





- A private area was provided for families who were participating.
- An early memorial was constructed by students and a permanent memorial, using the same design, was dedicated in August 2007.

It included Hokie stones, a grey limestone, from a local quarry placed in a semi-circle on the drill field near Norris Hall. Next to each stone was a name of a victim. Flowers, cards and mementos were placed by the stones.

- A special remembrance of those who died was included during commencement ceremonies for the next four years, including awarding posthumous degrees to students who were killed.

## Archives and Preservation

### Challenges

- Collecting, organizing and maintaining documents related to the event.

### Best Practices

- The Virginia Tech Center for Digital Discourse and Culture and the George Mason University's Center for History and News Media archived personal stories, photographs, blog posts and podcasts to both document the tragedy and honor the lives lost.
- The archive includes special events, victim collections and news stories.

- The archive was made available to family members in December 2008 before opening to the public in February 2009.
- Victim-specific documents are only available to family members.
- Virginia Tech University libraries house archived information for student access in the Special Collections Reading Room.

## Giving Back

### Challenges

- Providing opportunities for students impacted by the shooting to "give back" by supporting others who experience acts of mass violence.
- Sharing best practices and lessons learned with other communities as they respond to incidents of mass violence.

### Best Practices

- Virginia Tech students supported Northern Illinois University (NIU) after a similar shooting by encouraging fans to wear black and red (NIU's school colors) to sports events.
- 25 student representatives went to NIU to share their stories and support students.
- Students sent gifts and signed boards.
- Virginia Tech administrators and staff traveled to NIU to offer support and share their experiences.
- A Disaster Mental Health Plan was created that would benefit not only Virginia Tech but also other universities.





# Virginia Tech Timeline

## The Shootings at Virginia Tech

### 2007

April 16

7:20 a.m. There was a 911 call to Virginia Tech campus police. Two students had been shot at West Ambler Johnson residence hall (WAJ) and were pronounced dead shortly after arriving at area hospitals.

7:24 a.m. The police arrived and the investigation began.

9:01 a.m. Cho mailed video and pictures of himself holding weapons to NBC headquarters.

9:26 a.m. Email alerts were sent around campus to faculty, staff and students alerting them of the shooting at WAJ.

9:45 a.m. When the police arrived at Norris Hall they found all entrances had been chained up.

9:40 - 9:51 a.m. Cho shot students and faculty members in Norris Hall.

9:42 a.m. First 911 call from Norris Hall was received by the Virginia Tech police.

9:50 a.m. Another email alert and messages were sent over loudspeakers to tell people to stay in the buildings and away from the windows.

10:17 a.m. An email alert notified people that classes were canceled and to stay put.

10:52 a.m. The last email alert informed students and staff about the shootings and the possibility of a second shooter.

12:42 p.m. People were released from the building and counseling centers were forming.

4:03 p.m. The medical examiner gave permission for the deceased to be removed from campus, but the necessary transportation was not available until 5:15 p.m.

7:30 p.m. A news conference was held, but the name of the shooter was not released.

April 17 The shooter was identified as Cho Seung-Hui. Classes were cancelled for the week to give opportunity to grieve and seek support.

A Family Assistance Center (FAC) was opened and a 24-hour call center with volunteers and staff was set up at the Virginia Inn.





A convocation ceremony was held before an audience of 35,000 and a worldwide television audience with President George Bush, First Lady Laura Bush, and Virginia Governor Tim Kaine in attendance.

A student-organized candlelight vigil attended by thousands was held on the Drill field in the evening.

April 19 The University announced its intention to grant posthumous degrees for the students who were killed.

April 20 Governor Kaine declared a day of mourning for the state of Virginia. An apology was issued by Cho's family.

## 2011

December 8 A police officer and another person were killed on campus.

## 2012

March The majority of the victims' families agreed to a settlement, with the exception of two families who chose to take the case to trial.







# 2008 Northern Illinois University

## *“Forward, Together, Forward”*

### Northern Illinois University

On February 14, 2008, at approximately 3:05 p.m., former NIU student Steven Kazmierczak entered a class in the Cole Hall Auditorium and began firing a shotgun and handgun at students who were unable to escape the room. It is estimated that there was only a six and a half minute interval between when the shootings began and ended. By the time Kazmierczak had turned the gun on himself, five students were dead and another 23 people were wounded.

### **Challenges and Best Practices**

#### **Supporting Victims and Families**

##### Challenges

- Meeting the diverse needs of a large number of impacted victims and their families.
- Providing support for students, faculty, staff and others who were affected by the shooting.

##### Best Practices

- More than 500 mental health professionals provided psychological first aid. Volunteers were assigned after NIU verified licensure status.
- Mental health volunteers provided “compassionate mingling” services at memorial services, in classrooms, in residence halls and in offices around campus.

- Counseling services were available to faculty and staff as well as students.
- Mental health counselors contacted every student enrolled in the Geology course (where the shooting took place) and the adjacent classroom.
- The University was further able to identify friends of the victims by examining their social media contacts.
- Classes were cancelled for a “week of healing”.
- Prior to the resumption of classes, informative and supportive workshops were offered to educate faculty, staff and graduate students about normal responses following a shooting.
- Counseling Center hours were extended to include weekend and evening services.
- Volunteer mental health providers were located around the campus to provide support for students and faculty members during the first 30 days of class.
- Support services were provided by faculty from NIU’s counseling and clinical psychology departments, along with mental health experts from nearby colleges.
- A Student/Family Resource Center was established in Holmes Student Center for short-term support. The Center was open from February 14 through February 22 and provided hospitality, refreshments, informational materials and light conversations with volunteers.





- A “Victim Advocate” program was created immediately after the shooting that paired a staff member from student affairs with family members of victims and those injured.
- About one month after the shooting, NIU created the Office of Support and Advocacy as a centralized location for information and support services related to the shootings. The office also organized regular events for students directly affected by the tragedy and provided services for victims and their families.
- Two additional psychologists were added to the staff to support both those affected by the shootings and support an anticipated increase in PTSD and suicides on the campus.

## First Responders

- Responding effectively to mass violence.

## Best Practices

- Prior to the incident, NIU had created and practiced a large-scale emergency response plan in collaboration with the local fire department, hospital and other responders.
- Police officers had been cross-trained as EMTs which facilitated immediate care for the wounded.
- A critical incident stress management team was used to debrief responders and leadership.
- A formal debriefing session was held with all responders a week after the shooting.

- NIU Police Department mandated mental health services for a total of three sessions after the event.

## Identifying Remains and Notifying Families

### Challenges

- Managing the identification process while maintaining the integrity of the crime scene investigation activities.
- Ensuring that families received information about their loved ones in a manner that supports their long-term recovery.
- Identifying victims was a challenge because they were transported to hospital without their personal belongings.

### Best Practices

- Family members of students who were killed were taken to a conference room for information and support away from media.
- Families provided positive identification of victims within 24 hours of the incident.

## Communications

### Challenges

- Conveying emergency information to students, faculty, staff and concerned families in a timely manner.
- Providing one source for accurate, up-to-date information.
- Managing information provided by non-official sources.





## Best Practices

- Within one hour of the shooting, a 24-hour information hotline was set up. Four days later, the hotline hours were reduced to nine hours a day.
- The pre-established emergency communications plan was activated within eight minutes of the shooting.
- The first alert appeared on the website and was circulated by email, voice mail and recorded hotline messages.
- Alert was shared with the media to help get the information out quickly.
- The website was updated regularly, with outdated information crossed-out so that people could track all updated reports.
- Messages were also sent to students via intercom systems in every dormitory.
- NIU had installed six additional servers to handle an unexpected surge in communications, so the website was able to handle additional traffic.

## Media Management

### Challenges

- Ensuring accurate information was conveyed.
- Protecting families from unwanted media intrusion.

### Best Practices

- A separate and secure area for the media (away from family members) was provided.
- The Emergency Communications Plan should include a protocol for handling media inquiries.

- NIU Public Affairs handled media calls and dissemination of information to media.

## Managing Donations

### Challenges

- Coordinating support offered by the local community following the tragedy.

### Best Practices

- DeKalb and Sycamore Chambers of Commerce established a memorial fund for those who wished to donate to NIU.
- The Communiversy Cares Initiative was created by local organizations to manage the funds.
- Groups met regularly to monitor evolving needs after the shooting.
- Outreach was organized to the international student population who might not be able to return home during the “week of healing”.
- Local businesses organized cookie donations for when the students returned to campus.

## Remembering Victims

### Challenges

- Providing an opportunity for community members to come together to mourn the loss of life and to support those who were injured.
- Establishing a memorial that acknowledges the event, honors the lives of victims and responders and offers comfort for survivors.





## Best Practices

- Spontaneous memorials, created hours after the incident, included flowers, cards, teddy bears and messages left around campus.
- Candlelight vigils were held that evening on campus. Message boards were provided.
- One week later, NIU and the local community remembered the victims with five minutes of silence.
- Ten days later, 12,000 people attended a memorial service at the NIU Convocation Center to remember those lost that day.
- A temporary memorial was established.
- An Annual Day of Reflection is held every February 14 on campus.

“NIU Peaceful Reflection Garden” contains a metal sculpture entitled “Remembered” with five granite walls (one for each victim) surrounding the sculpture. Each wall is engraved with the names of the victims and the words “Forward, Together, Forward”, taken from a school fight song.

- Scholarships were created in remembrance of the victims. More than 1,770 donors established the “Forward, Together, Forward” Scholarship, awarded to students who demonstrate strength of character, at least a 2.5 NIU GPA, and good standing within their major and the university at large.

## Archives and Preservation

### Challenges

- Collecting, organizing and maintaining documents related to the event.

### Best Practices

- NIU’s University Archives and Regional History Center staff created a website for people to post pictures and memories of victims.
- The website contains collections organized by topics.

## Giving Back

### Challenges

- Sharing best practices and lessons learned with other communities as they respond to incidents of mass violence.

### Best Practices

- Several faculty and staff from NIU authored “Enough is Enough: a student affairs perspective on preparedness and response to a campus shooting.” This book primarily discussed the shootings at both Virginia Tech and NIU. Topics addressed concerns such as academic and student affairs in the aftermath of campus violence, volunteers during crises, the emotional and mental health needs and the long-term healing of universities.





# Northern Illinois University Timeline

## The Shootings at Northern Illinois University

### February 14, 2008

3:05 p.m. Steven Kazmierczak fired approximately 60 rounds of ammunition during a class held at Cole Hall.

3:07 p.m. Officers responded to sounds of gunfire. Campus placed on lockdown.  
First recorded call to 9-1-1 from an on duty Dekalb Fire Shift Commander from his vehicle who was flagged down by students that were escaping scene. Within minutes Dekalb Fire and Rescue had set up operations and a staging area.

3:10 p.m. Calls were made for Crisis Response Teams to go to the campus.

3:15 p.m. Cole Hall declared secure by NIU police lieutenant. Police and Medical Teams were then able to enter.

3:20 p.m. The school warned students on the NIU website about a possible gunman on campus and to get in a safe area until further notice.  
Hotlines were initiated.  
Media is on site.

3:26 p.m. First patient transferred to hospital.

3:50 p.m. Officials confirmed that there was a shooting on campus.

4:10 p.m. A message was posted on the website that the campus was safe. Hotlines were established.

4:54 p.m. The 18th (and last) patient begins transport to hospital.

5:00 p.m. Faculty from the Psychology and Counseling departments were available in the residence halls.

5:43 p.m. NIU officials announced that 18 victims were taken to the hospital and four in critical condition.

8:00 p.m. Volunteer clinicians from the University of Chicago arrived.

11:00 p.m. Family Resource Room was opened on campus.

### February 15

11:14 a.m. Coroner announced five people killed in the shootings.

Candlelight vigil held on campus.

February 17 Chicago Blackhawks NHL players supported the school by wearing the NIU Huskies logo on their helmets.

February 21 Five minutes of silence observed throughout the community (3:06p.m.-3:11p.m.).





February 24 A campus memorial service was held.

February 25 NIU classes resumed.

Governor Rod Blagojevich and NIU President John G. Peters suggested the University tear down Cole Hall and make it a memorial. Instead, a memorial was built in a nearby location.

April 16 Many Virginia Tech students supported NIU after the tragedy. The NIU students also held a Vigil for the one year anniversary of the Virginia Tech shootings.

May 8 A decision was made to significantly remodel and repurpose Cole Hall.

September 29 The temporary memorial site was moved to the Student Center to make it more accessible.

## 2009

February 14 One year commemoration, NIU Remembers: A Legacy of Character held in the Convocation Center.

Five scholarships were awarded in remembrance of the victims, to students who demonstrate strength of character, among other scholarly requirements.

October 2 The memorial structure was completed and included a sculpture entitled, "Remembered."

The structure was built with five granite walls for each person killed.

The walls were inscribed with "Forward, Together, Forward."

## 2010

February 14 Two year anniversary ceremony.

## 2011

February 14 Ceremony commemorated the three year anniversary of the shooting. The NIU Regional History Center launched a website to archive and commemorate the tragedy.

## 2012

January 17 Cole Hall reopened after being redesigned and repurposed as an Anthropology Museum.

February 14 Memorial wreaths were placed outside of Cole Hall for the fourth anniversary.

## 2013

February 14 Bells tolled on campus at exactly 3 p.m., the time shots rang out inside Cole Hall five years ago to the day.

Families of those victims laid wreaths at the memorial site bearing the names of their loved ones.



# 6



## Learning From the Experience of Voices of September 11th

Since 2001, Voices of September 11th (VOICES) has met with thousands of individuals and witnessed firsthand their journey through grief. For many, their bereavement has been complicated by the historic and public nature of the event, the unexpected and untimely loss of their loved one, and their realization that their world is not as safe as they had believed. VOICES' task has been to give them, as one of the family members has said, "a soft place to land," as they move forward in the healing process.

Since the attacks on September 11, 2001, our country has experienced other tragic incidents that have resulted in loss of life and serious injury. Recognizing the uniqueness of each event, the lessons learned from VOICES experience can inform service providers and community leaders about the value of both short- and long-term care and offer communities a unique approach to preparing for, responding to and recovering from incidents of mass violence.



# voices OF SEPTEMBER 11<sup>TH</sup>

*Healing Families & Communities After Tragedy*

Voices of September 11th (VOICES) began informally in October 2001 when Mary Fetchet, a social worker who lost her 24 year-old son Brad, and Beverly Eckert, an insurance executive who lost her husband, Sean Rooney, met at a gathering of the Connecticut victims' families. Most of the parents, spouses, adult children and siblings who attended the gathering at the Fetchet's home were meeting for the first time. They continued to meet weekly for over a year.



As the city and the nation were responding to the devastation of the 9/11 attacks, the co-founders recognized the challenges the families faced in obtaining accurate information and navigating complicated systems to identify resources and financial support. Connecticut Congressman Christopher Shays participated in a meeting with the families where he distributed a 600-page resource manual to assist families in all the “how-to’s”, including how to file for a death certificate and information about assistance from social service agencies, local and national charities and other organizations.

The co-founders joined representatives from other 9/11 organizations in meetings with government officials in Connecticut and New York including: Mayors Rudolph Giuliani and Michael Bloomberg, Governors George Pataki and John Rowland, Attorney Generals Eliot Spitzer and Richard Blumenthal and Senators Hilary Clinton, Charles Schumer, Joseph Lieberman and Christopher Dodd. In addition, along with other family advocates from the tri-state area, they attended monthly meetings with organizations assisting the 9/11 community, including:

- ▶ The NYC Office of the Medical Examiner to discuss how to simplify the notification process and ensure respectful recovery efforts;
- ▶ The Special Master of the September 11th Victims Compensation Fund, Ken Feinberg, to learn about the application process and provide input;
- ▶ The Lower Manhattan Advisory Board, to assist the City of New York in planning memorial services and advocating on behalf of the families for a proper memorial at the former World Trade Center site.





On September 25, 2002, a certificate of incorporation was filed. The first VOICES office was opened in New Canaan, Connecticut in December, 2002. A satellite office was opened in New Brunswick, New Jersey on August 31, 2009 to provide assistance to the 9/11 community in New Jersey, including the families of New Jersey's 706 victims and thousands of rescue workers and survivors.

*The Voices of September 11th mission is to serve as a clearinghouse of information, providing a wide range of support services for all those impacted by 9/11, and promoting public policy reforms to make the country safer.*

Ms. Fetchet's expertise as a social worker influenced the organization's innovative approach to providing continuity of care and developing programs that promoted resiliency in the lives of victims' families and survivors. Under her leadership, the organization has advocated for victims' services and worked with state and federal government officials, as well as the 9/11 Commission, to implement reforms that will make our country safer.

Voices of September 11th began with the help of friends in the community who volunteered their time and talents to create an infrastructure for the organization, including staffing the office, creating a website and selecting a Board of Directors. Once funding was secured in 2003, staff was hired, including mental health professionals, to provide support services and a wide range of programs, many of which continue today.

