



Primary victims of the Sandy Hook Murders: “I usually cry when I say 26”[☆]

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1. Introduction

On December 14, 2012, 20 children and six adults were gunned down by a single-shooter at Sandy Hook Elementary School in Newtown, Connecticut. At the end of the massacre, the murderer shot himself in classroom 10. Prior to the killings at the school, he also shot and killed his mother while she slept. Following a multi-agency investigation, there were few answers as to why, and how, this disaster occurred. The mass shooting was experienced as a collective, public tragedy around the world as the media poured into the small town of Newtown/Sandy Hook to televise the unimaginable.

The effects of such a tragedy are understandably traumatic and stressful for those in the immediate periphery and first responders; emergency personnel, hospital staff, neighbors, faith communities, and especially children and adult survivors of mass shooting report high levels of distress and “an array of mental health problems” (Lowe & Galea, 2017, p. 79). Yet, the intensity of grief and trauma is particularly acute and elongated for the primary victims, those with greatest incident, or dose, exposure (Lowe & Galea, 2017; Wilson, 2014).

The social context within which these families experience death, in addition to peritraumatic factors, may delay reactions and prolong impairment in grieving parents and siblings (Dyregrov, Dyregrov, & Kristensen, 2015). Tragedies that are recognized as belonging in the community domain tend to draw widespread media saturation (Murray, 2017). Open deliberation, sociopolitical action, and psychological divulgence may be controlled by unaffected interlocutors, taking precedence over the privacy of victims and their personal and individual emotions of loss (Doka, 2003). Being under scrutiny by vested hegemonic interests, unrestrained media, and numerous stakeholders in the public sphere exacerbate and prolong the psychological distress of those whose loved ones, especially children, died (Wågø, Kristiansen, Byrkjedal, et al., 2017).

Despite this, few studies have explored the individual and familial effects of mass tragedy solely on primary victims, the families whose loved ones were killed. Rather, the majority of studies have elucidated the community impact of mass shooting (Ben-Ezra, Hamama-Raz, Mahat-Shamir, Pitcho-Prelorentzos, & Kaniasty, 2017), prevention and

prediction of mass shooting (Harding, Fox, & Mehta, 2002), relevant sociopolitical movements emerging from these types of tragedies (Eckstein & Partlow Lefevre, 2017; Shultz, Muschert, Dingwall, & Cohen, 2013), and community well-being (Bardeen, Kumpula, & Orcutt, 2013; Kropf & Jones, 2014). Indeed, “communities suffer from damage and loss in natural, human, and built capital dimensions” (Kropf & Jones, 2014, p. 295) and often need various types of extra-proximal support. For example, Hobfoll et al. (2007) identified five principles of crisis intervention for mass trauma: facilitating a sense of safety, calming, a sense of self and community efficacy, social connectedness, and hope. For the families whose children, parents, or other primary family members died, however, these factors alone may not be enough to circumvent the long term, negative consequences of traumatic grief. The purpose of this study was to explore the personal experiences of primary victims, families whose children and others were murdered, in the aftermath of the Sandy Hook shootings and the ways community transactions within the sociopolitical milieu have affected them.

2. Method

This study focused on primary victim families of the shootings, utilizing semi-structured interviews. A total of 15 primary victim family members participated. Nearly all (n = 14) participants were bereaved parents and the other lost a parent. Sensitive research presents ethical challenges, and few subjects are as vulnerable as the 26 families of those killed in this mass murder. As a result, the principal investigator (P.I.) agreed to an open meeting on the first night of arrival in Newtown, Connecticut in order to answer questions that potential participants may have had prior to deciding whether to participate. Three parents whose children died attended that meeting. They, and the remaining participants, scheduled time for interviews to take place in their homes or in an alternate setting of their choice.

2.1. Procedure and sample

Following Institutional Review Board approval, this study took place in Sandy Hook-Newtown, Connecticut during the summer of 2017

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over the course of eleven days. Recruitment took place through a gatekeeper and a community liaison for the families whose children or parents died in the shootings. An information letter was shared with interested families beginning 30 days prior to arrival in the community. Participants received informed consent and provided basic demographic information; all participants agreed to participate in a qualitative interview. The primary investigator (P.I.) kept field notes to ensure fidelity during transcription. Of the fifteen participants, the majority ($n = 14$) experienced the death of a child and one experienced parental death. The sample was homogenous, with participants reporting ages of between 30 and 50 years; predominantly Caucasian ($n = 14$), female ($n = 11$), married ($n = 13$), college educated ($n = 12$), and an annual income exceeding \$70,000 ($n = 12$). Religious identity yielded the most variation, including Protestant ($n = 8$), atheist ($n = 4$), Catholic ($n = 1$), with two participants not responding to this item.

2.2. In depth interviews

All participants agreed to an in depth interview with the P.I. Guiding the interviews was an ethic of humility, openness, and mindfulness given the sensitive nature of their personal tragedies and that the P.I. was not from within their community (Cacciatore & Ong, 2012). The interview was based on a semi-structured guide loosely focused around related micro (individual and families effects), meso (social and interpersonal, community, related systems), and macro (policy, emergency response, and the broader sociopolitical context). Interviews commenced by asking the participant where he or she would like to begin, and all participants began by detailing the events immediately preceding the shootings. All but three interviews took place in participant homes or at locations in the community of their choice. The remaining three interviews were conducted by telephone. Interviews lasted from three to six hours. Following the interviews, participants were able to email the P.I. to add any comments that were inadvertently omitted.

2.3. Data analysis

The strength of this study is based on inductive saturation and the development of new codes (Saunders et al., 2018) given the dearth of prior research specific to families whose loved ones were murdered in mass shootings. Interviews were recorded and transcribed verbatim. Transcripts were read thoroughly and reviewed twice in a double hermeneutical approach (Dyregrov et al., 2015; Ginev, 1998) that sought to understand both participant experiences and data interpretation by parallel processing. Using thematic analysis, data were analyzed for critical nodes and then reduced into subthemes using NVivo 12. Results were tested against field notes for any omissions. To ensure conceptual depth (Dey, 1999; Saunders et al., 2018) was achieved, a draft manuscript of the findings was provided to participants ($n = 10$) willing to read it to ensure accurate construal of themes and reconstruction fidelity of their narratives. Once the data were analyzed and compared to field notes, the manuscript was drafted, and participants were invited to member check results and narrative fidelity. Ten participants agreed to the review.

3. Results

3.1. Themes

Four main themes emerged from the qualitative data: 1) biopsychosocial effects, 2) coping and support, 3) community and systems responses, and 4) taking action. Within these are notable individual, familial, and community strengths and vulnerabilities (See Fig. 1).

3.2. Biopsychosocial effects

3.2.1. Psychological and emotional effects

Notification of the shooting occurred through various means. Some victim's family members were at work when others called or texted them, some received a vague recorded message from the school, and others were watching initial media reports unfold from home or other locations. Participants described shock and disbelief, anguish, and grief, and, especially weeks later, anger. A few participants experienced a strong sense of knowing that their child or family member died:

"I remember feeling in my chest, like I couldn't breath... like I knew but I didn't know. Like I had no idea what was going on. But there was just something that was like took my breath away in my chest. But then I didn't get emotional after that" (p 3).