Since its beginnings, VOICES has evolved to meet the ongoing needs of the 9/11 community, developing support services and educational programs based on the ongoing assessment of our members. The newsletter informs over 16,000 registered members living in the United States and abroad. The mission has expanded to share our lessons learned and best practices that will assist communities in preparing for, responding to and recovering from other tragedies. The evolution of the organization and the programs it provides, will hopefully guide other organizations.

### **Distribution of Information Publicizing Organizations and Events**

Access to up-to-date information is critical for victims' families and all those impacted. The website launched in 2002 became an important tool to distribute information to families living throughout the United States and in the over 90 countries which lost citizens. This was supplemented by weekly newsletters sent to the membership with information about issues relevant to the 9/11 community, including resources, events and support services. The organization also distributed announcements on behalf of government agencies including:

- ▶ The NYC Medical Examiner's office
- ▶ The Victim Compensation Fund
- ▶ The Office for Victims of Crime, and Department of Justice
- ▶ The FBI
- ▶ The White House
- ▶ The Lower Manhattan Development Corporation
- ▶ The Department of Homeland Security



*Mary Fetchet testified five times before the 9/11 Commission and U.S. House of Representatives and U.S. Senate hearings. "As a mother who lost a son, I want to ensure that the country is safer for my children and my children's children, so that no other mother is walking in my shoes".*

## Advocacy

Following the attacks on 9/11, the co-founders joined other 9/11 family members to establish several important coalitions that advocated on behalf of the families and promoted reforms to systems impacting victims and survivors. They included:

- ▶ Changes to the September 11 Victims Compensation Fund.
- ▶ Disbursement of college scholarship funds for the children of victims.

They met bi-monthly with the New York Office of the Chief Medical Examiner to establish an appropriate notification system for contacting families regarding the identification of human remains. Together with members of the Coalition of 9/11 Families, they advocated for an appropriate Memorial at the World Trade Center site.

One of their key contributions was participation in the Family Steering Committee for the 9/11 Independent Commission, a group of twelve family members who advocated for the creation of the 9/11 Commission.

The 9/11 Commission, led by Governor Thomas Kean and Congressman Lee Hamilton, recommended sweeping intelligence reforms. Advocating for implementation of the 41 recommendations became a collaborative effort among the 9/11 Commissioners, 9/11 families and Congressional offices, including those of Senators Joseph Lieberman and Susan Collins and Representatives Jane Harman, Carolyn Maloney and Christopher Shays.

Voices of September 11th continues to be a strong advocate for victims' services and public policy reforms to make the country safer.

## Support Groups

### In Person, Teleconference and Focus Groups



Beginning with the first meetings in homes like the Fetchets', the families found great comfort in sharing their experiences with others who had lost loved ones in the attacks. To meet this need, Voices of September 11th provided in-person support groups which were facilitated by social workers. Individual groups were scheduled for children who lost parents, as well as siblings, spouses and parents of the victim.

To address the needs of those living outside the New York metropolitan area, VOICES launched teleconference support groups for parents, parents with young children, mothers of firefighters, adult children, siblings, witnesses and survivors, rescue and recovery workers and significant others. Some of these groups still meet on a regular basis.

Focus groups and crisis teleconference groups were scheduled to provide information and address controversial issues, such as the death of Osama Bin Laden, the military tribunals and the recovery of human remains.

*As a sister of a 9/11 victim indicated, "The teleconference group is a lifeline for me. The group members have helped me through the challenges I faced and have encouraged me to carry on".*



## Anxiety and Depression Screenings

Recognizing that depression and anxiety were prevalent in the 9/11 community, the staff of social workers offered confidential anxiety and depression screening over the phone on the national screening days in October and May. If appropriate, they referred individuals to organizations for an in-depth evaluation and higher level of mental health care.

The screenings continue to be offered annually on national screening days and have become part of the ongoing assessment in evaluating families with whom the organization works. Post Traumatic Stress Disorder (PTSD) screenings have also been conducted.

## Workshops, Forums and Speaker Series



VOICES sponsored workshops, forums and speaker series where subject matter experts informed the 9/11 community about a variety of topics. Programs were developed to promote resilience, provide coping skills and wellness techniques in a supportive environment.

## Annual Information Forums

September 10th

The Voices of September 11th Information Forum provides an opportunity for victims' families and the 9/11 community to gather together in advance of the anniversary, obtain information and access support services. Held at the New York Marriott Downtown Hotel, adjacent to the World Trade Center site, the speakers and panelists have represented a variety of groups.

Attendees have heard from political leaders including President Bill Clinton, Secretary of State Hillary Clinton, Secretary of Homeland Security Janet Napolitano, and Mayor Rudolph Giuliani. Experts in the field of social work, psychiatry and healing have spoken. Each year, specialists of particular relevance to the 9/11 community have addressed the group, including the New York City Medical Examiner and the Director of the 9/11 Memorial Museum.

Families and survivors of the Oklahoma City bombing have attended each year to offer their friendship and support. Artists, authors and quilters have displayed their work, and had an opportunity to talk with families.





## Annual Commemorative Luncheon September 11<sup>th</sup>



Each year, Voices of September 11th has hosted a Commemorative Luncheon for family members. The luncheon follows the ceremonial reading of the names at what is now the 9/11 Memorial. The inaugural luncheon was held on September 11, 2003, the second anniversary, at the Marriott Downtown Hotel.

The program includes a keynote speaker, musical selections and a candle lighting ceremony, an annual ritual that is both moving and healing. A “Building Bridges Award” is presented to individuals who have made significant contributions in supporting the 9/11 community.

For the Tenth Anniversary, VOICES also co-hosted a Commemorative Luncheon in collaboration with the Pentagon Fund, for the Pentagon Families in Washington, D.C.

## Interfaith Services



Voices of September 11th hosted four Interfaith Services in Lower Manhattan for the 9/11 community. In 2005 and 2006, services were held at St. Paul’s Chapel and two services were held in 2012 at St. Peter’s Church. The gatherings are uplifting events that combine prayer from religious leaders of several faiths, personal reflections, inspirational music and a candle lighting ceremony.

*“My husband and I attended last Saturday's Interfaith Service, and it was so good to be together in the moment. The music and everything was beautiful. We went to the Memorial and laid the daffodil by Michael's name. It was the first time my husband Jim was there, so good to be among families and not tourists”.*

Mother of 9/11 Victim



## 9/11 Living Memorial Project

In 2006, Voices of September 11th launched the 9/11 Living Memorial to chronicle the nearly 3,000 lives lost at the World Trade Center, the Pentagon and in Shanksville, Pennsylvania, and to document the firsthand accounts of the responders and survivors.



With the assistance of the professional staff, family members go through the emotional, but healing process of organizing their photographs and personal keepsakes to create a meaningful tribute to their loved ones. Since the project was launched, VOICES has hosted several hundred workshops in local communities and met one-on-one with over 1,600 individual family members, responders and survivors.


The 9/11 Living Memorial, currently online at [www.voicesofseptember11.org](http://www.voicesofseptember11.org) is an extensive collection of over 70,000 photographs, written tributes and personal keepsakes. The Living Memorial is now a core component of the “In Memoriam” exhibition at the National September 11 Memorial & Museum in New York City.


**RESOURCES AND SUPPORT**

- 9/11 LIVING MEMORIAL
- Family Tributes
- Survivors Memorials
- WTC Corporations
- 9/11 Reflections
- 993 WTC Bombing
- Create Your Page
- Upcoming Appointments
- Items Collected
- History

**RESOURCES**

### Remembering Margaret





Biography

The New York Times  
Portraits of Grief

Margaret Orloske/Maureen Olsen Memorial Scholarship

Margaret Quinn Orloske Endowment


Family Eulogy

**Tributes**

- Christmas at Nutmeg House Family
- Garden at Historic Deerfield
- Letter from a Neighbor
- Open Hearth Cooking
- Remembering Margaret
- University of Pittsburgh Memorial Service
- Work Life

Add Entry to Guest Book

View Guest Book





## Relational Database

As the membership expanded, a relational database was developed that included a content management system which incorporated all aspects of the organization. In 2009, two dedicated 9/11 family members recognized the organization's evolving needs and they worked closely with the staff to customize the database.

The relational database has enabled VOICES to connect its membership with resources, organize the 9/11 Living Memorial digital archive project, and document information about events, programs and services. For confidentiality reasons, support services and financial records are password protected.

## Long-Term Needs of 9/11 Victims

Voices of September 11th has found that the long-term needs of the 9/11 community continue many years after the event. At a time when funding and resources are decreasing, some 9/11 families and survivors are coming forward and requesting services for the first time. Unresolved issues like the terrorist trials in Guantanamo Bay, the opening of the 9/11 Museum, and the identification of human remains often increase the need for support. Also, first responders are continuing to experience serious medical and psychological problems due to their work in the recovery efforts at Ground Zero.

Every mass casualty incident triggers painful memories for many victims of previous incidents. Recent events such as the shootings in Aurora, Colorado; Oak Creek, Wisconsin; Newtown, Connecticut and the Boston Marathon bombings triggered painful memories for many of the September 11th victims and survivors.



*“I feel I have a moral obligation to do this work.  
I urge you to embrace new opportunities because when you  
help one person, you help many”.*

Mary Fetchet



# 7

## Best Practices



Each incident of mass violence is unique in scale and scope. The next section will discuss Best Practices identified based upon interviews with participants and scholarly research. Each community will have its own specific needs due to its size, the nature of the event, community resources and other concerns. The goals of the Best Practice section are to suggest options to be considered and to emphasize the importance of pre-planning.

Pre-planning is essential to minimize heat of the moment mistakes in the decision making process. It will help communities think through issues such as where to locate the family assistance center, who should act as spokesperson and how to structure their community response team. Creating and maintain relationships is also an important part of the pre-planning process.

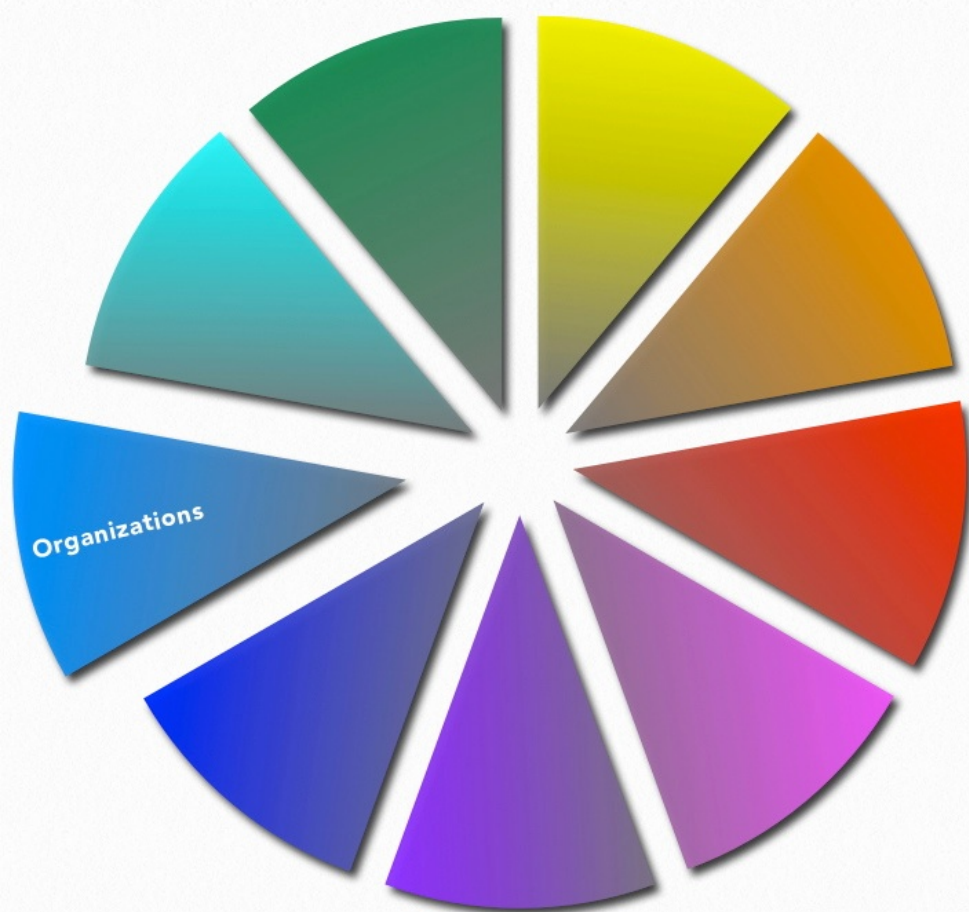
This will also guide community planning for services needed during the recovery phase, such as: delivering information, providing support services for families and victims, partnering with other organizations, organizing volunteers and making decisions about how to collect and distribute donations.

As decisions are made about providing continuing support services, creating memorials and managing funding and donations, the principles established in the pre-planning phase will guide the decision-making process.



# Organizations

To effectively deliver resources and support services after an attack of mass violence, organizations must engage in pre-planning. In the immediate aftermath, the community needs to rely on existing local, state and federal government organizations for assistance. Over time, this work is supplemented by national and local nonprofits, volunteer and faith-based organizations, and local mental health clinics.



Some existing organizations may expand their mission to respond for a period of time. Non-profit organizations are often established by key stakeholders to address what is perceived as the ongoing, unmet needs of individuals and the community.

## Goals:

- ✓ Identify local organizations who will respond to an incident of mass violence.
- ✓ Coordinate resources and services to respond effectively to an incident.
- ✓ Identify volunteers, staff and professionals in the community to provide support.



## Pre-planning

### Existing Organizations:

It is imperative that one individual and one alternate be designated in advance to lead the response effort. This individual would be authorized by the mayor of a town or city, the governor of a state or the president of a university to lead the community response effort.

His or her primary responsibility should be to make decisions and coordinate the immediate and short-term response of existing organizations.

The alternate would be informed in all operations and be available should the lead person be unable to fulfill their responsibilities.

- Ensure that organizations have up-to-date emergency plans and that thorough drills are conducted on a regular basis. Plans should include comprehensive check lists applicable to diverse disaster scenarios.
- Include a comprehensive Disaster Mental Health Plan (DMHP) in each Emergency Operations Plan (EOP). The DMHP presents a structured response for providing immediate- and short-term mental health services for victims and responders.
- Solicit and consider advice from other communities who have experienced mass violence.

- Consider the organizational capacity to provide support services both immediately and in the long-term.
- Ensure that the EOP and the DMHP address the needs of diverse and vulnerable populations. Prepare specific written materials in advance for non-English speakers and for children. Recruit linguists to provide translation services.
- Develop a volunteer management plan. Include plans for managing emergent groups who will show up without prior notice.
- Consider building a database of individuals with specific skills/roles (i.e., counselors, nurses, lawyers and financial experts) required for an effective response. Include these people in emergency planning and drills. Update information in the database semi-annually.
- Update organizations' websites with disaster-related support services, such as mental health resources.
- Designate community spokesperson(s).
- Create backup plans for all utility services, including telephone, power, water and internet.
- Plan for multiple shelter scenarios and necessary provisioning.



- 🌐 Develop a transportation management plan to avoid gridlock and a lack of sufficient parking in key locations, such as hospital zones, the site of the incident, around local businesses and Family Assistance Center (FAC).
- 🌐 Identify locations for: FAC, Emergency Operation Center, donations warehouse, the Joint Information Center. Consider parking and delivery issues for each.
- 🌐 Arrange for local philanthropic organization(s) such as Community Foundations to accept financial donations.
- 🌐 Educate community on emergency plans and their responsibilities.
- 🌐 Identify organizational partners (local and non-local) that can be called upon when additional resources are needed. Establish mutual aid agreements.
- 🌐 Determine how accounting for expenditures will be handled.
- 🌐 Create backup plans in case key individuals or organizations are unavailable.
- 🌐 Ensure that all emergency responders participate in drills of new procedures.
- 🌐 Ensure there is a proper plan for security, if necessary, at key locations (e.g., FAC, Emergency Operations Center Donation Warehouse and Joint Information Center.)

## Immediate and Short-Term Existing Organizations:

- 🌐 Activate emergency plan and mutual aid agreements.
- 🌐 Determine if FAC is needed.
- 🌐 Register all staff and volunteers; provide IDs and emergency supply kits.
- 🌐 Provide critical information to staff and volunteers at the end of each volunteer shift.
- 🌐 Ensure all participants know chain of command.
- 🌐 Debrief staff and volunteers on their experience at the end of each shift, if possible. Where this is not practicable, debrief staff as they exit an operation or shortly thereafter.
- 🌐 Verify credentials for professional volunteers.
- 🌐 Maintain secure database of all victims' family members and survivors with address, telephone, mobile and email contact information.
- 🌐 Include victim and family information regarding date of birth, sex, marital status, relationship to victim, SSN, nationality, disabilities, primary next-of-kin (NOK).
- 🌐 If a minor, identify guardian, state of legal residence and a secondary NOK.
- 🌐 Provide these individuals with a liaison for ongoing support.