Some sought verification that the shootings had taken place at another school and that media reports were incorrect. Many participants described feeling frustrated and confused in response to slow or contradictory information delivery. Other commonly cited reactions included depersonalization or being 'out of my body,' as well as feeling overwhelmed, intense fear, and bodily reactions:

"I think everybody was in shock. And everybody was at ground zero" (p 6).

"(It was) immediate tunnel vision. Just like everything just closed in and just could not believe what I was hearing... entirely unreal" (p 1).

As 26 funerals were being planned, the media descended on the small town bringing thousands, including town, state, and federal agencies, into the area. This was experienced by most as "unreal." Several participants specifically noted feeling alone, despite being surrounded by many others, the first days and weeks after the shooting. All participants openly recapitulated events at the 'firehouse,' where they were told they would receive information about their children and family members. Anguish from the lack of information was universal. Some reported that they were there under the guise of an impending reunion:

"So what they were saying is... your kids are in there. You will find your child... And they had groups of children sitting on the floor. And I remember [my husband] was touching the top of every child's head (calling her name)" (p 12).

Three were explicitly told that their children were "likely hiding and that they have to do thorough search" for them. Parents were asked for photos of their children and to describe their clothing that day. Nearly all depicted a frantic scene that seemed to heighten their subjective trauma, compounded by an equal number who felt that information was being withheld:

"I remember feeling like I needed facts. I wanted the truth... I shouldn't be the one trying to put the pieces together to figure out what really happened. I mean that's what the police were there for. They clearly had identifying information. They knew that, the police knew long before they told me that my child was dead. And the excuses that they gave us about not giving us too much information was because they didn't want us to leak it to the media... their information was already being leaked and they didn't trust us. So that was more important to them" (p 5).

Actual death notification was slow, and participants felt the lack of communication exacerbated their despair:

"They weren't saying that anybody had died. But one father yelled, 'Just tell us!' I think he said 'Just fucking tell us!' And he responded, 'If you don't have your child, they are not alive.' And with that I felt my body... started to fall" (p 12).

"I remember just staring at the dark grey carpet and it was like my brain was paralyzed... And I did not know how to stand up. My brain did not know how to stand up. I didn't know what to do... looking back now, everybody knew but us all along" (p 9).

For others, confirmation of death came twice, once in the firehouse and again, unexpectedly, around 1:00 to 2:00 a.m., with law enforcement and clergy waking some participants to tell them 'what we already knew.'

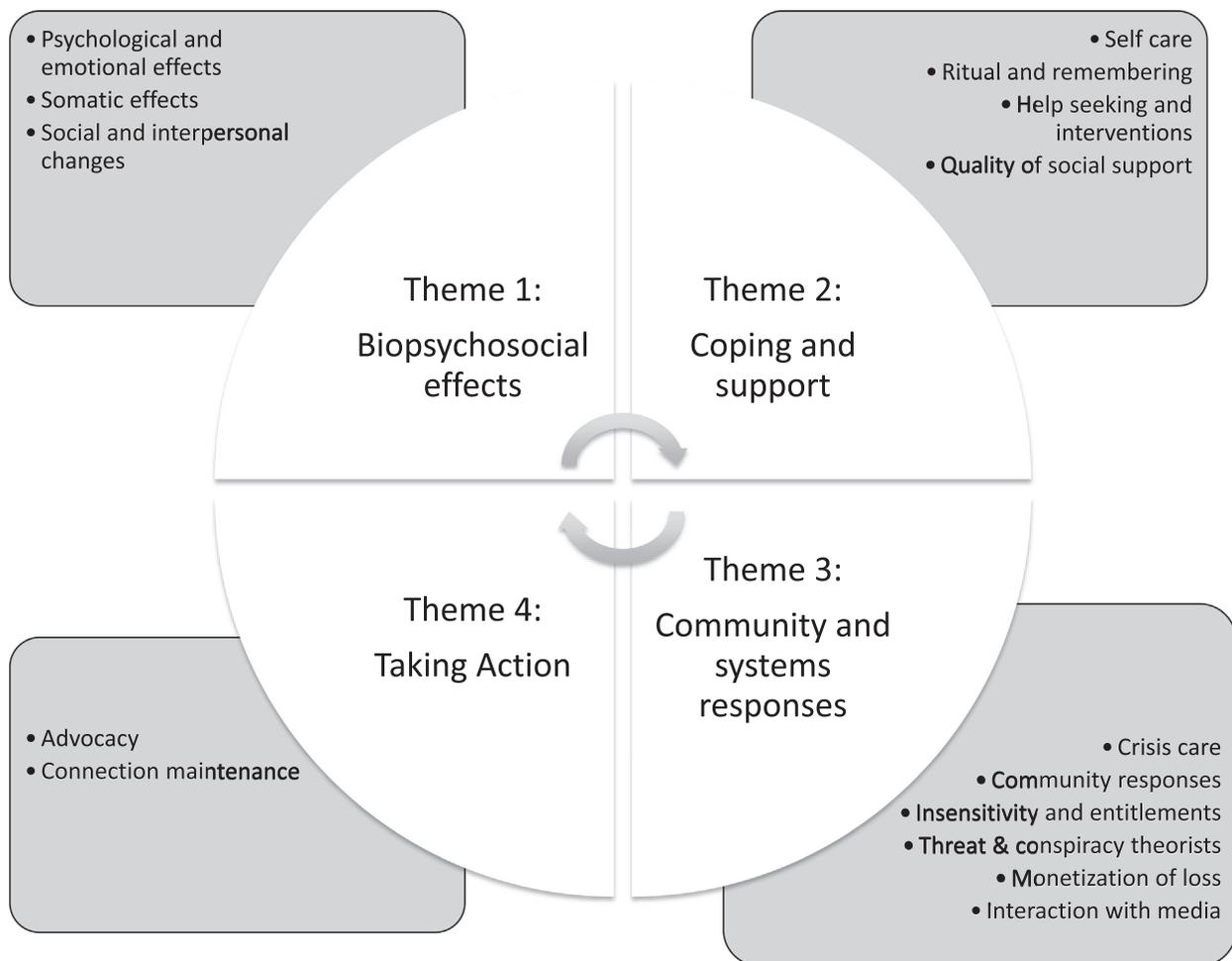


Fig. 1. Thematic experiences of Sandy Hook primary victims.

Some participants expressed shifting emotions in the hours and days following the shootings, altering between disbelief and shock and inconsolable grief:

“I wanted to die. I wanted to vomit. I wanted to scream. It was such intense emotion that I never experienced before. And I had no idea what to do with it. And I just remember violently turning over and over in her covers and trying to wrap myself in her blankets and her pillow... I remember crying and just sick to my stomach, thinking I should get out of here in case I throw up. I don't want to ruin her bed's smell” (p 9).

All participants described persistent grief that comprised many emotions:

“It was anger, despair, yearning, longing. And then, then anger. Um, anger was a lot of it, early on. But you know that has subsided to some degree. And then you are left with your yearning and sadness which will never go away” (p 13).

Anger, more so than other emotions, was exceptionally linked to circumstances of the shooting, the manner in which early death notification occurred, exploitation of their tragedy, and community and systems responses. Barely one year after her daughter's murder, one participant described visiting the cemetery where several individuals were parked, taking photographs of her daughter's grave. She described the act as ‘vulturistic’ (sic) and she felt like ‘prey.’ These types of scenarios played out many times in participant narratives, intensifying their anger and outrage.

3.2.2. Physiological effects

There were widespread reports of bodily trauma manifestations including initial loss of appetite and weight loss for some, followed by

later weight gain, changes in sleep patterns that persisted to the interview date, and even difficulty regulating body temperature:

“(He) couldn't stop shivering... couldn't speak. Had all of the active symptoms of shock and nobody would help us...so here I am trying to call a primary doctor after the shooting. And they say, ‘could you bring him to the office?’ And I am like, ‘You don't understand. I can't get him to stop shaking. I am not going to get him in a car. I can't. I need your help’ (about her surviving child, p 4).

Impaired memory retrieval was very common amongst respondents, many assembling recall through a third party or by stringing together momentary glimpses of the early days after the shooting. Seven reported enduring concerns about their memory even years later:

“Lots of brain fuzz. Mental fatigue inability to concentrate or focus. Inability to basic function. I remember at one point the police picked me up to take me somewhere. And they asked me for directions and I couldn't give them basic directions... Numbers, I couldn't remember phone numbers, couldn't remember my ATM password” (p 4).

3.2.3. Social and interpersonal changes

Practical changes and shifts in priorities were widely reported after the tragedy. While only a few participants moved their families to other states, several others expressed a desire, and plan, to relocate. Identities and roles within family systems shifted. Open communication, balancing time together and time apart, and mutual respect helped those in marriages or partnerships endure, curtailing disharmony, even when they didn't necessarily understand each others' view:

“I remember saying to him.., ‘How do you go to work everyday?’ And he said to me, ‘I don't know how you stay home everyday’” (p 13).

Many participants felt their overall worldview had shifted. This was realized in a deepened appreciation for core family relationships, where they invested time and, even when painful, heightened awareness in living:

"It reframed my life in a way that made me realize what was truly important" (p 14).

"I consciously take more time in nature. I consciously take more time to check in with my family... we try hard now to make sure that we have dinner together. And then we always check in before somebody goes off to do something" (p 7).

All participants noted relational shifts that included conflict aversion or predilection, both enhanced and broken relationships, broken trust in humanity, and the determination to remember those who died within the family system. Emotional experiences of participants were often fraught with tension between them and others, worsened by feelings of powerlessness to protect the memory of their loved one:

"Losing control of his memory with people having access to use him... that is hard. It's in public demand" (p 1).

"You feel so powerless. Our daughter is not just our daughter now. She's one of the children who was murdered at Sandy Hook. But that isn't her freaking identity. That makes me mad. It's not that I want that to be forgotten. But that is not her story. That is not her life story, that is only how she died. That is more my story than it is hers... She is who she always was. And I want to remember her and I want other people to remember her that way" (p 11).

Another participant described her own struggle, deferring aspirations to become an advocate or start a foundation in order to immerse herself in understanding grief:

"I remember just wanting to know how I was going to live. When we would get together, people would say, 'What about gun control, what about school safety?' and I remember I raised my hand, 'I just want to know how I am going to survive tomorrow'" (p 13).

Many also feared for the well-being of their other children, concerned *"it may happen again."* Sending them back to school was terrifying for some. Parents coached surviving siblings on how to speak about the shootings, giving them permission to lie to strangers about where they lived so as not to become embroiled in a difficult conversation. Participants expressed a merging of their own grief with the grief of surviving children. Incomplete holidays and the diminishing of siblings' childhood innocence felt unjust. Watching their other children suffer felt unbearable:

"We would have to lay with him until he fell asleep and then try to sneak out of the bed to get things done. And if he woke up in the middle of the night and we weren't there he would just start screaming" (p 4).

3.3. Coping and support

Prominent foci orbited *'things I did to cope'* and *'how others treated me;'* perceived compassion, nonjudgment, and skillful care from others was assessed as supportive. Interpersonal avoidance, territorialism, opportunism, and perceived insincerity roused substantial distress.

3.3.1. Self-care

Some participants' ability to cope hinged on self-palliation and care. Many turned to somatic interventions such as healthful eating, running, yoga, hiking, kickboxing, and other forms of exercise to improve physical fitness. At times, the focus on self-care aided in easing some of the physical symptoms of grief like *"flashing pains"* or to promote sleep and reduce stress. Animals, specifically dogs, were a source of comfort to several participants. For some, the effect was pronounced by witnessing surviving children engage with dogs and the solace it brought them. For others, the emphasis was on being able to care for an animal. Still, for others, their animal symbolized a connection to their child:

"(Our son) named her and she is him inside. She is a little rambunctious. And we still have this little dog who will still look for my child" (p 12).

"Like to have a relationship with an animal that my child knew is

beautiful" (p 8).

3.3.2. Rituals and remembering

Rituals were prominent in coping responses. Some rituals were personal, wearing messaging wrist bands, hanging their children's art, saying prayers, tattoos, and even *"running (in a marathon) for him."* Nearly every participant had a symbolic representation of the one who died, such as seashells and whales and the color pink. Those were tangible reminders that they collected and that held particular emotional meaning. Other rituals were public, sometimes arranged by the community, and most often most appreciated when the participants were consulted. More than half the participants explicitly praised the creation of memorial playgrounds, built or renovated by first responders from New Jersey. This was one of a few ideas upon which all 26 families mutually agreed:

"I met with the firefighters... and they showed me this project. I am like, 'I think we can get everyone on board for this.' And we got everyone on board" (p 1).

Many reported visiting their playgrounds often, all with a dedication plaque for each victim and featured the symbolic representation for each of their loved ones. More informally, *"meaningful"* impromptu memorials appeared everywhere in a town of 28,000 people over the 65 square miles. These were generally well accepted for participants as an outpouring of compassion.

3.3.3. Help-seeking and interventions

Help-seeking was universal. Each participant had some interaction with crisis interventionists, therapists, and counselors, reported as helpful by some and hindering by others. The more favorable therapeutic relationships were with professionals from outside the Sandy Hook-Newtown community who demonstrated compassion, restraint to protect their privacy, and who had specialized training in trauma and grief. A family liaison position, filled by a mother whose son was killed that day, was lauded by nearly all participants as helpful and compassionate, noting that before her, *"it was a nightmare"* for victim families.

Several participants described how meaningful it was when a counselor asked them to bring photos of their children to share. This type of intimate connection felt sacred. Inversely, others divulged that a number of professionals lacked an understanding about trauma and grief and *"seemed overwhelmed"* by *"their own"* emotional reactions. Poor psychological boundaries were a concern. One therapist kept stressing the importance of anger to a grieving parent. She explicitly criticized her *"flat affect,"* insisting this parent express anger. At some point, this participant realized that the *"anger in room"* belonged to the therapist. Ostensibly, perhaps due to the public nature of the shootings, a number of questionable ethical breaches around client confidentiality took place, furthering the chasm of mistrust for these vulnerable families:

"There was no shame and no acknowledgement that there was a breach in confidentiality or professional standards, like ethics... So I say to her, 'You identified yourself as a crisis worker and then you outed my family,' and we fired her. So anytime someone isn't professional enough or doesn't have the training and you end up having to fire someone, that is another loss" (p 4).