- 🌐 Require after-incident departmental reports from police, fire, EMS, etc.
- 🌐 Create consolidated “After Action Report” and address any identified issues with change of policy, procedures and/or law.
- 🌐 Assume responsibility for long-term response efforts once FAC has closed.
- 🌐 Implement the transition plan from organizations who are providing short-term services to organizations that are providing long-term care.

### Long-Term Existing Organizations:

- 🌐 Transfer responsibility to an existing organization in the community for long-term support services once FAC has closed. In some cases, local government may provide these services or coordinate with other organizations that do.
- 🌐 Ensure that annual budget provisions support ongoing needs for support services.
- 🌐 Consider whether additional staffing is required for local government or whether support services may be provided by nonprofit(s).
- 🌐 Those in the victims’ database should sign a waiver giving permission to transfer contact information.
- 🌐 Require that database records be maintained so that victims’ services are managed professionally.

- 🌐 Consider identifying a contact person that could be reached in the event all attempts at locating the victim or family fail.
- 🌐 Prepare report to share with other communities who may experience mass violence in the future.

### Immediate and Short-Term New Organizations:

- 🌐 Create a name for the organization that serves both the short- and long-term needs of the community you are serving.
- 🌐 Develop a logo and copyright it.
- 🌐 Purchase the URL for the name of your organization and create a website.
- 🌐 Create a mission statement that accurately reflects the services you are providing. Be aware of organizations with overlapping missions.
- 🌐 Create preliminary website to inform membership and solicit for new members.
- 🌐 Apply for tax-exempt status and incorporation.
- 🌐 Recruit a board of directors and advisory board that includes people impacted by the disaster as well as professionals with knowledge about management, finances, legal, marketing and business development.
- 🌐 Develop governance rules.
- 🌐 Produce printed marketing materials including brochures, posters, letterhead and business cards.



- 🌐 Contract with an email marketing service to distribute information electronically.
- 🌐 Create a relational database with contact information for your membership, supporters, and service providers. Make sure the database is password protected to ensure confidentiality.
- 🌐 Employ a mix of paid employees, consultants and volunteers with appropriate skills who are available for the long-term to ensure continuity of care.
- 🌐 Hire staff with expertise in social services, general office management, bookkeeping, technology, communications/media management, grant writing and fundraising.
- 🌐 Develop human resources plans that include employee guidelines, payroll and tax systems, benefit plans and payroll structure.
- 🌐 Establish a tactical and strategic plan for operations. Adjust on a quarterly basis and communicate updated goals with employees and partners.
- 🌐 Develop a financial plan that allocates funds to meet short-term needs and long-term objectives.
- 🌐 Establish a physical site for operations with office furniture and equipment (i.e., phones, faxes and copiers). Acquiring in-kind donations of technology, equipment (software and hardware), goods and services may reduce expenditures in the long-term.

## Long-Term New Organizations:

- 🌐 Create a strategic and tactical plan with a five-year view that is reviewed regularly to guide growth and development.
- 🌐 Recruit members of the board of directors and advisory board to reflect the mission of the organization.
- 🌐 Establish partnerships with like-minded organizations, including the private and public partners, to efficiently use collective resources.
- 🌐 Host annual fundraising events. If possible, garner high profile support.
- 🌐 Implement a multi-faceted fundraising approach to ensure sustainability and maintain relationships with grantors, partners and funders.
- 🌐 Maintain a website that promotes the programs and services the organization provides and encourages growth in membership.



## Nonprofit Resources

### Organizations

Alliance for Nonprofit Management

[www.allianceonline.org](http://www.allianceonline.org)

American Society of Association Executives

[www.asaecenter.org](http://www.asaecenter.org)

The Aspen Institute: Program on Philanthropy and Social Innovation

[www.aspeninstitute.org/policy-work/nonprofit-philanthropy](http://www.aspeninstitute.org/policy-work/nonprofit-philanthropy)

Association of Fundraising Professionals

[www.afpnet.org](http://www.afpnet.org)

BBB Wise Giving Alliance

[www.bbb.org/us/Wise-Giving](http://www.bbb.org/us/Wise-Giving)

Community Development Financial Institutions

[www.cdfi.org](http://www.cdfi.org)

The Council on Foundations

[www.cof.org](http://www.cof.org)

The Foundation Center

[www.foundationcenter.org](http://www.foundationcenter.org)

Giving Institute and Giving USA

[www.aafrc.org](http://www.aafrc.org)

US Government Printing Office (for regulatory guides)

[www.gpo.gov](http://www.gpo.gov)

The Grantsmanship Center

[www.tgci.com](http://www.tgci.com)

National Council of Nonprofits

[www.councilofnonprofits.org](http://www.councilofnonprofits.org)

Nonprofit Finance Fund

[www.nonprofitfinancefund.org](http://www.nonprofitfinancefund.org)



## Family Assistance Centers

Family Assistance Centers (FACs) meet the needs of families and survivors for information, social and emotional support. By locating multiple services at a single site, the FAC facilitates the delivery of victims' services.

The FAC provides families and survivors with immediate and short-term services that set the stage for long-term recovery. In some cases, FAC services may be transitioned to an existing or new community-based organization that continues to serve those who still need assistance.

Hospitals need a contingency plan to accommodate injured individuals and their families. Considerations for a medical setting are described in a separate section below.



### **Goals:**

- ✓ Create a central location for immediate and short-term care for victims' families and survivors following an incident of mass violence.
- ✓ Provide immediate assistance to victims' families to reduce the likelihood of long-term negative consequences.








## Pre-planning

- 🌐 Organizations and volunteers.
  - ✓ Identify the individuals and organizations who will coordinate opening the FAC.
  - ✓ Rely on trusted local nonprofits and other partners to supplement staff.
  - ✓ Pre-train volunteers on the FAC purpose and basic operations.
  - ✓ Determine who will fill key roles (FAC Chief, Deputy Chief, Public Information Officer and other core operations planning staff).
- 🌐 Identify potential sites in advance.
  - ✓ Be sure to consider accessibility issues such as parking and public transportation and, if possible, obtain floor plans.
  - ✓ Determine how you will establish telephone and internet service at the FAC site.
- 🌐 Preplan rapid provision of site.
  - ✓ Determine information technology needs such as computers, cell phones, pagers, two-way radios, printers, paper, etc.
  - ✓ Create a comprehensive list of needed supplies such as snacks, beverages, batteries, diapers, cribs, etc.
  - ✓ Consider preplanning an internet service provider (ISP) and a wireless router capable of wireless connectivity for 200+ simultaneous users, including someone to administer this service and troubleshoot.
- ✓ Determine if there are sufficient electrical outlets available for victims and family members to charge electronic devices - and perhaps have a separate location for this purpose.
- 🌐 Collecting and managing information.
  - ✓ Identify contact information about victims, families, volunteers that will be stored in data base.
  - ✓ Request an alternate contact person who could notify the victim, family member, or volunteer in the event that they move or change telephone numbers and fail to request that a change be made to the database.
  - ✓ Document those who make monetary and in-kind donations.
- 🌐 Develop procedures for each operational component e.g., registration desk, call center, childcare center, bereavement room.
- 🌐 Have a clear system for contacting volunteers, staff and existing victims advocates throughout the community.
- 🌐 Create sample scripts for operation of call centers.

## Immediate and Short-Term

- 🌐 Determine whether an FAC is needed given the scale of the event.
  - ✓ Consider number of victims killed/injured, anticipated rescue and recovery time-frame and geographic diversity of victims and their families.



-  Establish FAC.
  - ✓ Aim for operation within 24 hours.
  - ✓ Finalize location with sufficient space.
  - ✓ Equip site with office supplies and other materials.
  - ✓ Assign space to each activity center, including separate areas for families.
  - ✓ Create a private area for sharing news with individual families.
  - ✓ Limit access by implementing an ID system.
  - ✓ Plan for 24/7 services initially.
  - ✓ Set up on-site security.
  - ✓ Create an off-site location for the media.
-  Create a call center for FAC.
  - ✓ Publicize pre-designated toll-free numbers through local media and activate call center.
  - ✓ Create call center scripts for unique requirements of tragedy.
  - ✓ Pull together resource guides for essential services and referrals.
-  Call in staff and volunteers.
  - ✓ Rely primarily on trained, pre-identified volunteers but recognize ad hoc volunteers may be needed.
  - ✓ Modify and distribute training materials to staff.
  - ✓ Ensure that each shift receives brief training and debriefing.
  - ✓ Clearly communicate purpose of FAC and chain of command.
  - ✓ Identify supervisors for call center, counseling, childcare, communications, administration, mortuary affairs, volunteer coordination, etc.
- ✓ Provide support and relief to volunteer staff to reduce fatigue and turnover.
  - ✓ Limit working shifts to avoid staff burnout, especially in critical areas of counseling and family support.
-  Coordinate communications efforts.
  - ✓ Create a separate location for the media to limit access to FAC.
  - ✓ Develop procedures for vetting information that is released to media.
  - ✓ Provide media members with badges or other identification (consider using a different color so members of the press are easily identified).
-  Victim and family services.
  - ✓ Establish a family check-in or intake process.
  - ✓ Enter family information into a database.
  - ✓ Distribute badges or other identification (with photos if possible) to families to allow access to FAC.
  - ✓ Provide families with an overview of the services they can expect from the FAC.
  - ✓ Have mental health staff available to provide on-site services, as well as referrals to other counseling sources.
  - ✓ Avoid making promises to families that cannot be kept.
  - ✓ Be flexible and recognize that the needs of the population will change over time.
  - ✓ Help family members gain a sense of control by providing opportunities to make their own decisions.



- ✓ Offer bereavement counseling.
- ✓ Ensure families are comfortable – provide childcare, meals.
- ✓ Consider providing therapy dogs on-site.
- 🌐 Establish family liaison program.
  - ✓ Liaisons provide immediate, individualized and sustained support to both primary and secondary victims.
  - ✓ Assign one dedicated liaison for each family (in some circumstances, such as divorce, more than one liaison will be required).
  - ✓ Keep liaisons updated via email or in-person briefings.
  - ✓ Liaisons should have strong interpersonal and communication skills, should be sensitive, emotionally aware, mature and have stamina to work long hours if needed.
- 🌐 Coordinate communications with families.
  - ✓ Provide daily briefings for families with FAC Chief Deputy and others as needed (e.g., Medical Examiner).
  - ✓ Have chaplains and counselors dispersed throughout the auditorium during briefings.
  - ✓ Provide handouts or emails of all briefings (families may not be in a position to hear or grasp all points covered at the time they are being presented).
  - ✓ Briefings may include updates on rescue and recovery operations and the criminal investigation.
- ✓ Provide information on support services offered such as emergency funds, legal assistance, funeral and burial support.
- 🌐 Other services.
  - ✓ Create a consistent system for reporting missing persons.
  - ✓ Create a protocol for collecting DNA samples for victim identification purposes, if not already available.
  - ✓ Provide Social Security death benefit applications on site.
  - ✓ Potentially, organize visits to sites of disaster with counseling support available during and after visit.

## Long-Term

- 🌐 Recognize that needs continue after FAC closes.
  - ✓ Plan appropriate hand-off to a new or existing agency to continue work on a long-term basis.
  - ✓ Transition depends on scope and scale of the event and will likely require careful advance planning.
- 🌐 Implement a formal transition process for victims and families, informing them of additional support services and/or organizations once the FAC ceases operations.
- 🌐 Conduct final meeting with family liaisons.
- 🌐 Plan and implement a mechanism to follow up with families as needed.
- 🌐 Create document on operations and best practices of FAC.



# Family Assistance Center Map (Revised October 14)

## West-Side Booths

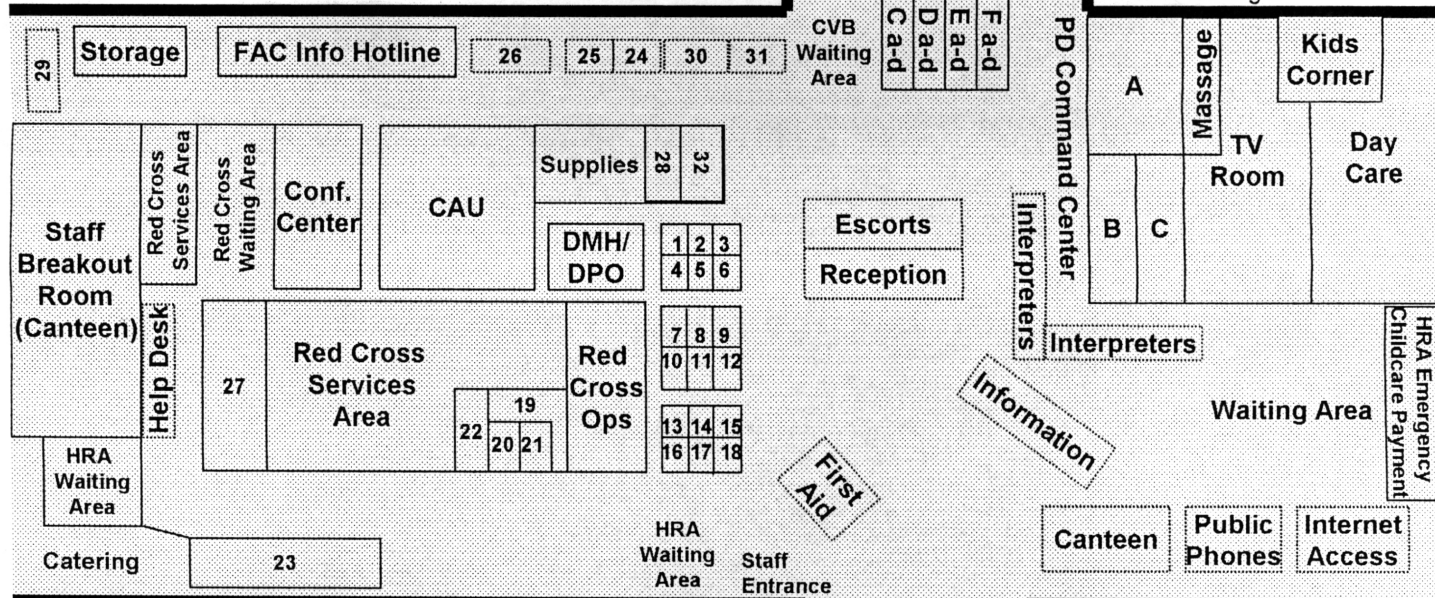
- A-1 to 22 NY State Crime Victims Board/Safe Horizons
- B-1 Department of Labor
- B-2 NY State Insurance Fund
- B-3 NY State Worker's Compensation Board
- B-4 NY State Worker's Compensation Board
- B-5 NY State Worker's Compensation Board
- B-6 NY State Insurance Department
- B-7 to B-20 Salvation Army
- B-21 to B-22 Legal

## West-Side Booths (continued)

- C-a New York Fire Department
- C-b New York Fire Department
- C-c NY State Courts Family Support
- C-d Federal Emergency Management Agency (FEMA)
- C-1 Department of Labor
- C-2 AFL-CIO
- C-3 Dept of Labor/US Attorney's Office
- C-4 INS
- C-5 TBD
- C-6 VFW
- C-7 to C-16 Police Department
- C-17 to C-22 Legal
- D-a New York Fire Department
- D-b Department of Veterans Affairs - Health Care
- D-c FEMA
- D-d FEMA
- D-1 FEMA
- D-2 FBI Crime Victims Assistance
- D-3 FBI Crime Victims Assistance
- D-4 Parents of Murdered Children (POMC)
- D-5 Project Renewal
- D-6 to D-19 Legal

## West-Side Booths (continued)

- E-a New York Fire Department
- E-b Department of Veterans Affairs - Benefits
- E-c Disabled American Veterans
- E-d Social Security
- E-1 Social Security
- E-2 FBI Crime Victims Assistance
- E-3 FBI Crime Victims Assistance
- E-4 Fiduciary Trust International
- E-5 to E-19 Legal
- E-26 to E-28 Legal Headquarters
- F-a New York Fire Department
- F-b Cantor Fitzgerald, eSpeed, TradeSpark
- F-c Cantor Fitzgerald, eSpeed, TradeSpark
- F-d Social Security
- F-1 to F-3 Social Security
- F-4 Aon
- F-5 Marsh
- F-6 Chaplain
- F-7 Accenture
- F-8 to F-9 Legal
- F10- to 13 Spiritual Affairs
- F-14 to 16 Public Administrator of NY County
- F-17 to 22 Legal



## Police Department Command Center

- A. DCCA
- B. IAB/OEM/Detectives
- C. Law Enforcement Agencies (other than NYPD)/US Attorney's Office/ CT Family Support Service