A number of *"techniques"* were introduced to participants who opted for therapy including brain mapping, tapping, and eye movement desensitization and reprogramming (EMDR). These therapies were generally reported as ineffective and certainly of lesser import than *"validating of feelings and emotions."* Participants were critical of a *"one-size-fits-all"* philosophy, with concerns that this type of approach *"caused more harm"*. Similarly, an overemphasis in various techniques and provider over-confidence distracted from intimacy in the relationship:

"So I went to three sessions of EMDR, and finally I said this is not working. He said, 'words have made you defensive and guarded so EMDR is going to be perfect for you because we are going to go beyond words into

your psyche and core'... I was uncomfortable. And I like my words. And when somebody is in a crisis, vulnerable state, you don't take that one thing they feel really good about. Maybe I do talk too much. Don't take that from me" (p 4).

A majority of the families were rapidly offered psychiatric medications which most refused and others accepted and later discontinued. Those who discontinued cited "weight gain" or 'it wasn't working' as the reason for cessation:

"Everybody and their grandmother wanted to give us medication for the grief. And I am like F-you. I am supposed to feel" (p 4).

"I took some Prozac for a while, but I didn't find that it helped me, and I gained weight" (p 6).

Relationship-focused care that fostered safety, trust, and a sense of sacredness tended to aid participants' emotional expression. Especially meaningful for one participant was when the therapist also cried "as an act of joining with me" and said:

"I am not afraid of your pain... I am not afraid of your suffering. I feel incredibly sad for what has happened to your family. But I am not afraid.' This isn't a catchy...this isn't contagious. It's not a virus... You heal in community" (p 4).

3.3.4. Quality of social support

One of the most common predictors of participants' subjective coping was cited as social support from numerous sources. Social support enhanced their capacity to cope and insufficient support impeded it. The most commonly conferred sources of support and connection were made with subgroups of other grieving families whose loved ones were murdered that day. Affected families spent time together in ritual and in leisure, and these relationships fostered a sense of safety and belonging. All respondents felt emotionally supported by each other. This mutuality, when the time was right and the connection suitable, was a source of solace, alleviating feelings of loneliness for many. Despite this, some also spoke of how they felt overcome by additional grief for others' losses too:

I usually cry when I say 26, like if I have to say the magnitude and other people's grief makes me cry. I think about the other families and that makes me cry (p 9).

A few victim families connected with others who lost a loved one in the Columbine murders and in the 9/11 attack, one noting that meeting those families "changed everything for the better." Other bereaved parents, generally, were also source of consolation and connection as their circle of relatability extended beyond the shootings at Sandy Hook:

"When your child dies... you just don't know how much pain a body can withstand. I had no idea. So I felt like screaming to the world, 'Anyone who has lost a child I am so sorry!' I had no idea this kind of pain existed" (p 13).

Practical support generated significant benefit, from meal trains that lasted for months to family and friends who acted as "media shields", protecting them from reporters. Nearby friends and family helped with household tasks, childcare, and general caretaking and this was invaluable. When delivering meals, the most helpful strategy was a 'drop and go'. Rather than being expected to entertain or invite people into the home, the most considerate practical aid came without any contact. It felt important that others did not expect anything from the participants:

"A girlfriend that I had not seen since high school emailed me... she just left shopping bags... I opened the door there were six Trader Joe's bags just filled with stuff for the kids, stuff for us, food meal, snacks, you name it. So helpful. Thank you. And she left. I didn't have to entertain her or talk to her" (p 9).

Several respondents, who had a faith based practice, were sustained by the love and support of their spiritual communities. They continued to attend their home church when their faith leader was responsive, compassionate, and exhibited deference to their needs:

"My pastor... has treated me and my family incredibly good, and he has been nothing but respectful and sensitive to our needs and wishes" (p 5).

Respondents were grateful to their church families for organizing

practical ways to help, like helping with housecleaning, finances, and meals. Still, others felt abandoned by their churches, for example, when one spiritual leader left town because "he said he couldn't cope" or their phone calls went unreturned. Others found themselves at odds with hegemony espousing God's will or doctrine that felt judgmental about their ongoing grief, and that created distance:

"I felt incredibly betrayed by modern day American Christianity. If you do the right thing, God is supposed to bless you. If something bad happens, that's cause you must have some hidden sin somewhere...My relationship with God is great. My relationship with other Christians is completely blown" (p 4).

3.4. Community and systems responses

Responses from community members, agencies, and government and corporate systems within Sandy Hook-Newtown were reported as both favorable and unfavorable. Community and system responses most strongly influenced the experiences of the participants. From schools to churches and from corporations to government, stakeholders either fostered cohesion and compassion or division and distrust.

3.4.1. Crisis care

Participants appreciated crisis care when it was humble, protective, and circumspect. Firefighters escorted one family out of the firehouse, pushing back crowds of onlookers in an act of compassion that "was so touching." The assignment of an individual state trooper to victim families was received as exceedingly helpful. One of the troopers became "part of our family" and most everyone felt safer having them. A preponderance of participants said that while the media were parked outside their homes for weeks, some sitting in trees to obtain photographs, others sneaking around the perimeter of homes, state troopers acted as a single point of contact who protected them and assisted in communicating between multiple systems. This single intervention was lauded by all as beneficial:

"He became our conduit to the state police, but not just the state police. He basically said whatever you need, that isn't best handled by a family member, I will handle. And he was at our door at six in the morning and left at midnight everyday for weeks, for months... It was a remarkable program. It was a remarkable thing to do. Incredibly helpful and... it became more and more helpful to have somebody to count on, to help you understand what was going on. Because we spent a lot of time with the state police. All of us. Hours and hours...So having one person that would pick up your call 24/7 to answer a question was monumental" (p 7).

Other relationships were influential in helping mitigate trauma, including a Federal Emergency Management Agency (FEMA) two-member team that provided relationship-centered care. Though a curious interaction, one participant described an intimate moment with this team:

"She said, 'I want you to know that, I had a vision. Before I came here, Mother Mary came to me. Now I am not a Catholic and I am don't have an affinity for Mother Mary. Right, she goes, Mother Mary, came to me and there was another woman with her. And she told me to tell you that she weeps for you, and she asked me to wash your feet. And I... just knew that was truth from my very soul, and I said ok. And so... she sat there with a bunch of people around and her state trooper who drove her. My state trooper was there. She sat on the floor and she washed my feet, very gently. And then she took her scarf and was drying them. And I am like, 'It's beautiful, it's beautiful.' And the trooper is bawling, everybody is crying. It was very moving... I knew Mother Mary sent her. Of course she did. Mother Mary lost her son. She knows my pain of course" (p 8).

Many participants described their crisis interaction with community faith leaders as "insensitive." Some began praying with victim families in the firehouse without consent. One participant "shooed away" a nun for "saying the most insensitive things." Despite any good intention, participants felt their actions were assumptive:

"All the religious came in. Looking back...it was so intrusive...they were

in the firehouse and they get to tell people their beliefs... it seems that was such a sacred place and then these uninvited people came in and it didn't feel good" (p 9).