## South-Side Booths

- 1. Salvation Army Waiting Area
- 2. Salvation Army Waiting Area
- 3. International Affairs and Foreign Governments
- 4. Salvation Army Waiting Area
- 5. Salvation Army Waiting Area
- 6. International Affairs and Foreign Governments
- 7. HRA
- 8. HRA
- 9. HRA
- 10. HRA
- 11. Health Insurance & Nutrition Appl (Access NY) HealthCare
- 12. HRA
- 13. HRA
- 14. HRA - Food Stamps Application
- 15. HRA

## South-Side Booths (continued)

- 16. HRA
- 17. HRA
- 18. HRA
- 19. Red Cross Mental Health
- 20. Chaplain
- 21. Red Cross LDV
- 22. DCCA
- 23. Great Performance Catering
- 24. ASPCA
- 25. TBD
- 26. Red Cross Interview Room
- 27. HRA
- 28. Salvation Army
- 29. Staging Area (Families Only)
- 30. FBI
- 31. US Attorney
- 32. Immigrant Affairs

Questions? Call the Help Desk at extension 5000

Updated 10/14/2001 7:01 PM



## Index for Family Assistance Center Map

Name	Location	Name	Location
<b>A</b>		<b>M</b>	
Accenture	F-3, Conference Center	Marsh	F-5
AFL/CIO	C-2	Massage	North-Side (Enter through TV Room)
AON	F-4	Mental Health (Lists)	Quiet Area
ASPCA	South-Side Station 24	MetLife	B-5
		<b>N</b>	
		New York Fire Department	C-a, D-a, E-a, F-a
<b>C</b>		NY State Courts Family Support	C-c
Cantor Fitzgerald	F-b, F-c	NY State Crime Victims Board	A-1 to A-22
Chaplain	F6	NY State Insurance Department	B-6
Child Care	North Side	NY State Insurance Fund	B-2
Children's Mental Health	North-Side (Enter through TV Room)	NY State Worker's Compensation Board	B-3, B-4, B-5
CT Family Support Service	Police Department Command Center C	<b>O</b>	
		OEM	Police Department Command Center B
<b>D</b>		<b>P</b>	
DCCA	Police Department Command Center A, South-Side Station 22	Police Department	C-5 to C-16
Department of Labor	B-1, C-1	Parents of Murdered Children (POMC)	D-4
Department of Mental Health	Quiet Area	Project Renewal	D-5
Department of Veteran Affairs	D-b, D-c, E-b	Public Administrator of NY County	F-14 to F-16
Detectives	Police Department Command Center B		
Disabled American Veterans	E-c	<b>R</b>	
<b>E</b>		Red Cross LDV	South-Side Booth 21
eSpeed	F-b, F-c	Red Cross Interview Room	South-Side Booth 26
<b>F</b>		Red Cross Mental Health	South-Side Booth 19
FBI Crime Victims Assistance	D-2, D-3, E-2, E-3		
FBI	South wing #30		
FDNY	C-a, D-a, E-a, F-a		
Federal Emergency Management Agency (FEMA)	C-d, D-c, D-d, D-1	<b>S</b>	
Fiduciary Trust Company International	E-4	Salvation Army	South-Side Booths 1, 2, 5, 28, B-7 to B-20
		Safe Horizons	A-1 to A-22
		Social Security	E-d, E-1, F-d, F-1, F-2
		Spiritual Services	F10 - 13
		Staging Area (Families Only)	South Wing #29
<b>G</b>			
Great Performance Catering	South-Side Booth 23	<b>T</b>	
<b>H</b>		Tradespark	F-b, F-c
Health Insurance & Nutrition Appl (Access NY) Healthcare	South-Side Booth 11	TZU/CHI Foundation	South-Side Booths 4, 7
HRA	South-Side Booths 10, 12, 13-18, 27		
HRA Emergency Childcare Payment	North Wing		
HRA – Food Stamps Application	South-Side Booth 14	<b>U</b>	
<b>I</b>		US Attorney's Office	Police Department Command Center C, C-2, C-3, South wing #31
IAB	Police Department Command Center B		
Immigrant Affairs	32	<b>V</b>	
INS	C-4	Veterans of Foreign Wars (VFW)	C-6
Insurance (Various)	B2 – B20		
Interpreters	North-Side "Interpreters" Station		
International Affairs and Foreign Governments	South-Side Booths 3, 6		
<b>K</b>			
Kemper	B-9		
Kid's Corner	North-Side (Enter through TV Room)		
<b>L</b>			
Law Enforcement Agencies (other than NYPD)/US Attorney's Office	Police Department Command Center C		
Legal	B-21 to B-22, C-17 to C-22, D-6 to D-19, E-2 to 19, F-17 to 22		
Legal Headquarters	E-26-28		



## Hospital Planning

Hospitals will experience a series of challenges when responding in the immediate aftermath of an act of mass violence. Unlike an FAC, a hospital will need to continue many of its normal operations while accommodating an influx of new patients and their families. They will also need to plan to accommodate the media.

### Planning Considerations

- Hospitals will have some warning of incoming patients from communications with dispatch, the ambulance crew or the Emergency Operations Center. Many other patients may be walk-ins.
- These patients may be accompanied by even larger crowds of their family members or others looking for injured friends or family who may or may not actually be at the hospital.
- Hospitals may choose to set up code names for patients to protect their identity or in cases where identification may not be known. This may complicate the process of families pursuing information about their loved ones.
- Have a system in place to scan triage badges.
- A photo ID process will be quickly needed for family members.
- Additional security personnel may be needed to prevent unwanted media intrusion inside the hospital.
- A gathering place should be arranged for media outside the hospital with easy access to food, water and bathroom facilities. Recent acts of mass violence have attracted not only members from the local and national media, but also significant numbers of foreign news organizations. Parking for satellite equipment must be accommodated.
- Also, a private gathering place inside the hospital should be set up for family members.
- Trained family liaisons should be assigned to each of the families to assist them with their needs.
- A regional communications center should be pre-established to act as an informational hub with respect to patient deployment.
- A single data base (or spreadsheet) should be prepared to keep track of the injured and deceased, identify their next of kin, keep track of what rooms are assigned to the injured, etc.
- To avoid confusion, consideration should be given to a method for hospitals to easily communicate with each other when there are multiple hospitals involved in the response. Consider a communications point person to be established as part of the pre-planning.



# Communications

In the immediate aftermath of an event, it is critical to mitigate confusion and misinformation by distributing accurate, timely information to the community. During the pre-planning phase, a mass notification strategy should be created to disseminate information that will assist the public in making informed decisions and solicit support from outside the community. To provide the broadest reach, the plan should use a variety of media vehicles, including mass media, social media, websites and telephonic communications.



As the event unfolds, these media vehicles will inform members of the public, including the affected community and responders, about the status of the recovery effort and other issues. In the long-term, the responsibility to inform the community often shifts to nonprofit organizations that are providing long-term support services or coordinating events. A comprehensive website and database of “registered members” should be created to provide support services and continued access to resources and information.

## Goals:

- ✓ Provide accurate and timely information that is widely accessible to the public.
- ✓ Protect victims and their families from unwanted media attention.



## Media Management

Media management can be somewhat chaotic, especially in the immediate aftermath of an incident. How does the emergency manager keep the media “in line”, protect victims’ families from unwanted attention, make sure that leaks and rumors are minimized, while at the same time convey timely and accurate information and encourage support for the victims’ families?

### Pre-planning Media Management

- 🌐 Develop a comprehensive communications plan.
- 🌐 Identify a Public Information Officer (PIO) and provide training.
- 🌐 Establish a community Reverse 911 call system.
- 🌐 Create and maintain media contact information.
- 🌐 Consider the needs of different populations such as non-English speakers and those with visual or audio impairments.

### Immediate and Short-Term Media Management

#### The Message

- 🌐 Designate the primary spokesperson.
- 🌐 Distribute messages on a regular basis.
- 🌐 Make sure that messages are accurate, clear and delivered in a confident manner.

- 🌐 Update and time-date the information as the situation progresses.
- 🌐 Use a variety of media vehicles to optimize reach, including traditional media, email, text, reverse 911, Twitter, Facebook, etc.
- 🌐 Include national and out-of-area media resources so that those outside the immediate impacted area are informed.

#### The Media

- 🌐 Establish a Media Center as a communications hub for interviews, press conferences and communications hub.
- 🌐 Protect family members from media “invasion” by keeping separation between the Media Center and the Family Assistance Center.
- 🌐 Provide an Electronic Press Kit (EPK) to give media convenient access to supporting information, videos and photographs.
- 🌐 Consult with families to see if they want to participate in interviews. Help media representatives understand the sensitive nature of these interviews for families.



## Website

The website is a critical communications tool that distributes up-to-date information, relevant news, and access to resources. During the recovery effort, it may also be used to request volunteers and supplies. Information provided on the website can be relevant to both the local community and a national, even international, audience.

### Pre-planning Website

- Include an emergency preparedness tab on the home page of your community's website and inform the community of its availability.
- Populate the website with pertinent information about emergency preparedness and available resources in the community.
- Consider the needs of the non-English speaking population, the hearing impaired and the visually impaired.
- Work with IT specialists to be sure that the website can handle high volume web activity.

### Immediate and Short-Term Website

- Feature alerts prominently on the website.
- Make other web content less prominent during the emergency.

- Prevent misinformation by crossing out or deleting old messages.
- Use various forms of web content including written text, photographs, video, and audio recordings.
- Publicize website through mass media.
- Consider adding a blog to enable two-way communication.

### Long-Term Website

- Continue to provide updated information (e.g., resources, support services, workshops, camps, social gatherings, legal issues, commemorative events, public policy reforms).
- Share information from other organizations that might be of interest to the community.



## Social Media

The key advantages to the use of social media are that it is **Immediate** and **Interactive**. At the same time, this can be a key disadvantage because bad information can spread very fast. Insightful pre-planning can mitigate some of these problems.

### Pre-planning Social Media

- Develop procedure for The Public Information Officer (PIO) to authorize the use of Social Media and determine the communications content.

#### Facebook

- Set up a Facebook page prior to the event to provide information about emergency situations.
- Publicize the page to the community prior to the event.
- Invite the public to “follow” or “like” the site.
- Use the page to inform about both preparedness and emergency situations.
- Add a link to your Facebook page on the website.

#### Twitter

- Set up a Twitter account prior to the event.
- Consider what your predefined hashtags may be so that Twitter users can follow you.
- Add a link to your Twitter feed on the website.

#### Apps

- Encourage your community to install existing apps on smart phones and tablets that relate to emergency preparedness (Google Maps, Red Cross Ready, Google Person Finder, YouTube Person Finder).

### Immediate and Short-Term Social Media

- Deliver messages through the PIO or the person designated by him or her.
- Deliver consistent messaging across all platforms.
- Use Twitter to encourage those in possible danger to silence their mobile devices.
- Post up-to-date messages and respond to questions from public as information is available.
- Use Facebook’s “Causes” to raise funds quickly and efficiently.

### Long-Term Social Media

- Employ sites like Facebook that offer tribute pages where friends and family members can connect with each other and share memories and photographs of victims.
- Use social media to keep families informed about events and news over time.

#### Caution!

- \* Be aware that fake organizations can be set up easily via social media to exploit the tragedy for personal gain.



## Other Communications Vehicles

Other vehicles that can get the information out quickly to the affected population include: hotline numbers, Reverse 911, email blasts, and warning signs and intercoms.

### Pre-planning

- If your community has Reverse 911 service, encourage people in your community to register so that alert messages can be sent to their cell phones, email addresses, homes and businesses.

The Community Telephone Emergency Notification System, commonly known as Reverse 911, is used to notify community members about an emergency in their area. The system sends pre-recorded messages to those who sign up to participate. The message can be sent to landlines, cell phones and email addresses. Communities can use these for a variety of reasons. (i.e., hurricane and tornado warnings, flooding, missing persons, orders to shelter in place, power restoration).

- Collect information about households in your community, including contact information, special needs, languages spoken and pets in household.
- Set up an emergency hotline number and publicize to community members.
- Consider staffing, location and content needs for hotline.
- Have contact information for all members of the emergency response team.
- Set up group emails for members of the team.

### Immediate and Short-Term

- Collect contact information for victims' families and friends who are not near the disaster site.
- Keep families and friends informed via phone calls and emails.
- Keep all members of the team informed using previously organized group emails.
- Staff, activate and publicize hotline number.
- Activate warning signs and intercoms.
- Translate messages into different languages as needed.

### Long-Term

- Maintain updated contact information for victims' families.
- Establish a plan to keep victims' families informed on an ongoing basis (newsletters, email blasts, etc.).
- Information to be provided could include: commemorative events, victim compensation, legal issues and contacts for resources and support services.



## Boston Police Department (BPD)

When the Tsarnaev brothers turned Boylston Street into a crime scene on Marathon Day, infrastructure was in place for the department to effectively handle the situation on social media. The existing team was headed up by the bureau chief, with three officers responsible for the content on BPD's various social media channels. "We were staffed 24 hours," the bureau chief said. "Someone was always here. We tried to put out as much information as we possibly could without jeopardizing the investigation."

The first official announcement that law enforcement agencies had concluded their manhunt for Boston Marathon bombing suspect Dzhokhar Tsarnaev didn't come at a press conference by police commissioner Ed Davis or Mayor Tom Menino. It didn't come from a press release or a dispatch over a police scanner. It came instead from two tweets:

Suspect in custody. Officers sweeping the area. Stand by for further info.

**CAPTURED!!!** The hunt is over. The search is done. The terror is over. And justice has won. Suspect in custody.





# Volunteers

Volunteers may come from a variety of sources including nonprofits, community-based organizations, faith-based institutions, and individuals in the community. They are necessary for an effective response, but they can also overwhelm the response and recovery effort by their overall numbers.

Both professional and non-professional volunteers are essential to a comprehensive emergency response effort. Professional volunteers are individuals who bring a specialized skill set and credentials to the effort and would include doctors, nurses, EMTs, paramedics, trained victims advocates, social workers, electricians and plumbers. Non-professional volunteers can be used to fill positions that do not require a specific credential or license. Both types of volunteers will need training and/or instructions for the specific tasks that they will be asked to do.



## Goals:

- ✓ Ensure that individuals with needed professional skills are available to support short- and long-term recovery.
- ✓ Establish a system to coordinate volunteers and volunteer organizations.



## Pre-planning Professional Volunteers:

- 🌐 Identify and solicit potential professional volunteers.
  - ✓ Assign a volunteer coordinator.
  - ✓ Develop an application process.
  - ✓ Meet with local leaders of national organizations, such as the American Red Cross, to confirm what tasks they may perform and what procedures to activate.
  - ✓ Specify required skills needed to respond to a potential incident (e.g., medical/dental, security, mental health, legal and accounting) and map the required skills to current resources.
  - ✓ Identify individuals who could fill professional volunteer roles.
  - ✓ Recruit volunteers, obtain and document all contact information (home and mobile telephone numbers, email addresses).
  - ✓ Collect and screen applications.
  - ✓ Determine if there is a match between volunteer's skills and the required work.
  - ✓ Verify credentials of all professional volunteers.
  - ✓ Put together ID Badges. Consider color-coding badges to identify different volunteers.
  - ✓ Determine whether state licensing is required.

- ✓ Conduct a criminal background check.
- ✓ Make sure the volunteer has insurance (when appropriate). Note some states have Good Samaritan laws that permit involvement when needed.
- ✓ Create an agreement that defines the terms of volunteering.
- ✓ Obtain volunteer's agreement to confidentiality and ethical guidelines.

### 🌐 Train professional volunteers

- ✓ Identify location(s) where professional volunteers will be asked to report for the emergency.
- ✓ Inform professional volunteers how they will be contacted in the event of an emergency. (Not all volunteers should report immediately).
- ✓ Establish email or website system that permits professional volunteers to sign up, instead of calling or arriving at site of disaster.
- ✓ Determine if a waiver or insurance will be required.



## Other considerations for volunteers with specializations.

- ✓ Ensure volunteers are trained on unique emergency protocols prior to the event.
- ✓ Create a regional list of professionals outside of the community to supplement local professionals, if needed.
- ✓ Consider creating a Medical Reserve Corps of licensed medical professionals willing to respond to local emergency situations.
- ✓ Investigate legal implications for volunteers (may differ from state-to-state).
- ✓ Vet and deploy volunteers to provide services that support both short- and long-term recovery.

## **Immediate and Short-Term Professional Volunteers:**

### Determine and announce volunteer needs.

- ✓ Make an immediate assessment of skills needed based on Incident Commander reporting.
- ✓ Identify individuals needed for initial shifts and contact them with instructions as to where to report.
- ✓ Create specific announcements with respect to professional volunteers. (For example, no additional medical personnel are required at this moment, but please contact (phone number) if you wish to volunteer in the coming days. Or, please sign into the website and input your name, medical specialty and license number).

- ✓ Request assistance from media to communicate volunteer needs.
- ✓ Respond with a thank you message to all volunteers who email their support acknowledging that they will be contacted if needed.