Several "experts" came from outside the community to hold crisis meetings with victim families. Most participants felt it was "too soon" and "too raw," while others doubted the skill and expertise of the therapist or facilitator. The overall consensus about one specific crisis intervention meeting was that it exacerbated participants' trauma. This singular convening was cited as the genesis of divergences and fractures within the group that has lasted for years:

"He opened it with, 'How you are feeling?' and the minute he did that, it became a dangerous, unsafe place... Anyone who spoke up was bound to say something that was too far ahead for someone or was saying something that someone didn't want to hear because they had had already been through it. And it was not facilitated in a healthy way and it was not managed in a safe way and it was a disaster. And people got up and left almost immediately... And it was a disaster. And it was painful. It was retraumatizing. And the effects lasted for years" (p 7).

3.4.2. Community responses

Participants overwhelmingly described avoidance by others, exacerbating feelings of anger, loneliness, and despair, furthering the chasm between them, those who were injured, and vicariously traumatized bystanders and community members:

"Friends disappeared, their children's friends stopped inviting them over to avoid difficult conversations and explanations. The teachers at the school weren't allowed to mention the tragedy. A student created a mural at the high school in the stair well... a dream catcher with just the date and initials at the top and bottom, barely noticeable yet teachers felt that it was inflammatory and made someone paint over it" (p 9).

Many also expressed feeling that their loved one's death was a 'trigger' for other community members. In an attempt to quell community retraumatization, some members of the broader community avoided them because they "might have to have difficult conversations." Victim names were omitted from the yearbook. Similarly, another participant told about her experience with the school library:

"We donated a book in honor of our daughter to Sandy Hook School. We found out six months after the donation that the book was never placed on the shelves in the school library. The library staff thought that the book "was too tragedy sensitive." There was no mention of the shooting or our daughter's death, so I guess her name was too much of a reminder of something that they wanted to bury. What is frustrating is that many staff in the school publicly speak of their trauma and views on gun violence, but a book donation is "tragedy sensitive" (p 11).

The same mother described logging into the cafeteria website to replenish her other child's lunch monies only to find, next to her daughter's name, the word 'terminated.' Most participants reported feelings of abandonment by key officials in various systems:

"The school...didn't talk to us, they didn't communicate with us. They didn't say anything to us. The board of education completely ignored us. My family, me, my wife. We were completely ignored. There was no correspondence with them. None... it took about a year or two. They wouldn't even acknowledge our loss. Nothing" (p 5).

"I think in the beginning many of the families were cut off from communication because we thought they were afraid of a lawsuit or something like that. But there was no communication" (p 12).

Equally distressing to participants were those in the community who assume ownership of their loved ones or who spoke publicly about their own grief without deference to them as primary victims. One mother described being shocked when she saw a bumper sticker with her child's photo, used without her consent. Another referred to these individuals as 'tragedy badgers':

"Whether it's an emotional colonization or in some way they feel they need to process their grief in public. It seems opportunistic, inappropriate... Over stepping or unnecessarily blatant" (p 7).

The desire by strangers to "be in the know" on social media sites

"disgusted" participants, even when they understood that it was because of the "shocking" magnitude of the tragedy. Participants overwhelmingly described anguish as sourced in the public consumption of their private tragedies. These appropriations of grief disheartened primary victims who described these behaviors as "stealing hope." There was appreciation for support by employers, some of whom provided extended leave and made generous contributions to newly established family foundations. Coworkers donated paid time off (PTO) so participants could continue to receive their standard income. Conversely, some workplaces lacked discernment and did not prepare coworkers to engage sensitively when they returned to work:

"One of the guys on my team, when I walked back in, had this big giant nerf gun and just started shooting it at me. As soon as I walked in! I didn't even get to my desk. I just turned around and walked out" (p 2).

Unmanageable numbers of letters, cards, and gifts came from around the world addressed to "The Families of Newtown" and a clearinghouse was established for their intake. Thousands of stuffed animals, toys, coffee makers, clothing, and memorial items, arrived. Some of the participants, while grateful for the global outpouring of compassion, felt these gestures helped those unaffected by the tragedy cope with their own feelings of helplessness. And these acts were a potent reminder of the goodness, still, in the world for others:

"There isn't a day that goes by that I am not grateful for every single person in the world who wrote to us" (p 7).

There was a propensity to refer to the families as a collective whole rather than recognize each adult or child. Pervasive references in the community to the "20 angel children" or "the 26," for some, felt like unwillingness to affirm the value of each individual life. When one of the 26 spoke, participants' sentiment was that others misinterpreted its applicability to the whole:

"The outside world saw us as one group, completely homogenous, completely in sync with each other and that could not be further from the truth" (p 7).

Conversely, while collective assumptions were made about their needs and identity as a whole, social comparisons were numerous, with abundant public accolades showered on those who were "rockstars," that is, willing to speak often and publicly. One person said he felt "judged" and "ostracized" by those who grieved more privately because he chose to engage a public platform. Similarly, those who preferred more privacy or who remained overtly shaken by their trauma and grief felt unfairly shamed and judged:

"There are many comparisons made about the families, about who might be grieving well or not, or who is doing it right and or not. And that is again incredibly painful... So you know in our situation we were very private and we felt very alone and we felt that we were judged as something less. We were not as important. Our child wasn't as important because we wouldn't open up as easily. We felt forgotten" (p 11).

3.4.3. Insensitivity and entitlements

Overwhelmingly, victim families wanted sensitivity from town leadership and to be consulted about memorials or markers rather than to rely on a "majority rules" ethos. They wanted their children's lives to be remembered and their grief to be honored. Even when the town brought in "the best of the best" to design the new school, participants described incongruent pride and excitement, absent recognition that "they are doing this because 26 people were murdered." The proclivity to relegate those who died to the margins, while focusing only on the living, was painfully expressed by most participants. Participants felt that they, as the most adversely and permanently affected families, should be central to all plans in the town that resulted from the mass shooting. It also angered many participants when community members benefitted from their loved one's death. Some described a significant donation toward a community center by the company of the shooter's father as an insult to their sense of psychological safety, a dishonoring of their loss, and a miscarriage of integrity. Four participants described a large corporation's plan to donate expensive sneakers to young people

in the town. Neither the corporation nor the town requested their consent before distribution. One mother pleaded with the town, and the corporation, to forego the gifts, as they would be a constant reminder of what they had lost in exchange for others' superficial gain:

"Please do not give these sneakers away... The entitlement is becoming too much, too many things, the presents, the gifts. All based on our pain... these sneakers are a symbol of what we lost and what everyone else feels like they are gaining" (p 12).

"You get a lot of stuff if you live here, because our kids died" (p 4).

3.4.4. Threat and conspiracy theorists

Verbal and psychological assault by conspiracy theorists, and even theft and property destruction, was prevalent. One participant was publicly accosted, a stranger "cussing and yelling" at him, while another had strangers trespass and saw them at her window. Some received frequent 'hate' emails: *"You guys should be ashamed of yourselves...many people know that no one died at Sandy Hook...there is zero evidence... hope you can repent from your sins if you are not ignorant to these facts than God help your souls"* (email forwarded from participant) and phone calls or letters saying things like, *"Your daughter is not dead. Your daughter is alive."* These persistent threats from online and in-person stalkers, some known euphemistically as 'truthers,' and even the general public that failed to respect boundaries, were terrifying and retraumatizing:

"It was eerie that they could mail my home address with those kinds of threats" (p 15).

"Unfortunately our family has been targeted by truthers... I believe that they are very dangerous" (p 12).

3.4.5. The monetization of their loss

Participants unanimously rebuked differing aspects of fundraising tactics and allocation. The subject of the *"millions of dollars donated because they died"* was the most acrimonious for participants, and their interactions with large nongovernmental organizations (NGOs) were often fraught with tension. Participants felt the definition of 'victim' was diluted by competing needs and demands of individual stakeholders and agencies. The atmosphere of distrust intensified within the community when those unaffected by the shooting, even those who lived miles away and who did not have children, accepted economic aid. While the sudden financial tide was intended to relieve suffering for those most adversely affected by the shooting, nearly every participant said that the overflow of resources and resource allocation impaired coping:

"Money starts coming in they think it fixes everything...but it doesn't. It complicates. It really complicates. I get that people just want to fix it. They want to fix you, they want to fix the problem. They want to fix us" (p 5).

Participants stated that some local churches collected donations for "victims" without identifying the recipients, absent accountability for distribution. Many felt the NGOs, both large and small, were using their loved one's name and photo to raise funds without their permission and they were frustrated by *"not knowing where the funds went."*

"After my child died there were 80 non profits that began and the majority were not victim family foundations... and all these organizations immediately started fundraising with generic terms, like 'it's for the families'" (p 15).

Nearly all participants noted a lack of sensitivity from leaders of a large NGO that significantly compounded their grief and anger:

"They were defensive. They were dismissive. They were condescending. They were just appalling... They have cases of diversion of funds, and I don't know how toxic their internal politics are and I really don't care. But they left a very bad taste in my mouth, that particular group of people" (p 6).

Two explicitly described a meeting they attended with this NGO. During that meeting, leaders kept referring to the victim families as being *"in the inner bucket of influence"* and this made them both uncomfortable, feeling *"used."* One openly responded during the meeting, *"Can you stop referring to my daughter and my family as a bucket?"* Another participant whose son died described a meeting with a local

politician who said:

"You are lucky you are getting one dollar from us. We don't have to give you anything."

Interviewer: And what was the exact quote as you remember?

"We were being offered a certain percentage of the funds that they raised. And we, as a group, were objecting to it. And he said, on stage, 'You are lucky you are getting anything cause we are not required to give you anything.'...So you are lucky you are getting this. So simmer down, go away" (p 13).

Distribution of the lionshare of ten million dollars to victim families was slow, and those monies were released only after intense political pressure:

"I remember that they, the largest fund out there, wanted to give us a percentage of around 40% of the + 10 M and keep the rest for the community. We fought back and we finally settled on 7.7 M because we were all just tired of fighting with them... I still feel angry that they withheld and retained millions and are sitting on a balance years later. They should have distributed all of the money immediately, holding onto it has only created division" (p 11).

An acclaimed attorney who previously worked with victims of other mass crimes met with victim families, warning several participants that victim families would *"have to sue"* because large NGOs *"try to keep the money"*. Participants felt that was *"...exactly what they did... they took over the largest account. They worked with the attorney general to change the by-laws. They used our kids' images to raise money. We asked them to stop, and they refused"* (p 8).

Most participants said they would have preferred directing donations to local charities representing something their child loved or to one of the primary victim family foundations. In the end, they were each given around \$300,000.00 from the main fund and, with those, many established foundations, later discussed in the *Taking Action* theme. Several participants expressed concerns that the public was unaware the bulk of funds were not distributed directly to the 26 families.

Additionally, opportunists, like online merchants, who capitalized on their tragedy for profit intensified the grief and rage of participants. Clothing, cell phone cases, coffee mugs, and 'souvenir type' products with their children's photos were widely marketed and sold:

"I found an online merchant who was selling things... with my daughter's name on it... And I am thinking who would do this? Why? You know, where, to whom is the money going? It's not coming back to me. Somebody is making a profit off of this" (p 5).

3.4.6. Interaction with media

While a few participants felt the media could be useful to the promotion of their advocacy and nonprofit work, thus a *"double edged sword,"* the majority had a contentious, or at least conflicted, relationship with the media who *"camped"* out at their homes, accosted them in public, and demonstrated disrespect for their personal tragedy:

"We go out of our back door and we walk around to the front, and we just get hit with this wall of photographers... And they were taking pictures and we are trying to move past them and it was just so invading" (p 15).

"My experience of living as a free person in America is gone. I do not live as a free person in America. I am a tragic public figure" (p 4).

They described predacious behaviors, including paying neighbors to produce photographs of children who died and, using the Freedom of Information Act, attempted to obtain photographs of the 'crime scene.' The thought that postmortem photographs might become public added to their trauma and anger. Repeatedly in interviews, participants described having to disconnect phone lines, change phone numbers, abstain from checking email, and hide from an insensitive media who seemed to be solely interested in headlines.

3.5. Taking action

Every participant, in his or her own way, became involved in some

type of social or political activism, advocacy work, or programs designed to help others. While some became involved with newly organized community foundations or preexisting political movements, most directed toward gun control, the majority established their own family foundations named after their children.

3.5.1. Advocacy

Many participants launched family foundations within days or weeks after the shooting. Some participants immersed themselves in legislative advocacy because staying “busy” was a way to cope. All participants expressed a strong desire to both honor their lives and transmute grief through the act of helping others:

“I am one of those people who believes that if you’re not part of the solution then you are part of the problem. I want to fix something. I want to try and solve some of the problems that lead to this... So when, inevitably, very soon after a group of friends and neighbors got together and said they wanted to do something to help, I was attracted to that, and I took part in that. And it was part of my grieving process” (p 7).

Advocacy work was one of the few socially acceptable places for some to express anger:

“I felt very isolated and trapped, and the only time that I didn’t feel all those things is when I was traveling and I had an outlet for all of my emotions. That was working on gun violence prevention... I was in a space where it was acceptable for me to be angry” (p 2).

Still, a few had reasons for not taking action through social or political activism, advocacy work, or new programs:

“It wasn’t my thing. I didn’t want him to be a poster child for a cause and I don’t like asking for money and I am not into fundraising” (p 13).

Those participants noted that the reluctance to engage in advocacy was not express condemnation or disagreement with a cause. However, several described the inception of a political NGO, not founded by a victim family member, as divisive:

“... it increased division. And it is hurtful to the healing and grief process... it interrupted the natural progression, or the natural evolution of friendships in families. It’s just sad. Either you are with < redacted > or you are not. And that created another division. So I would encourage that people actually do not come into a tragedy like this with a movement especially if you are not a family member” (p 4).

It also felt important that others realize that advocacy work doesn’t imply the eradication or resolution of grief; rather, advocacy work was closely linked to coping with grief and remembering their loved one who died.

3.5.2. Connection maintenance

For nearly every participant, helping others was a conduit of meaning and a way to maintain connection to their loved ones and to others. Participants appreciated others who went “out of their way” to promote, fund, and help support their family foundations. Most felt that taking action was a means toward connection and remembrance that felt essential to surviving the loss:

“I get to share my child in front of audiences all over the world... That is healing for me...It’s incredible. It’s such a blessing and gift to me” (p. 7).