### Train and dispatch volunteers.

- ✓ Implement an efficient central chain of command.
- ✓ Communicate regularly and frequently.
- ✓ Survey volunteers during first days and weeks for improvements to process.
- ✓ Ensure that services are not duplicated to avoid frustration from both volunteers and those served.
- ✓ Instruct mental health volunteers to look for those experiencing “extraordinary emotion” or have known risk factors.
- ✓ Require volunteers to have appropriate identification displayed.
- ✓ Debrief volunteers before leaving each shift. This should be done to both ascertain if the volunteer requires emotional support and also to pass along information relevant to their work.

### Support and thank volunteers.

- ✓ Thank all volunteers both privately and publicly.



## Long-Term Professional Volunteers:

- ✓ Determine if professionals, especially mental health professionals, will make their services available over the long-term on a pro-bono basis.
- ✓ Identify professional volunteers who might be willing to work at local mental health agencies part time.
- ✓ Make sure volunteers have an opportunity to debrief.
- ✓ Evaluate volunteers and re-assign according to your ongoing needs.
- ✓ Host volunteer recognition events.
- ✓ Solicit impact for after-action report.

## Pre-planning General or Non-professional Volunteers:

- 🌐 Identify and solicit potential volunteers and volunteer organizations.
  - ✓ Encourage citizens to take first aid courses as they are frequently the first at the scene.
  - ✓ Establish or expand a Victim's Advocates Program (example on page 103).
  - ✓ Identify community organizations that can provide volunteers (e.g., churches, Board of Education, League of Women Voters, Kiwanis, Rotary or Veterans organizations).

- ✓ Meet with leaders of these organizations and solicit their support for specific tasks. (e.g., one church handles clothing and another church handles food solicitations).
- ✓ If employing youth volunteers, identify what insurance coverage the screeners should be looking for from youth volunteers.

### 🌐 Employing non-professional volunteers.

- ✓ Itemize tasks that will require staffing. (Examples might include: identifying housing, organizing clothes donations, providing meals, manning phones).
- ✓ Identify tasks for ad-hoc volunteers that take less, or little, training.
- ✓ Determine logistics for management of each task. (e.g., should clothing donations be delivered to church or to another central location? Will donor information be maintained? Will parking be a problem if all deliveries are to a central location)?
- ✓ Create preliminary instructions for tasks that can be modified if the situation demands.
- ✓ Pre-identify shift leaders and create appropriate ID.
- ✓ Plan media message to discourage excessive volunteers that complicate or endanger emergency operations.
- ✓ Create a simple set of guidelines as to how to talk to individuals impacted by mass violence for distribution to all volunteers.
- ✓ Determine if a waiver or insurance will be required.



## Immediate and Short-Term General or Non-professional Volunteers:

- ✓ Make an immediate assessment of initial needs such as housing, food, clothing etc.
- ✓ Activate volunteer organizations and instruct them where they should locate operations.
- ✓ Implement plan for tasks, making changes, if needed.
- ✓ Assess volunteers' capabilities/ contributions and reassign if necessary.
- ✓ Request volunteer translation services, if needed.
- ✓ Update organizations on perceived needs (e.g., need 1000 pillows and blankets).
- ✓ Make specific announcements regarding ad-hoc volunteers (e.g., ask them NOT to come to site. Ask them to donate blood at a specific hospital).
- ✓ Request that media make similar announcements regarding volunteers.
- ✓ Provide volunteers with physical/ psychological support regularly (e.g., water, food, breaks from work).
- ✓ Thank all volunteers both privately and publicly.

## Long-Term General or Non-professional Volunteers:

- ✓ Host volunteer recognition events.
- ✓ Make sure volunteers feel appreciated.
- ✓ Determine volunteers' willingness to join a nonprofit agency supporting victims of the disaster.
- ✓ Ask volunteers if they would be willing to volunteer for community again.

*Volunteering is the ultimate exercise in democracy. You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to live in.*

*~Author Unknown*





## Pima County Attorney's Office Victim Services Division

### Victim Advocate Volunteer Program

The Victim Services Division (formerly Victim Witness) of the Pima County Attorney's Office (PCAO) was established in 1975 under the leadership of County Attorney Dennis DeConcini, who later went on to become a United States Senator from Arizona. It was one of the first programs in the country to provide on-scene crisis intervention services to victims of crime immediately following the trauma using trained staff and volunteer advocates. The program has served as a model for many Victim Witness programs as well as crisis intervention programs across the nation.

Under the leadership of Pima County Attorney Barbara LaWall, PCAO's Victim Services Division continues to provide on-scene crisis intervention services to victims at the request of law enforcement anywhere in Pima County, an area encompassing 9189 square miles, larger than the state of Connecticut. Additionally, the Division provides criminal justice system advocacy to ensure that victims are supported for the duration of the process, receive services they need to heal, and are afforded all of their rights as a crime victim.

In order to provide these services, Victim Services relies on over 120 highly trained community volunteers to support the efforts of our 20 paid staff advocates. These volunteer advocates complete the same extensive hire process and training as the paid staff. Volunteer advocates come from all backgrounds and walks of life and receive ongoing training and support from the Victim Services Division staff.

Volunteer advocates can choose whether they want to serve as a crisis or court advocate and can sign up for the daytime, evening or weekend shifts that fit their own schedule. Volunteers must commit to providing at least 20 hours a month of service for a minimum of one-year, but some volunteers have continuously served the program for over 25 years.



Community members who are interested in volunteering must complete in an interview process and successfully pass a background check. Additionally, they must attend an orientation session and complete our basic crisis intervention training (a total of 33 hours). During this training, prospective volunteers must demonstrate mastery of crisis intervention and victim advocacy skills before being accepted as a volunteer. Volunteers must then complete an additional 30 hours of advanced training for crisis and court volunteers and successfully pass their 90 day probationary period.

Training topics include:

- Victims' Rights and Criminal Justice System
- Crisis Theory and Victimology
- Cultural Awareness and At-Risk Populations
- Communication Skills
- Crisis Intervention Model and Helping Tools
- Homicide, Suicide and Death
- Sexual Assault
- Child Trauma
- Family Violence
- Stalking

In-depth technical assistance is required to implement the training correctly. Moreover, the initial crisis intervention and volunteer training is only the first step to a successful volunteer program. Long term success and sustainability of an advocate volunteer program requires a significant and ongoing organizational investment in volunteer infrastructure, management, supervision and training.

The Victim Services Division is available to provide training and technical assistance to organizations that wish to replicate our model.

General program information  
can be found at:

[www.pcao.pima.gov/victimservicesdivision.aspx](http://www.pcao.pima.gov/victimservicesdivision.aspx).



## Psychological First Aid for First Responders:

Tips for Emergency and Disaster Response Workers

Substance Abuse and Mental Health Services Administration (SAMHSA)

### Do

- Promote Safety.
  - ✓ Meet basic needs for food, shelter, and medical attention.
  - ✓ Provide accurate, simple instructions on how to meet basic needs.
- Promote Calm.
  - ✓ Listen.
  - ✓ Be friendly and compassionate.
  - ✓ Offer accurate information regarding the disaster and relief effort.
- Promote Connectedness.
  - ✓ Help people contact friends and family.
  - ✓ Keep families together.
- Promote Self Efficacy.
  - ✓ Give practical suggestions that steer people towards helping themselves.
  - ✓ Engage people in meeting their own needs.
- Promote Help.
  - ✓ Direct people to available services - when they express fear or worry, assure them (if you know) that more services are on the way.

### Do Not

- Force people to share their stories with you, especially very personal details.
- Give simple reassurances like "everything will be okay" or "at least you survived".
- Tell people what you think they should be feeling, thinking, or how they should have acted earlier.
- Tell people why you think they have suffered by alluding to personal behaviors or beliefs of victims.
- Make promises that may not be kept.
- Criticize existing services or relief activities in front of people in need of these services.



# Funding and Donations

An outpouring of donations to assist victims and communities in the recovery effort generally follows an incident of mass violence. This could include donations of money or goods in kind.

Financial donations provide critical resources to support short- and long-term recovery of victims' families and the community. Donations are often made to compensate families for their losses or to pay medical bills of those who were injured. Some funds provide emergency financial assistance to survivors, emergency responders or individuals in the community. Scholarship funds assist victims' families in educating their children. Family and friends often create memorial foundations so that their loved one is honored by helping others.

Each event will have unique consequences in terms of the numbers of people who are killed, injured, or otherwise affected. When establishing a fund, it is critical to document the donors' intent, so that funds can be distributed in a timely and effective manner. When a general fund is created, it is important to assess the long-term needs of the community and provide an opportunity for all stakeholders to participate in the disbursement decision process. In the long term, funding and donations are needed to provide on-going services to support life adjustment and long-term mental health needs.

## Goals:

- ✓ Secure needed resources to support short- and long-term recovery.
- ✓ Establish a system that facilitates the receipt of all donations, in an expedient and efficient manner.
- ✓ Ensure that donations are used in a manner that is consistent with donor intent.
- ✓ Meet all local, state and federal obligations and requirements regarding the collection, documentation and use of donations.





## Pre-planning

- 🌐 Identify organizations willing to manage monetary donations, including a financial institution, an oversight board of directors or a nonprofit.
- 🌐 Similarly, identify logistics for managing physical donations, such as record keeping, storage (refrigeration if necessary), distribution and eventual disposition of unclaimed items. If a high volume of donated goods might be anticipated, warehousing and truck access will be important.
- 🌐 Develop protocols for managing donations, documenting receipts, providing tax information and identifying donor intent, especially with respect to financial contributions.

## Immediate and Short-Term

### Donations

- 🌐 **Requesting donations.**
  - ✓ Coordinate with the Family Assistance Center and first responders to identify needed supplies.
  - ✓ Communicate the request for donations through the Public Information Officer, including where physical and financial donations should be sent.

- ✓ Request that all financial donations be accompanied with instructions on the donor's intent.

### Donor Intent

**Are the monies intended for victims' family members, injured individuals or responders: or are donations intended for long-term services such as community mental health, commemoration events, personnel overtime or a permanent memorial?**

- ✓ Inform the public when sufficient donations (for particular goods) have been received.
- ✓ Request personnel assistance from corporations.
- 🌐 **Receiving financial donations.**
  - ✓ Create a committee that will review the needs of the family members, survivors and the community to understand short- and long-term needs.
  - ✓ Develop a protocol for thanking donors on a timely basis and provide a confirmation of gift receipt as required.
  - \* Be careful of fraudulent organizations.



## Receiving donated goods.





- ✓ Identify an agency or organization that will coordinate receipt of donated goods.
- ✓ Prepare for receipt of goods to facilitate the recovery effort such as hard hats and work boots. Other items such as blankets, food, clothing, or comforting objects such as letters, quilts and stuffed animals, will be sent to support victims.
- ✓ Develop a protocol for thanking donors and providing confirmation of gift receipt as required.
- ✓ Use a database to manage an inventory of donated goods.
- ✓ Procure a storage location for donated goods.
- ✓ Consider designating some items to be used for memorial activities (e.g., candles, flowers, quilts, bears).

## Distributing financial donations.

- ✓ Identify all the victims, including family members of deceased, the injured, survivors and witnesses.
- ✓ Make sure there is a clear and transparent system for how monies will be distributed and tracked (i.e., monies could go to victims' families, injured parties, institution managing the disaster, scholarship funds, memorial costs).
- ✓ Clarify the needs of the community through stakeholder meetings. Allocate the portion of the funds intended for family members and injured survivors while all other needs of the community are assessed to evaluate the long-term needs.

- ✓ Determine if funds may be used to cover administrative costs.
- ✓ Honor donor intent in making decisions about the disbursement of funds.
- ✓ If the donor intent is for victims' families and survivors, identify who should receive funds and how they should be allocated.
  - ▶ Determine the percentage of donations that are intended for each of the stakeholders.
  - ▶ When possible, coordinate the distribution of funds with other non-profit groups collecting donations to avoid duplication of efforts and potential fraud.
  - ▶ Distribute funds on a timely basis.

## Long-Term

-  Determine whether additional funds will be needed to provide financial support for long-term recovery.
-  Continue fundraising for support services through corporate/private sector solicitations and community events.
-  Consider prominent and impacted individuals as speakers at fundraisers.
-  Consider raising funds through sale of items that concurrently honor victims or commemorate the event in a respectful way.

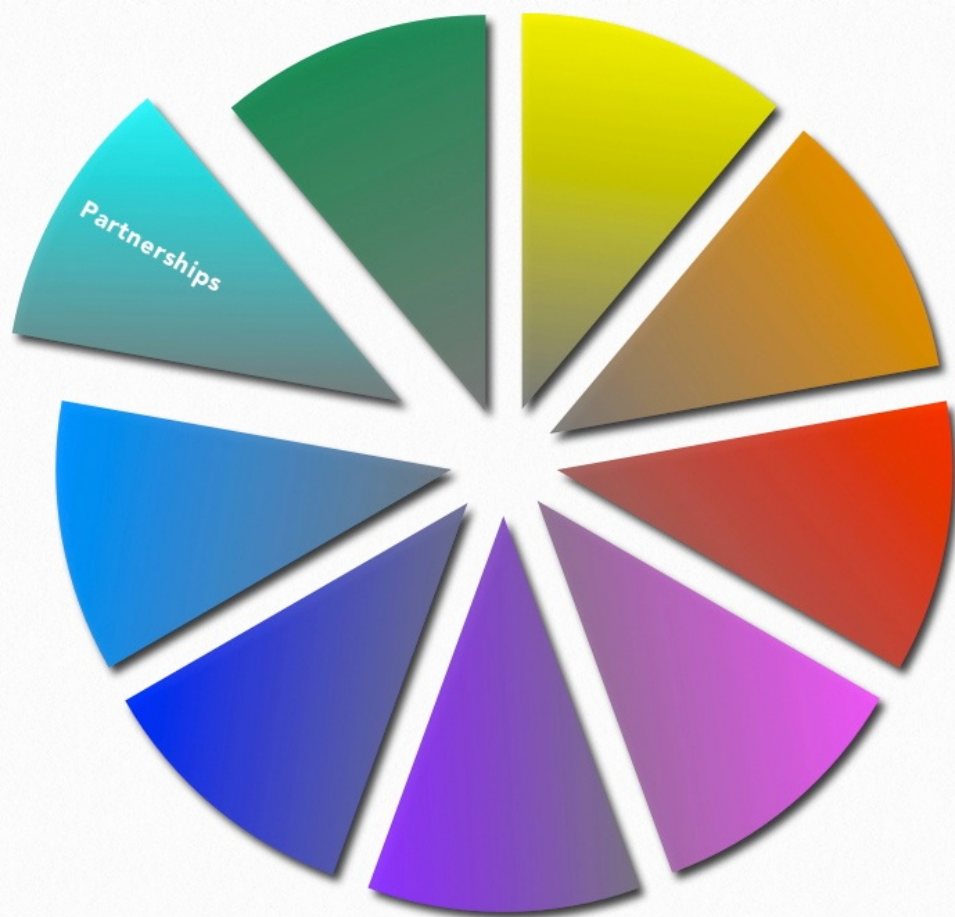






# Partnerships

Responding to an incident of mass violence can overwhelm a community's resources. For this reason, organizations and communities form partnerships or Mutual Aid and Assistance agreements that allow an unaffected jurisdiction to lend resources and services to a disaster-affected region. These agreements can be short- or long-term in nature.



## Goals:

- ✓ Identify the needs of the community to effectively respond to an emergency.
- ✓ Develop partnerships with local, regional, state and federal organizations to ensure the short- and long-term needs of the community are met.
- ✓ Establish collaborative agreements with partner organizations.



## Pre-planning

- 🕒 Evaluate your community's capability to effectively respond to an emergency.
- 🕒 Identify organizations within your local jurisdiction and assess the range of services they provide.
- 🕒 Identify gaps in services, skills or staffing that would limit your ability to respond.
- 🕒 Identify organizations in neighboring communities and your state that will provide additional assistance to fill the gaps.
- 🕒 Establish a notification system to alert community and partner organizations to an emergency.
- 🕒 **Establish partnerships with collaborative organizations.**
  - ✓ Formalize the partnership with a Mutual Aid and Assistance agreement, outlining the terms and conditions in writing.
  - ✓ Develop a working relationship with key contacts at partnering organizations.
  - ✓ Clearly define the organization's roles and responsibilities.
  - ✓ Decide how the outcomes of the partnership will be measured.
  - ✓ Resolve how you will account for resources.
  - ✓ Outline procedures for reimbursement.

- ✓ Discuss liability and confirm insurance coverage and certification for operations outside your jurisdiction.
- ✓ Review and update partnership plans on a regular basis.
- ✓ Involve partners in all pre-planning, tabletop exercises and drills.

## Immediate and Short-Term

- 🕒 Activate partnerships, as needed, based on the nature of the event.
- 🕒 Use the pre-established notification system to alert partners about the event.
- 🕒 Inform partners of necessary logistics such as reporting location, details about the situation etc.
- 🕒 Equip partners with necessary materials when they arrive on the scene such as specific instructions, chain of command, ID badges, and emergency gear (as needed).
- 🕒 Ensure that partners receive the same attention as other local volunteers including breaks, food and water, debriefing at end of shifts, etc.
- 🕒 Survey partners for future recommendations and lessons learned to include in the after action report and modify partner agreements as required.



## Long-Term

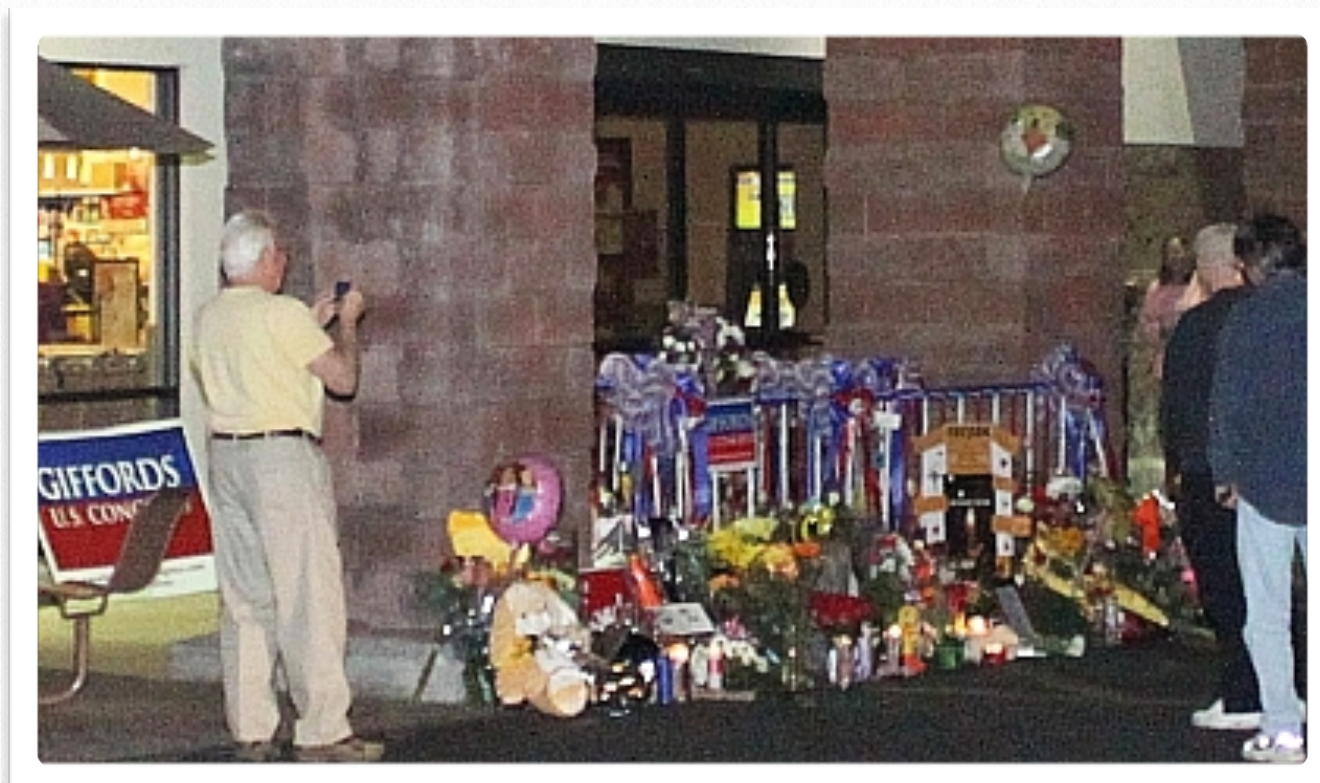
- Consider hiring additional staff, especially for counseling, as long term needs can be expected.
- Maintain relationships with partner organizations.
- Identify other organizations that provided any assistance.
- Create an “After Action Report” to educate other communities and prepare for future event.

### *The Tucson Together Fund (TTF)*

*Coordinated the resources of several organizations to meet the long-term needs of those impacted by a terrorist attack. By bringing together the largest funds established throughout the community, a centralized, convenient and transparent process was created that enabled victims to receive reimbursement for ongoing expenses associated with the incident.*

#### Community Partners

- ★ Pima County Attorney's Office
- ★ Pima County Attorney's Office Victim Services Division
- ★ Homicide Survivors, Inc
- ★ Community Foundation for Southern Arizona
- ★ American Red Cross Southern Arizona Chapter
- ★ Safeway, Inc.
- ★ KVOA Tragedy in Tucson Victim Fund
- ★ Community Food Bank





## Support Services

Following an incident of mass violence, the physical, psychological and emotional needs of victims' families, survivors and the community will change over time. In the immediate aftermath, victims' families are grieving, making funeral plans and attending commemorative services. The injured start the process of physical and emotional healing. Survivors, witnesses and responders will also need to process their personal experiences. In the weeks and months that follow, organizations should be prepared to provide a wide-range of support services for the community.



Service providers have learned from 9/11 and other disasters that those who have experienced traumatic events may continue to require assistance for years. A variety of long-term support services, including counseling, support groups, case management, psychoeducational programs, commemorative events, and access to resources and healthcare, will address a broad spectrum of long-term needs. Some may need a higher level of mental health care and will require clinical interventions. In the wake of tragedy, the availability of services is imperative to promoting resiliency in the lives of individuals and ensuring the recovery of the community.

### **Goals:**

- ✓ Coordinate the immediate, short- and long-term support services to ensure continuity of care.
- ✓ Evaluate the evolving needs of the community and provide a wide range of programs.



## Pre-planning

- Identify local, regional, state, and federal organizations trained to respond to an emergency, including hospitals, trauma centers and mental health professionals.
- Coordinate with support organizations in advance, such as the American Red Cross, regional mental health agencies, victim's compensation and assistance administrators to clarify their respective roles and invite them to participate in training exercises.
- Be sure emergency responders are trained in Psychological First Aid (PFA) or similar crisis counseling techniques.

## Immediate and Short-Term

### Victims' Families and Survivors

- Provide victims with a safe environment, up-to-date information and address their basic needs - food, water, clothing, information.
- Offer individual and family counseling to address psychological distress, such as depression, anxiety, panic attacks, etc.
- Mobilize local, state and federal organizations to respond.
- Support the basic needs of victims and survivors at the scene by providing safety, medical attention and assistance in contacting their families.
- Connect victims with trained mental health professionals and victims advocates.

- Create a standard process to ensure that the next of kin (NOK) is properly identified.
- Set up a Family Assistance Center, or a similar entity, where organizations can provide information and assistance to victims and survivors.
- Organize mental health professionals, trauma teams and interfaith community leaders to provide psychological support.
- Be aware that some individuals may be at greater risk for developing PTSD.
- Refer affected individuals to local mental health agencies and other organizations that are providing long-term support services.
- Provide financial advice and assistance, as needed. See box below:

### Financial Assistance

The emotional needs of affected individuals can be complicated by financial stressors, legal decisions and job loss. Support services may be needed:

- ▶ Provide financial assistance for immediate needs (e.g., replace income for ongoing living expenses when an income flow has been disrupted).
- ▶ Make available financial support for childcare services.
- ▶ Provide housing and food, if needed.
- ▶ Assist with hospitalization and mental health expenses.
- ▶ Offer appropriate employer intercession.
- ▶ Provide financial support for burial and memorial expenses.
- ▶ Offer financial assistance for travel and lodging for families to attend funerals and commemorative events.



## Responders, Service Providers and Volunteers

- ➊ Assign crisis professionals to work in teams with a minimum of two people.
- ➋ Monitor responders' behavior to identify those who are in need of time off, reassignment or mental health services.
- ➌ Be aware of signs of burnout.
- ➍ Inform co-workers of ways to support their colleagues.
- ➎ Require workers to schedule meetings to debrief with team leaders after completing their shifts.

### Long-Term

Organizations established in the short-term, that continue to offer long-term services are critical to providing continuity of care and promoting resiliency in the lives of those impacted. These organizations are often created to address the evolving needs of the community by filling a gap in services and connecting victims with other resources. In addition, existing organizations often expand their mission to meet specific needs of those affected. For instance, when an event occurs at a university, departments are established to address the continuing needs of students and faculty.

## Supportive Services

### ➊ Support Groups.

- ▶ Victims' families and survivors often express the desire to connect with others who share a similar loss, or a shared experience related to the event.
- ▶ Support groups should be organized based on their relationship to the victim and the type of exposure to the traumatic event. (e.g., spouse, siblings, child).
- ▶ Consider offering support groups for children, adolescents and adults.
- ▶ Professionally trained clinicians or social service organizations may facilitate the creation of support groups. Support groups may be in person or via teleconference. Recognize that people are in different stages of the healing process.
- ▶ Be sensitive as the topics of discussion may affect other group members.

### Individual and Family Support

Following a traumatic event those impacted often seek individual and/or family therapy when their psychological distress impairs their daily functioning and interpersonal relationships. Treatment is often sought for grief counseling, sleep disturbances, depression, anxiety, panic attacks, substance abuse and eating disorders.

### ➋ Peer-to-Peer Support.

➌ Resiliency workshops, wellness and life skills programs.

➍ Financial planning workshops.



- Access to legal advice.
- Assistance with employment and job training.
- Alternative therapies such as meditation, acupuncture and massage therapy.
- Spiritual activities such as interfaith services.
- Scholarships for children of the deceased or injured.
- Programs that provide the community, including children, with an opportunity to "Give Back".
- Music and art therapy.
- Camps, play therapy and other child-related programs.

### Clinical Interventions

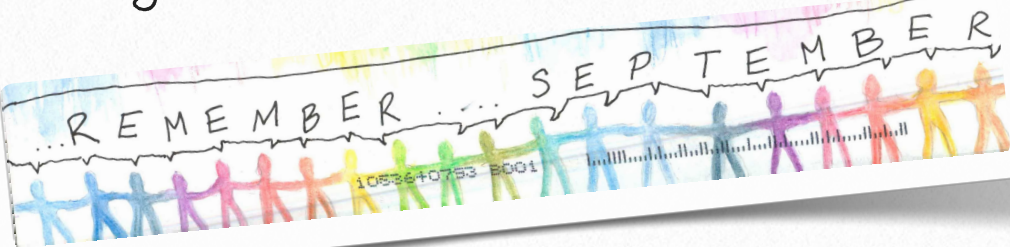
Some individuals who experience traumatic loss may need long-term support and clinical assistance to process traumatic memories, thoughts, and emotions. Here are a few recommended treatments:

- Trauma-Focused Cognitive Behavioral Therapy (intermediate to long-term PTSD).
- Prolonged Exposure (long-term care).
- Eye Movement Desensitization Reprocessing (EMDR) (mixed reports-longer-term).
- Psychopharmacology (generally intermediate to long-term care).

For more information on the latest clinical studies, search websites such as NIMH, SAMSHA, NCPTSD, & Cochrane Collaboration. For additional information visit our resource page. <http://voicesofsept11.org/initiatives/preparing-after-ebook>



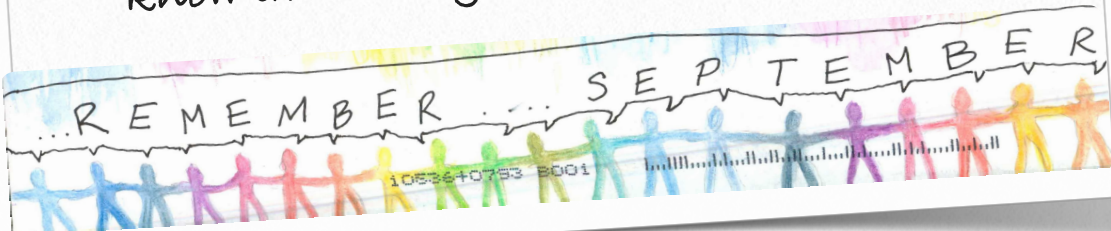
"These groups are a soft place to fall. When the rest of the world has moved on, we find ourselves wringing our hands and silencing our voices. In the group, we can talk about anything with people who understand."



"It was great to finally meet you! You and your staff made us all feel very at ease the way that everything was personally handled, especially with the circumstances my brother William and his family are dealing with. I spoke to my mom later that evening and I told her that I feel like such a brick has been lifted and she agreed. I believe in my heart their memorials will be so beautiful because of the caring and the personal touches of all of your staff there that day."



"As the old saying goes, 'A Mother's Work is Never Done', I could not be happier with my son's 9/11 Living Memorial. Thank you from the bottom of my heart for a job well done. It is so comforting to know that Marty will never be forgotten."





# Advocacy

A common response after an attack of mass violence may be: “how can I prevent this from happening again?” This question has spurred the creation of many advocacy groups as victims’ families and friends attempt to make sense of the loss of their loved ones. Victims’ families and survivors have the moral authority, the passion and the commitment to make a difference. Consequently, they play an instrumental leadership role in effecting change benefiting other victims’ families and the public at large.



After tragic events, there is often a response from individuals and organizations to advocate for change. Some believe that systemic failures and long overdue reforms may have contributed to the tragedy. They may ask for an investigation to answer their questions or concerns about safety and security. They may choose to advocate for specific victims’ rights, such as compensation or access to legal proceedings. Their efforts draw attention to issues that may result in public policy reforms and new legislation. When the task turns to creating a memorial, the key stakeholders will play an important role in its creation.

While advocates may become involved for their own personal reasons, their commitment is often the impetus behind change that makes a lasting difference in many lives.

## Goals:

- ✓ Identify changes that could have prevented or mitigated the impact of an event of mass violence.
- ✓ Promote the implementation of the recommended changes.



## Immediate and Short-Term

- Identify the unmet need/issue and clearly articulate it.
- Recruit a group of committed key stakeholders.
- Agree on a mission and establish rules of operation.
- Maintain a bi-partisan approach.
- Become subject matter experts on the topic and share information.
- Find existing organizations that support the issue.
- Determine if a new advocacy group should be formed. If yes, see “Best Practices - Organizations - New Organizations.”
- Decide on a name for the organization or coalition.
- Purchase a “URL”, develop a website and maintain a database.
- Use traditional media and social media to raise awareness and funding for advocacy issues.
- Develop an advocacy campaign at local, state and federal levels.
- Consider whether policy and legislation is required to achieve objectives.
- Solicit high stature lawmakers and/or celebrities to further the cause.

- Meet regularly, as frequently external events will require changes in strategy and a plan of action.
- Be realistic about what can be accomplished in the short-term.
- Understand that consensus building both inside the group and in the general public will be difficult.
- Some advocacy groups will be short-lived because goals are achieved or the momentum is lost.

## Long-Term

- Groups that exist for a longer period should adopt more permanent practices including professional staffing, permanent location, sustainable funding sources, expanded board of directors and more sophisticated communications strategies.
- Establish strategic and tactical plan for long-term sustainability.
- Develop strategy for expanding membership.
- Consider partnering with like-minded individuals and organizations with compatible missions for events, outreach efforts and fundraising opportunities.
- Maintain relationships with key stakeholders and their successors.



## Examples of Coalitions and Advocacy Groups

- The Family Steering Committee for the 9/11 Independent Commission - creation of the 9/11 Commission.
- Coalition of 9/11 Families - to ensure an appropriate memorial at the WTC site.
- Families for Flight 3407 - airline safety.
- No Knives on Planes - airline safety.
- WTC Families for a Proper Burial - identification of remains at the Staten Island landfill.
- Skyscraper Safety - building codes and egress in high rise buildings.
- Sandy Hook Promise - gun reform.
- The September 11th Education Trust - 9/11 and civic literacy education programs that direct our nation's youth toward informed and effective civic participation.
- Peaceful Tomorrows - "Turning Grief into Actions for Peace".
- The Sikh Coalition - the voice of a people, the Sikh Coalition was born in the aftermath of bigotry, violence and discrimination against the city's Sikh population following the terrorist attacks of September 11, 2001.
- Fealgood Foundation - No Responder Left Behind - assist First Responders, and/or any individual, who may have been injured, physically or mentally, as a direct result of their rescue, recovery and clean up efforts at the World Trade Center Site following the terrorist attacks of September 11, 2001.



# Commemoration

Commemoration is typically an activity, ceremony, or project to honor those who have died and to mark the observance of the event. Commemorative activities may help victims' families, responders and survivors heal and promote recovery within the community. Examples of commemoration include: vigils, annual observances, exhibitions and educational programs.

Memorials generally refer to a tangible structure, monument or physical item created to remember and honor the lives lost. Permanent memorials are often constructed on or near the site where the incident occurred. In other cases, local communities, universities or corporations may choose to honor their deceased co-workers, neighbors, students or friends. Foundations, scholarships and endowments are frequently established by family and friends, creating a living tribute to their loved one that benefits others.