“The foundation is to remember my child. He is at the front and center of it...It celebrates his life” (p. 1).

4. Discussion

This is the first study intended to explore the effects of the mass shooting murders at Sandy Hook Elementary School and the ways in which community transactions within the sociopolitical milieu have affected primary victims. It is only one of four studies exploring dose response, that is, greater exposure to mass shooting (Wilson, 2014) in primary victim narratives. The reflexive methodology of this study allowed participants to explore the multifaceted ontology of their subjective trauma and grief. The findings support the essentiality of the five principles of crisis intervention for mass trauma: facilitating a sense of

safety, calming, a sense of self and community efficacy, social connectedness, and hope (Hobfoll et al., 2007). In the absence of the first four principles, hope may be compromised for primary victims.

4.1. Biopsychosocial effects

Both short and long-term effects are congruent with findings from prior studies with bereaved parents, both those involved in mass shootings (Dyregrov, et al., 2015; Wagø, Byrkjedal, Sinnes, Hystad, & Dyregrov, 2017) and those whose children died from other causes (Cacciatore et al., 2014). Specifically, biopsychosocial reverberations on individuals and within family systems are in accord with prior research, though scant, with mass fatality victims and with bereaved parents. Despite one individual having experienced the death of another core family member, this participant’s experiences were aligned with bereaved parents in this sample.

Grief intensity remained high almost five years after the shooting. Emotions around grief were similar to findings of a prior study (Dyregrov, Kristensen, & Dyregrov, 2018) and included anger and rage, guilt, loneliness, despair, yearning and pining for the deceased, confusion, feeling overwhelmed, intense fear and sadness, and shattered world assumptions (Janoff-Bulman, 1989), expecting their children would, and should, be safe in their classrooms. Some of these expressions, recognized as peritraumatic distress, are indicative of the proposed psychiatric nosology of complicated grief disorder (Killikelly & Maercker, 2017). Indeed, in a sample of bereaved parents and siblings, Dyregrov, Dyregrov, and Kristensen (2015) found elevated levels of complicated grief 1.5 years after the mass killings in Norway, higher in women than men, calling for “specialized, adapted, and competent professional help in addressing the psychological distress, trauma reactions, and the high intensity of grief reactions” (p. 17). However, perhaps the symptom reduction focus should shift toward a deeper understanding trauma and grief emerging from primary victim experiences (Kevers, Rober, Derluyn, & De Haene, 2016). This would diminish the risk of pathologizing normal responses to an abnormal tragedy (Thieleman & Cacciatore, 2014). Given the findings of this study that further evidence of lasting and intense symptoms were found more than four years after the shooting at Sandy Hook, a reassessment of normative versus pathological reactions in primary victims may be warranted. Previous research suggests that “the frequency and intensity of reported distress raises the question of what is normal” in an unnatural and unexpected death (Cacciatore et al., 2014, p. 201). Perhaps the pathology is the violent shooting itself and not the intensely painful reactions of primary victims. To support this end, quantitative measures that normalize intense emotional experiences for catastrophic loss should be developed.

Social effects on participants were vast and varying. Families both came together and fell asunder, victim to the stressors of the tragedy itself, the public scrutiny, and both financial and political controversies. The gradience and chasm between primary victims and others affected in the community intensified grief, acrimony, and anger. Participants in this study felt they had been more adversely and permanently affected by the shooting. Indeed, Smith et al., (2017) found that closer social proximity, more so than physical proximity, predicted grief reactions one year after a mass shooting. Some participants moved due to the tension of others avoiding them and because of community responses that felt, at best, uncompassionate and, at worst, exploitative. Others shared future plans to relocate citing the same reasons. Crisis response teams and clinicians would benefit from specific training in trauma and grief within family systems.

Reported adverse physiological symptoms included trouble regulating the nervous system, evidenced by temperature dysregulation, difficulty breathing, rapid heart rate, and trembling. Many also reported early symptoms of global pain, headaches, gastrointestinal distress, physical ‘sickness’ and ‘aching’, lethargy, and feeling ‘out of body,’ later followed by weight loss and gain and persistent shifts in

sleep patterns. Cognition was challenged evidenced by impaired short and long-term memory, inability to focus, and diminished clarity. Physicians caring for primary victims should be aware of these symptoms as a possible outcome from trauma and aid primary victims in self-care that emphasizes physical health and well-being.

4.2. Coping and support

One of the most important findings in these data was the need for individualized, sensitive care that promoted a sense of emotional and physical safety. What was helpful for some may not have been helpful for all. Thus, manualized approaches to trauma and grief may be counterproductive. Participants viewed others whose actions seemed assumptive and focused on fulfilling their own needs as insensitive, for example, praying with someone of a different faith without consent. Conversely, relationship-focused care was most often perceived as compassionate, such as in the case of the FEMA team, whose interactions felt “*holy*” perhaps because of the tenderness conveyed by the social worker, the state trooper who provided much needed protection and safety, and the family liaison who understood their experiences through a common, albeit tragic, bond. The establishment and maintenance of a single point of contact, or even a point of contact team, is advisable.

Participants’ ability to cope was closely linked to help seeking behaviors as well as to the ways in which others in their personal social system supported them. Social support is protective after tragedy especially, perhaps, mass shooting when so many competing interests are engaged (Wågø, et al., 2017). Many explored nontraditional and traditional means of self-help while others found no solace in anything other than connecting with other bereaved families, especially those who survived the same tragedy. Interpersonally, participants perceived the expression of compassion, nonjudgment, humility, and discretion from providers as supportive, while a focus on techniques detracted from feelings of safety and trust. Particularly in a small town with a highly publicized mass tragedy, it is crucial that crisis and mental health providers exercise confidentiality. Neighbors, friends, and family members who were perceived as helpful were those who remembered their loved one in tangible ways, protected their privacy in the community, supported the family as a system, and provided practical aid without any expectations. These transactions seemed to have a buffering effect for participants similar to findings in a previous study on bereaved parents after mass shooting, and the inverse was also reported (Dyregrov et al., 2018). Participants reported ritual as mnemonics, vitally important for their coping. Some were enacted publicly and others, micro-rituals, tiny acts of remembrance conducted privately (Cacciatore & Flint, 2012). Trusted providers and faith leaders in the community can facilitate rituals but should do so with consent.

Participants felt violated by providers and community members who were unaffected, or remotely affected, by the shootings but who still laid claim to personal grief. Poor emotional boundaries, lack of deference to the primary victims, those “who are most personally, physically, and psychologically exposed to trauma” (DeWolfe, 2004, p. 12; Shultz et al., 2013), and the inability to “bracket” their own distant experiences of the shootings intensified anger and grief (Duerringer, 2016). These behaviors may be compelled by “a sense of national community as... individuals feel both the grief that is often repressed in personal contexts and a need to actively respond” (Jorgensen-Earp & Lanzilotti, 1998, p. 157). The sanitization of death in Western culture is thought to advance these types of personalized reactions by the public in the case of private calamity. Especially salient were criticisms about opportunistic and exploitative behaviors, such as feigning closeness to victims on social media for attention and profiting from their deaths during the acute crisis and in the years following.