Following tragedies, spontaneous memorials are created with items such as flowers, candles, notes, t-shirts, photographs and stuffed animals. Planting of trees or gardens, renaming of streets and artistic expressions such as paintings, quilts and music are common community responses.

## Goals:

- ✓ Coordinate commemorative and memorial practices that promote healing for victims' families, survivors and the community.
- ✓ Ensure that key stakeholders are involved in the memorial process.
- ✓ Create memorials and commemorative events that honor the lives lost and educate future generations about the event.
- ✓ Provide mental health support prior to, during and following the commemorative activity.





## Immediate and Short-Term

### Commemorations

After a tragic event, there is generally a need to come together as a community to mourn and remember those who died.

As one Virginia Tech official said,  
*“Go where you can get the most hugs.”*

- Accommodate spontaneous memorials and commemorative events.
- Plan formal commemorations in the weeks and months following the event.
- Make special accommodations for the victims’ families and survivors to attend privately.
- Consult families regarding how they want their loved one to be remembered.
- Provide a location and procedures for media and news coverage.
- Determine security requirements for the participation of government officials.
- Provide mental health support and organize volunteers to assist those attending.

### Individual Memorials

#### Memorial Foundations, Scholarships and Endowments

- Families should determine how the foundation will memorialize their loved one.
- Create a name and a mission statement.

- Establish a board of directors.
- Consult an attorney for legal advice on filing for a 501(c)3.
- Consider tax implications when collecting funds or hosting a fundraising event.
- If it is a scholarship, determine criteria for the application process.

### Permanent Memorials

The creation of some permanent memorials may begin shortly after the event or may occur many years later. The timeframe will be dependent on a number of factors including size, acquisition of property, location, historical context, fundraising and whether a museum will also be built.

- Participants.
  - ▶ Identify family members and other key stakeholders such as survivors, recovery workers, residents and representatives from business leaders and local government officials.
- Involve key stakeholders in:
  - ▶ Writing the mission statement.
  - ▶ Determining how victims and survivors will be honored.
  - ▶ Planning the memorial selection process.
  - ▶ Selecting the final design.

Conduct regularly scheduled meetings with the design committee and allow for public forums and comment. Keep the community informed about the memorial process via town hall meetings, periodic communications and by using the internet for outreach to the general public.



## Design and Memorial Process

- 🌐 Create a mission statement to establish intent in terms of honoring the lives lost and representing the tragedy.
- 🌐 Develop criteria and procedures for evaluating proposed designs in the event of a design competition.
- 🌐 Consider symbolism such as a chair or bench that acknowledges each victim.
- 🌐 Decide whether to recognize the injured, survivors and responders.
- 🌐 Think about incorporating authentic artifacts related to the event and use trees, water and lighting to suggest “hope for the future”.
- 🌐 Engrave the victims’ names in a location that allows visitors the opportunity to touch the names. This is a powerful personal connection to the life that was lost. Consider other identifying information such as a person’s age.
- 🌐 Allow for sufficient space to accommodate annual commemorative events and visitors.

## Fundraising

- 🌐 Consider all costs related to building and maintaining the memorial, including the construction, an annual operating budget and an endowment fund to care for the memorial in perpetuity.

## Long-Term

### Commemoration

- 🌐 Hold an annual ceremony on the anniversary.
- 🌐 Keep all stakeholders informed about memorial plans.
- 🌐 Schedule a designated time for families to visit privately when the memorial is completed. This is especially important when remains of the victims have not been recovered.
- 🌐 Permit family members and other stakeholders to participate in rituals such as reading of the names.
- 🌐 Consider moments of silence or ringing of bells to mark the date and time of the event.
- 🌐 Avoid political or controversial discourse during commemorative events.
- 🌐 Provide additional security at commemorative events.
- 🌐 Consider providing an opportunity for the community to participate in a day of service to honor the victims.
- 🌐 Businesses and government offices, including airports, should avoid any emergency drills on the anniversary of the event.



## Memorial Museums

- Consider creating a museum, exhibition and/or virtual memorial in tandem with a memorial. (See best practices for preserving archival information on next page).
- Ensure that the following concerns are addressed:
  - ▶ The lives of those who died are honored in a meaningful way.
  - ▶ The story about the event is documented accurately.
  - ▶ Artifacts are preserved in perpetuity.
  - ▶ Lessons learned from mass violence are available to the public.

## Preservation of Archival Materials and Related Artifacts

- Decide whether the information collected is worth preserving and involve the affected population in the decision.
- Determine standards and procedures for managing the archival collection.
- If possible-consult with a museum professional or professional archivist and then:
  - ▶ Determine how the items will be organized and catalogued.
  - ▶ Identify how information will be stored.
  - ▶ Decide how information will be accessible to users.
  - ▶ Establish procedures for collecting, organizing and maintaining archival content.
  - ▶ Train the staff on the procedures for collecting and organizing content

- Budget appropriately to meet preservation needs and changing technologies.
- Pay attention to the storage medium for the digital content and schedule maintenance checks and planned upgrades to storage mediums.
- Consider partnering with another institution to obtain necessary resources and capabilities.
- When the Memorial is built on the site where the act of mass violence occurred, consult with historic preservation groups to ensure that the Memorial plans are in compliance with the Section 106 Process.

### How does preservation of artifacts impact long-term recovery?

- Presents a collective story regarding personal tragedies in the wake of a major disaster.
- Provides historical documentation of mass violence for the purposes of educating the public and future generations.
- Includes lessons learned from events of mass violence to inform policy, planning, response and recovery efforts for future events.



The Coalition of 9/11 Families, comprised of victims' representatives and historic preservation groups, advocated with great success for the World Trade Center Section 106 process, which preserved artifacts on the WTC site. Since federal funds were used to restore and rebuild the World Trade Center site, the Section 106 Process was initiated to involve stakeholders and mitigate adverse effects that construction could have on the site's historic resources. Throughout this process, which spanned several years, groups including the September 11th Education Trust (then WTC United Family Group) and Voices of September 11th partnered with the National Trust for Historic Preservation, the Historic District's Council, the Municipal Art Society and other like-minded groups. This collaboration led to the preservation of key September 11th related artifacts including the original foundations or footprints of the twin towers located seven stories below ground on bedrock. These footprints will now serve as the setting for the 9/11 Memorial Museum's primary exhibition space.

## The 9/11 Living Memorial



“Let this memorial reflect the legacies of those whose lives were lost, that their unfulfilled dreams and hopes may result in a better future for society. Their unique qualities and characteristics enriched our lives immeasurably and through this memorial, their stories live on”.

New Jersey Empty Sky Memorial

Thousands of memorials dedicated to the victims of 9/11 were built in communities around the United States and in the over 90 countries who lost citizens.

[Link to Memorials](#)



# 8

## Conclusion



Each community will have unique needs and assets in responding to an incident of mass violence. The Best Practices we have identified show how planning for each operational phase can provide more effective assistance to victims, survivors and their families. When all of these needs are addressed - organizational support, family assistance, communications, volunteers, funding, partnerships, support services, advocacy and commemoration - the preparedness plan will be able to more effectively address the diverse issues that will arise.

One of the responders interviewed for this eBook told us, “At the scene is not the time to make a new friend.” Like many of those we spoke to, his insight informed the recommendations for Best Practices. What we heard over and over again from responders and town officials is the importance of pre-planning and conducting regular drills – including, as he succinctly pointed out, getting to know your partners in the response effort. Most significantly, pre-planning decisions, such as involving local mental health providers in training exercises, or deciding who to partner with for donation collection, lays the groundwork for successful programs that meet long-term needs.



# 9

## Glossary





# Glossary

## #

**9/11 Commission** - Created in 2002, this national commission was tasked with preparing a full and complete account of all the circumstances surrounding the September 11th attacks. This commission was also charged to provide recommendations to the federal government to safeguard the country from future attacks.

## A

**Ambiguous Loss** - The distress experience when a loved one is physically present but psychologically unavailable (such as dementia) or is physically missing but psychologically present (such as a missing person).

**Ante Mortem Profile** - Comprehensive information about a missing person that may help to identify them used to bring clarity and closure to many families of the missing.

**Archives** - Collection of historical documents or records that provide information about a specific person, group, event or other entity. Archives have been collected in order to preserve records of mass violence attacks and to provide source materials that will educate future generations.

## B

**Best Practices** - Methods or techniques that have been shown to provide results superior to those achieved via other interventions. Such methods will be used as the benchmark for any such techniques in a field of interest.

**Burnout** - Exhaustion that occurs over time when responders and professionals interact with highly stressful and/or traumatic material. Workers who experience burnout usually reach a point of exhaustion in which they are less productive and able to help others. If this occupational exhaustion is not addressed, the result can be detrimental to the service provider and to those served (Leiter & Maslach, 1988; Pines & Maslach, 1978).

## C

**Case Management** - Coordination of services on behalf of an individual/group. Following disasters/emergency situations, mental health professionals are typically assigned to "manage" the "case" of a family or individual that was directly impacted to ensure that they are connected to needed support services.

**Cognitive Behavioral Therapy (Trauma - focused) (CBT)** - A therapeutic approach aimed at changing behavior and affect (i.e., negative emotions) by addressing maladaptive thoughts (i.e., negative beliefs). Trauma-focused cognitive therapies are often recommended for treating posttraumatic stress disorder and symptoms. (Glossary of Psychology)

**Cognitive Process** - Relates to how humans perceive, retrieve, and manage information.

**Community Emergency Response Team (CERT)** - Citizen "teams" that are trained in disaster preparedness and response. This program was developed and initially implemented by the Los Angeles Fire Department in 1985. It was eventually made available to communities nationwide in partnership with FEMA and the Emergency Management Institute.



**Compassionate Loitering or Mingling -**

Implemented at Virginia Tech, this process involved mental health professionals "loitering" around areas affected by tragedy, providing a compassionate and approachable environment to encourage victims and survivors to discuss their experiences in an open forum.

**Complicated Grief** - Grief is a normal experience following the death of a loved one. Feelings are often characterized by numbness, sorrow, anger, and guilt. Over time, symptoms abate and people are able to move forward. Those who experience complicated grief, however, continue to experience grief and are unable to move forward with their lives (Mayo Clinic.)

**Continuity of Care** - Refers to the quality, consistency, and delivery of care (i.e., health, case management, psychological) over time. (Gulliford, Naithani, & Morgan, 2006.)

**Comprehensive Emergency Management Plan (CEMP)** - Procedures that have been put in place to protect personal health, safety, and security; prevent emergency crisis situations; and reestablish a normal climate following a possible emergency situation.

**Critical Incident Stress Management** - A multiphase approach to preventing and mitigating psychological distress following mass violence. The intervention is often conducted from one to ten days after an event and is facilitated by a mental health professional. The sessions entail structured group discussions regarding the event. The intervention has been frequently used to support first responders.

**Critical Response Team** - Team made up of volunteers trained in providing compassionate and professional care during a crisis situation. Many individuals involved in these response teams have backgrounds in behavioral health, crisis intervention, or emergency medicine.

**Debriefing** - A routine individual or group review of an event from a factual perspective for the purpose of learning what actually happened. By doing so, such reflections can change the planning process, thus improving the readiness of the participants in future actions.

**Department of Health and Human Services (DHHS)** - Federal department established to protect the health of all Americans and provide vital human services.

**Department of Homeland Security** - Federal department established in 2002 to ensure the safety and security of the United States. The department has a wide-range of responsibilities such as border and cyber security, emergency response, and inspecting chemical facilities.

**Department of Justice (DOJ)** - Federal department responsible for the enforcement of the law and administration of justice.

**Disaster Mental Health** - Relates to emergency mental health services, study, and research aimed at preventing traumatic reactions in people affected by a disaster. Services may include: relief operations, education, advocacy, crisis interventions, and referrals and resources. (American Red Cross, 2012)

**Disaster Mental Health Response Plan** - Structured response for providing immediate and short term mental health services to victims impacted by a traumatic event or disaster. The response plan includes: determining what sort of response is necessary, how it will be implemented, how to transition from short-term to long-term mental health services, and how to best train and prepare staff and volunteers for these events.



## E

**Electronic Press Kit (EPK)** – An online version of a traditional media kit which includes background information, a fact sheet, biographies of key individuals, high resolution photos or images, and media contact information.

**Email blasts** - Broadcast messaging to a group of subscribers.

**Emergency Operations Plan** - Describes how an organization or community will respond and recover from a disaster.

**Emergency Medical Services (EMS)** - A type of emergency service dedicated to providing out-of-hospital acute medical care and medical transport of patients with illnesses and injuries.

**Emergency Medical Technician (EMT)** - Provides medical care for sick and injured individuals in an emergency setting.

**Employee Assistance Program (EAP)** - Employee benefits program offered by many employers. These benefits typically consist of counseling and referral services for employees and their families.

**Exercises** - A rehearsal of plans, protocol, and/or procedures intended to validate the planning and training process. Exercises include seminars, workshops, tabletops, drills, games, and functional and full-scale exercises.

**Eye Movement Desensitization Reprocessing (EMDR)** - An integrative psychotherapy approach that has been extensively researched for the treatment of trauma.” (EMDRRIA, 2012)

## F

**Facebook** - Online social networking website, which allows users to create a "profile" to connect with friends around the world. Many organizations have started to create pages for their agencies to promote their message and services. Facebook can also allow for the dissemination of updated information in the event of an emergency.

**Faith-Based Organizations** - Organizations which provide a variety of services to the public, including mental health care services, and are founded or based on specific religious beliefs.

**Family Assistance Center (FAC)** - Centralized location used to provide information and assistance to family members, friends, and loved ones about missing, unaccounted for, or deceased persons following a disaster. The center provides basic physical needs (food, shelter, transportation, etc.) and immediate emotional support for disaster-affected people.

**Family Liaison** – An individual who provides a variety of support and advocacy services to families after an event of mass violence.

**Federal Emergency Management Agency (FEMA)** - Government agency founded in 1979 with the mission of reducing loss of life and property, along with the protection of the nation's infrastructure from hazards through a comprehensive program of mitigation, preparedness, response, and recovery.

**First Responders** - Group of professionals responding to an emergency situation. Most often these professionals are law enforcement, firefighters, and emergency medical services.



## G

**Grief** – A normal reaction after a major loss such as a death, illness, divorce, or a job. Reactions may be emotional (i.e., anger, guilt, and sadness) and physical (i.e., changes in sleeping and appetite), but symptoms typically lessen over time. The stages of grief differ from person to person and are incumbent on factors such depth of the relationship and the amount of time to prepare for the loss.

## H

**Hashtag** - Words or phrases prefixed with the symbol #, which are utilized on social media websites (Twitter, Google+) to identify groups and topics.

**Home-grown terrorism** - The use or planned use of force or violence against a country by an individual, group or organization that has its roots in the same country. An example would be the bombing of the Alfred P. Murrah Federal Building in Oklahoma City, as the perpetrators were born in the United States.

## I

**Incident Commander** - Individual responsible for all aspects of an emergency response, including the development of incident objectives, managing incident operations, applying resources and maintaining responsibility for all people involved in the response efforts.

## J

**Joint Information Center (JIC)** - Location where critical emergency information, crisis communications, and public affairs functions.

## L

**Liaison** - Contact person responsible for coordinating and consulting with government agencies, non-governmental organizations, and/or the private sector in matters related to the disaster (FEMA 2007).

## M

**Man-made Disaster** - An intentional or accidental incident that causes severe damage, loss, death, and/or injury. (Blanchard, 2008)

**Mass Violence** - An intentional violent criminal act . . . that results in physical, emotional, or psychological injury to a sufficiently large number of people as to significantly increase the burden of victim assistance for the responding jurisdiction (U.S. Department of Justice, 2001, p. 3).

**Medical Examiner** (see also Coroner) - A government appointed physician who determines cause of death and identifies remains.

**Medical Reserve Corps (MRC)** - A national network of local volunteer groups that seek to strengthen public health, emergency response and community resiliency within a local region.

**Mutual Aid Agreements** - Agreements that have been pre-established between emergency response and recovery agencies in order to provide assistance to one another across jurisdictional boundaries. When developing an emergency response plan, it is critical to have such agreements in place to ensure that there is an adequate amount of resources for rescue and recovery efforts during a crisis situation.



## N

**New York and New Jersey Port Authority** - Responsible for the building, operation, and maintenance of infrastructure that is critical to the trade and transportation network of the New York/New Jersey region, including NY/NJ airports, marine terminals/ports, the PATH rail system, six tunnels and bridges between NY and NJ, the Port Authority Bus Terminal in Manhattan, and the World Trade Center. During the response efforts on 9/11, the Port Authority was one of the key responding agencies to the World Trade Center.

## O

**Office for Victims of Crime (OVC)** - A federal agency (established by the 1984 Victims of Crime Act) that oversees diverse programs that benefit victims of crime. The OVC provides funding to state victim assistance and compensation programs, which are designed to help victims heal. The agency also supports training designed to educate criminal justice and allied professionals regarding the rights and needs of crime victims.