4.3. Community and systems responses

While participants reported both helpful and harmful interactions with local and federal systems, inconvertibly, the detrimental narratives were dominant, largely directed toward school leadership, local government, NGOs, and marauding strangers. Contributing to the poor perception of community and systems responses included obstructions to prompt and accurate information immediately after the shooting, insensitive handling of death notification, unilateral decisions about the erections of public memorials and rituals, and financial benefits to groups and individuals due to the tragedy. Many participants felt the competing agendas of these larger systems contributed to between-group fractures, evoking conflict instead of harmony amongst primary victims. Also harmful was the propensity to pigeonhole all victim families together into “*the 26*” with a common identity and needs. Just as many reported a lack of interpersonal compassion, participants also described a similar lack of compassion during interactions with larger systems. All these factors significantly increased their emotional and social distress. Participants wanted the macrosystem to convey respect for them as primary victims, remember their loved ones always, and help protect them and their families in the community.

Feelings of abandonment by school leadership and local government were fueled by inadequate communication and what felt like attempts to erase and expunge their lived reality. Participants appreciated the spontaneous memorials erected in the community during the acute trauma more so than memorials as sanctification which contributes to history revisioning toward comfort for the masses. Foote (2016) uses this term, sanctification, for monuments intended to recognize communal tragedy, noting a propensity for erasure, for “sites of tragedy to be cleaned, repaired, and put back to use” (p. 117). Victims are marginalized in that process. While attempts to curtail institutional memory of the ones who died occurred within the community, politicians became rhetors of memorialization, organizing marches and rallies and issuing proclamations sometimes without consulting participants, and this felt like a usurpation of their grief. Community entitlements and social benefit accrued for those who did not suffer the death of a loved one added to grief and mistrust, and most participants felt revictimized by these behaviors. The media, too, had a mostly negative impact on participants primarily because of unsolicited and persistent attempts to contact them. Uninvited, reporters pursued participants in person, via email, and in phone calls trying to obtain information, with no apparent concern for their privacy or pain. The media, as a whole, requires trauma sensitivity training, and laws to protect victims should be considered by sympathetic legislators.

Beneficial relationships with providers and therapists were mostly lacking, and most participants felt strongly that they lacked adequate training in trauma and grief, unable to distinguish between their own feelings of community grief and participants’ direct experience with grief. Few participants reported benefit from crisis intervention or therapy. Many resented the explicit or implicit insinuation of their responses to the deaths of their loved ones as pathological. Academic training for providers and first responders should require coursework in trauma and grief sensitive care that is culturally sensitive. Faith communities are uniquely positioned to provide practical aid to families in crisis and, with under the tutelage of a compassionate leader, can be a tremendous source of practical and emotional aid. Faith leadership teams should ensure that they represent compassionate, nonjudging support for these families that focuses on their unique needs.

4.4. Taking action

Every participant took some action, whether in a substantial and long-term commitment to a cause or a tiny, mostly invisible, act of kindness. Nearly all described salutogenic effects of social or political advocacy work, family foundations, or the creation of social aid programs. Each person had his or her own reason for choosing what action

to take, most related to something important about his or her child or other loved one. This felt like a way to maintain the connection to their loved one who died. Support from family and friends for their specific foundations was reported as essential to them. Importantly, this work did not assuage their grief. Rather it was means through which to focus on helping others through advocacy and prevention, support, education, and as a means to direct their suffering after such profound loss.

5. Limitations

This is a study of a single mass shooting and the specific experiences of primary victims, defined as those whose loved ones were murdered. All but one participant experienced the death of a child. Because this study is proximal and circumstance specific, as well as a homogenous sample with only 15 participants, findings may not be representative of every primary victim of a mass shooting. Certainly, much more research is necessary to understand more fully the totality of mass shooting effects and “to better understand the mechanisms through which risk and protective factors contribute to longer term outcomes” (Lowe & Galea, 2017, p. 78). Further research should be expanded to other primary victims of mass shootings whose loved ones have died to explore replicability of these findings. Macro systems may be widely unprepared for these types of large-scale tragedies and the need for vital systemic changes, that include extensive and mandatory psychoeducation in acute and long term biopsychosocial effects of mass trauma, may be necessary.

6. Conclusion

The mass fatalities at Sandy Hook Elementary School set into motion profound and lasting agony for primary victim families. Adding to that suffering is the aftermath, from which there is much to learn toward betterment. Trauma and grief, understandably, endure for them, even years later. Yet, also influencing outcomes in this study were systems and stakeholders that interacted with participants. In some cases, such interactions yielded benefit. More often, though, these transactions resulted in the retraumatization of victim families, furthering their biopsychosocial distress, relational fractures, and capacity to cope.

In order to attenuate the negative, long-term outcomes of mass traumatic grief, federal, state, and local agencies and schools should provide compulsory and comprehensive training on trauma informed psychological aid, crisis communication, and death notification. Primary victims' needs should be prioritized and their assent should be sought in public events and memorials intended to remember those who died. Community based services for survivors should be offered separately from services for primary victims. Crisis workers and therapists should receive specialized trauma and grief training specific to mass tragedy. While many families reported that connecting with other grieving families was one of the most helpful sources of support, victim group meetings should not be organized too hastily. Crisis intervention can focus on individual families rather than the entire group. It may be more prudent to connect families to one another when they are not as stunned by trauma and feel more prepared to face others. The faith community has an important role to play for many. Most helpful is when they are quietly present, provide safety, practical aid, and compassionate, nonjudging discourse around grief.

Fundraising entities should have more oversight and focus on timely distribution of funds and more transparent communication, especially when their children's stories are being put forth in order to raise funds. Because of their potential for direct contact with the most vulnerable victims, fiduciary NGO representatives should undergo extensive training in compassionate crisis communication and ethical resource dissemination practices. Structural reform is needed for the media covering mass tragedies, including no-contact policies, in order to ensure physical, emotional, and social safety to those most vulnerable.

While implementation of widespread psychoeducation programs on grief and trauma would present challenges, it is necessary. For example, employers should provide education on crisis sensitivity so that when a primary victim returns to the workplace, he or she is met with sensitivity. Extended leave should be offered after mass shooting in lieu of the usual three-day bereavement leave. Stricter anti-stalking laws, both online and in person, should be enacted for victims of crimes who are in the public sphere.

What solace there was to be found came from expected and often unexpected sources, family and friends, neighbors, employers, and strangers, in ways that were sublime and respectful, discreetly honoring their loved ones who died and protecting their privacy in the public sphere. Both individuals and systems yielding to participants' needs were most helpful. Those suffering trauma and grief, indeed, need the support and compassion of others in order to endure the unendurable (Dyregrov et al., 2018). Insensitivity, public scrutiny, and appropriation of their private grief compounded their suffering. Pretending the tragedy did not occur, or worse efforts to expunge the lives and deaths of their loved ones from memory, even years later, simply obfuscate the grief of those who lost the most. The final principle of crisis intervention, hope (Hobfoll, et al., 2017), should evolve from a social and community system embedded with compassion, wisdom, and love.

Compliance with Ethical Standards

The authors of this manuscript have complied with NASW ethical principles in their treatment of individuals participating in the research, program, or policy described in the manuscript. The research has been approved by Arizona State University's Institutional Review Board.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

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