## P

**Post Traumatic Stress Disorder/Symptoms** - May be diagnosed after a person has been exposed to mass violence or other traumatic events. Responses include intense fear, hopelessness, and/or horror. Some people will experience intrusive thoughts, increased anxiety and may want to avoid reminders of the event. PTSD may be diagnosed when symptoms cause significant distress and impaired function for more than one month. (American Psychiatric Association, 2000.)

**Posttraumatic Growth** - The positive psychological changes that a person makes after struggling with a traumatic life event. Growth is different from resilience in that it refers to change rather than a return to pre-disaster functioning.

**Preparedness Plan** - Pre-determined organizational procedures intended for use in the aftermath of disasters. These plans may include crisis communication procedures for addressing employees, media, and community groups; security procedures to ensure safety of employees and property; procedures to develop or invoke relationships with law enforcement, firefighters, emergency medical, and related government agencies; procedures to address and monitor posttraumatic stress; and procedures to manage department or operations shutdowns, employee job reassignments, layoffs, or leaves of absence.

**Project Liberty** - Operated from September 11, 2001 to December 4, 2004 and provided support services to NYC residents who were coping with the 9/11 attacks. This program conducted extensive outreach into many of NYC's communities throughout the five boroughs, such as the residents of Chinatown in Manhattan.

**Prolonged Exposure (PE) Therapy** - Often used after a traumatic event, this therapy aims to help people face thoughts, feelings, and experiences related to a traumatic incident. Through repeated exposure, symptoms and distress are thought to abate. (See National Center for PTSD)

**Psychological First Aid** - Aimed at meeting the immediate needs of disaster-affected people, the goal is to establish safety, reduce stress-related symptoms, restore rest and sleep, provide links to critical resources, and make connections to social support.



**Public Information Officer** - The Emergency Operations Center (EOC) position responsible for information management during an event.

## R

**Relational Database** - A relational database is a computerized data storage system, which allows for the organization of pertinent data in a table format. This structuring of data allows for the narrowing of data via search categories, so that only the desired set of data will be shown.

**Resiliency or Resilience** - A person's capacity to adapt and return to their pre-disaster state of functioning by resisting stress. Resilience is thought of as a protective factor against traumatic reactions and may be influenced by a person's skills, characteristics, outlooks, and constitution.

**Resource Coordinating Committee (RCC)** - A committee that is set-up after a disaster/emergency events to identify unmet needs among individuals in the impacted population.

**Reverse 911** - A telephone database system that can release recorded emergency messages to a defined geographic area and/or a set of predefined telephone numbers.

## S

**September 11th Victims Compensation Fund** - The September 11th Victim Compensation Fund was created by the Air Transportation Safety and System Stabilization Act (49 USC 40101), shortly after 9/11 to compensate the victims of the attacks, or their families. Attorney General John Ashcroft appointed Kenneth Feinberg as the "Special Master" of this fund, and it was his responsibility to determine how much each family of a 9/11 victim would receive by determining how much each victim would have earned in a full lifetime (based on their type of employment and positions in their field).

**Shared Trauma** – (Also known as Shared Traumatic Reality) "a situation in which both the intervener and the client (person in care) are exposed to a similar threat" (Nuttman-Shwartz & Dekel, 2007, p. 279).

**Social Media** - Formats include web- and mobile-based technologies and are used to provide interactive dialogue among different organizations, communities and individuals.

**Staging Area** - A pre-established location where all available emergency responder resources will congregate during a disaster/emergency situation while awaiting for operational assignments. These locations allow for all responders to check-in, so that available resources and personnel can be accounted for when assigning tasks for rescue and response efforts.

**Substance Abuse and Mental Health Services Administration** - SAMSHA works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment and mental health services.

**Support Groups** - An organized group of people who provide nonprofessional peer support on a shared topic.

## T

**Teleconference Groups** – Voices of September 11th provided these groups, which connected individuals from around the country/world who had been directly impacted by the events of 9/11. Each of these groups met over the phone on a predetermined time schedule.

**Trauma** - Initiated by an event (i.e., violent attack) that overwhelms a person's ability to cope, trauma can overwhelm a person emotionally, cognitively, and physically. (Giller, 1999)



**Triggers** - Events, thoughts, feelings, environmental cues, people, etc. that remind a disaster affected person of the traumatic event. The trigger may be innocuous, but it evokes a memory that can cause distress. (Sidran Institute, 2012)

**Twitter** - This online site allows for individuals and organizations to post short messages about their activities and locations of events, along with pictures if desired. Twitter allows for unique system of implementing "hash tags" to put emphasis on certain words or terms so that users can search through the messages posted on this site for specific information, known as "tweets".

## U

**Unified Command** - An incident management method employing collaborative decision-making between multiple responsible internal and/or external departments/agencies to resolve an incident in a more efficient manner.

## V

**Vulnerable or Marginalized Populations** - People who may not have the same resources or ability to plan, prepare, respond, and recover from a disaster. Some of these people may include disabled, seniors, hearing and visually impaired, pregnant women, children, ethnic minorities, and immigrants. (U.S. Department of Health & Human Services, 2012).

## Y

**YouTube** - Online site that enables sharing of videos that contain messages, tutorials, and songs. These videos can be posted by individuals, as well as organizations to provide information on an issue, allow for individuals to experience distant events, promote a cause, or simply provide entertainment.



# 10



## References & Additional Reading

Additional information is available on the eBook resource page on the  
Voices of September 11th website:

<http://voicesofsept11.org/initiatives/preparing-after-ebook>



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## Suggested Reading

### Planning for Disaster

Virginia Tech Crisis and Emergency Management Plan (January 2012)

<http://www.emergency.vt.edu/programs/plans/CEMP-public-07312012.pdf>

U.S. Department of Health and Human Services.

<http://www.phe.gov/preparedness/pages/default.aspx>

Responding to disaster

SAMHSA Disaster Response Template Toolkit

[http://www.samhsa.gov/dtac/dbhis/dbhis\\_templates\\_intro.asp](http://www.samhsa.gov/dtac/dbhis/dbhis_templates_intro.asp)

Top 15 things to know when Managing

Volunteers in Times of Emergency [http://](http://www.handsonnetwork.org/files/resources/Top_15_Things_to_Know_When_Managing_Volunteers_in_Times_of_Disaster.pdf)

[www.handsonnetwork.org/files/resources/Top\\_15\\_Things\\_to\\_Know\\_When\\_Managing\\_Volunteers\\_in\\_Times\\_of\\_Disaster.pdf](http://www.handsonnetwork.org/files/resources/Top_15_Things_to_Know_When_Managing_Volunteers_in_Times_of_Disaster.pdf)

### Resources for helping to children

The National Child Traumatic Stress Network

<http://www.nctsn.org/trauma-types/terrorism>

Helping Young Children Cope with Trauma

[http://www.casciac.org/pdfs/](http://www.casciac.org/pdfs/Red_Cross_children_and_trauma.pdf)

[Red\\_Cross\\_children\\_and\\_trauma.pdf](http://www.casciac.org/pdfs/Red_Cross_children_and_trauma.pdf)

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Crisis Preparedness, Response, and Recovery

Resource Center

[http://www.promoteprevent.org/crisis-](http://www.promoteprevent.org/crisis-preparedness-response-and-recovery-resource-center)

[preparedness-response-and-recovery-resource-center](http://www.promoteprevent.org/crisis-preparedness-response-and-recovery-resource-center)

Indirect Trauma

[http://www.istss.org/SelfCareForProviders/](http://www.istss.org/SelfCareForProviders/4136.htm#.T_8gPIBy5kU.email)

[4136.htm#.T\\_8gPIBy5kU.email](http://www.istss.org/SelfCareForProviders/4136.htm#.T_8gPIBy5kU.email)



## Organizations

### Office for Victims of Crime

<http://www.ovc.gov>

### National Center for PTSD

<http://www.ptsd.va.gov>

### ISTSS

International Society for Traumatic Stress Studies

<http://www.istss.org//AM/Template.cfm?Section=Home>

### SAMSHA

Substance Abuse & Mental Health Services Administration

<http://www.samhsa.gov>

### National Child Traumatic Stress Network

<http://www.nctsn.org>

### American Psychological Association

<http://www.apa.org>

### Compassionate Friends

<http://www.compassionatefriends.org/home.aspx>

### National Association of Social Workers

<http://www.naswdc.org>

## OVC Publications

**Responding to Victims of Terrorism and Mass Violence Crimes:** Coordination and Collaboration Between American Red Cross Workers and Crime Victim Service Providers (September 2005)

<http://www.ovc.gov/publications/infores/redcross/ncj209681.pdf>

**Guide for Journalists Who Report on Crime and Crime Victims** (September 2009)

<http://www.mediacrimevictimguide.com/journalistguide.pdf>

**Mental Health Response to Mass Violence and Terrorism: A Field Guide** (2005)

<http://store.samhsa.gov/shin/content//SMA05-4025/SMA05-4025.pdf>

**Compensation Protocol: A Guide to Responding to Mass Casualty Incidents** (October 2004)

<https://www.ncjrs.gov/pdffiles1/Digitization/212431NCJRS.pdf>

## Memorials

The Oklahoma City National Memorial:

<http://www.oklahomacitynationalmemorial.org/>

The National September 11 Memorial & Museum

<http://www.911memorial.org>

Flight 93 National Memorial

<http://www.nps.gov/flni/index.htm>

The National 9/11 Pentagon Memorial

<http://pentagonmemorial.org>

Northern Illinois University Memorial:

<http://www.niu.edu/memorial/>

Virginia Tech Memorial:


<http://www.weremember.vt.edu/>



## Further Reading By Events

### 9/11

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 Recommended Link



## Additional Links

Office for Victims of Crime

<http://www.ojp.usdoj.gov/ovc/>

Department of Justice

<http://www.justice.gov/>

The American Red Cross

<http://www.redcross.org/>

The American Red Cross Mobile Apps

<http://www.redcross.org/prepare/mobile-apps>

U.S. Department of Health and Human Services

<http://www.hhs.gov/>

Department of Homeland Security.

<http://www.dhs.gov/>

American Psychiatric Association

<http://www.psych.org/>

The Hastings Center

<http://www.thehastingscenter.org/>

Emergency Management Institute

<http://training.fema.gov/>

The Oklahoma City Disaster Relief Fund

<http://www.occf.org/drf/>

Oklahoma Crime Victim Compensation Program

[http://www.ok.gov/dac/Victims\\_Services/Victims\\_Compensation\\_Program/](http://www.ok.gov/dac/Victims_Services/Victims_Compensation_Program/)

The American Red Cross of Central Oklahoma

<http://www.redcross.org/ok/oklahoma-city/about/chapters/central-oklahoma>

The Memorial Institute for the  
Prevention of Terrorism

<https://www.mipt.org/default.aspx>

Centers for Disease Control and Prevention

<http://www.cdc.gov/>

Department of Defense

<http://www.defense.gov/>

NYC Office of the Chief Medical Examiner

<http://www.nyc.gov/html/ocme/html/home/home.shtml>

Lower Manhattan Development Corporation

<http://www.renewnyc.com/>

Office of Criminal Injuries Compensation Fund

<http://www.cicf.state.va.us/>

America Counseling Association

<http://www.counseling.org/>

Office of Recovery and Support

<http://www.recovery.vt.edu/>

The Virginia Tech Center for Digital Discourse  
and Culture

<http://www.cddc.vt.edu/?q=node/1>

The George Mason University's Center for  
History and News Media

<http://chnm.gmu.edu/>

DeKalb and Sycamore Chambers of Commerce

<http://www.sycamorechamber.com/>



Voices of September 11th

<http://www.voicesofseptember11.org>

The FBI

<http://www.fbi.gov/>

The Victim Compensation Fund

<http://www.vcf.gov/>

Family Steering Committee for the 9/11  
Independent Commission

<http://www.911independentcommission.org/>

The Pentagon Fund, for the Pentagon Families  
in Washington, D.C.

<http://pentagonmemorial.org/learn/911-pentagon>

Pima County Attorney's Office

<http://www.pcao.pima.gov/>

Homicide Survivors, Inc

<http://www.azhomicidesurvivors.org/>

Community Foundation for Southern Arizona

<http://cfsaz.org/>

American Red Cross Southern Arizona Chapter

<http://www.redcross.org/az/tucson>

KVOA Tragedy in Tucson Victim Fund

<http://www.kvoa.com/pages/tragedy-in-tucson-time-to-heal/>

Coalition of 9/11 Families

<http://911families.org/coalition-of-911-families/>

The WTC United Family Group

<http://www.wtcufg.org/>

No Knives on Planes

<http://noknivesonplanes.com/>

Skyscraper Safety

<http://skyscrapersafety.org/>

Sandy Hook Promise

<http://www.sandyhookpromise.org/>

Peaceful Tomorrows

<http://www.peacefultomorrows.org/>

The Sikh Coalition

<http://www.sikhcoalition.org/>

Fealgood Foundation - No Responder Left  
Behind

<http://www.fealgoodfoundation.com/>

National Trust for Historic Preservation

<http://www.preservationnation.org/>

The Historic District's Council

<http://hdc.org/>

The Municipal Art Society

<http://mas.org/>

Donor Bill of Rights

[http://www.afpnet.org/files/ContentDocuments/Donor\\_Bill\\_of\\_Rights.pdf](http://www.afpnet.org/files/ContentDocuments/Donor_Bill_of_Rights.pdf)



## Endnotes

### Photographs

#### Historical Overview of Mass Violence

Bath Consolidated School, Clinton County, Michigan  
Bath\_School\_Disaster-east.jpg  
Scanned from historic image  
Public Domain Mark 1.0.

Memorial of the August 20, 1986 post office killing  
Edmond, Oklahoma  
Photo courtesy of Ash Lux  
Public Domain Mark 1.0.

Lubys memorial killeen.jpg  
Killeen, Texas  
Photo courtesy of Larry D. Moore CC BY-SA 3.0.  
<https://creativecommons.org/licenses/by-sa/3.0/us/>

Tribute in Light in 2010.jpg  
9/11/2010  
Photo courtesy Sgt. Randall A. Clinton  
Public Domain Mark 1.0.

Murrah\_Building\_-\_Aerial.jpg  
Oklahoma City, Oklahoma  
Photo courtesy of US Army Corps of Engineers  
Public Domain Mark 1.0.

The Columbine Memorial in Littleton, Colorado  
Columbine, Colorado  
Photo courtesy of Denverjeffrey CC BY-SA 3.0.  
<https://creativecommons.org/licenses/by-sa/3.0/us/>

September 11, 2001  
World Trade Center, New York 13 September 2001  
Photo courtesy of Andrea Booher/FEMA Photo  
Public Domain Mark 1.0.

Virginia\_Tech\_massacre\_memorial\_flowers.jpg  
Virginia Polytechnic and State University  
Photo courtesy of Ross A. Catrow CC BY-SA 2.0.  
<https://creativecommons.org/licenses/by-sa/2.0/>

Entrance to Cole Hall the morning after the Northern  
Illinois University shooting.  
Northern Illinois University  
Photo courtesy of Matthew Leverton CC BY-SA 3.0.  
<https://creativecommons.org/licenses/by-sa/3.0/us/>

Flags lowered at Fort Hood  
Fort Hood Texas  
Photo courtesy of The U.S. Army  
Public Domain Mark 1.0.

Gabrielle\_Giffords\_shooting\_scene\_B.jpg  
Tucson, Arizona  
Photo courtesy of Steve Karp CC BY-SA 3.0  
<https://creativecommons.org/licenses/by-sa/3.0/us/>

The Century 16 Theater in Aurora, Colorado  
Aurora, Colorado  
Photo courtesy of Algr CC BY-SA 3.0  
<https://creativecommons.org/licenses/by-sa/3.0/us/>

Sandy Hook Memorial 12-26.jpg  
Newtown, CT  
Photo courtesy of Bbjeter CC BY-SA 3.0.  
<https://creativecommons.org/licenses/by-sa/3.0/us/>

April 15, 2013  
Boston, Massachusetts  
Photo courtesy of Aaron Tang CC BY-SA 2.0.  
<https://creativecommons.org/licenses/by-sa/2.0/>

### Virginia Tech Timeline

1000 points of light - Students at Virginia Tech hold a  
candlelight vigil  
Photo courtesy of alka3en CC BY-SA 2.0.  
<https://creativecommons.org/licenses/by-sa/2.0/>

### Partnerships

Gabrielle Giffords shooting scene C.jpg  
Tucson, Arizona  
Photo courtesy of Steve Karp CC BY-SA 3.0.  
<https://creativecommons.org/licenses/by-sa/3.0/us/>



Family Assistance Center Map provided  
by Alessandra Benedetti

Additional Photographs provided by the  
Voices of September 11th archive.

Video Interviews (2010) with Victor M. Guarnera,  
Bonnie McEaney and Duane Orloske provided by  
the Voices of September 11th archive.

Artwork used in the eBook is from the  
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