

Facilitator Guide

Domestic Violence Advocacy: A Disaster Response



Facilitator Guide

National Domestic Violence Hotline

Acknowledgements

This curriculum was developed in collaboration with the National Domestic Violence Hotline, The Florida Coalition against Domestic Violence, New Jersey Coalition for Battered Women and New York State Coalition against Domestic Violence Coalition. The joint efforts of these organizations created this comprehensive guide for professional staff who support victims of domestic violence and who need tools to enhance their disaster preparedness practices and protocols.

A special thanks to Julie Ann Rivers-Cochran from The Florida Coalition against Domestic Violence for providing an excellent disaster-focused lens for this guide.

This guide also draws from the outstanding research conducted by organizations and independent scholars with on-the-ground experience in disaster response and emergency preparedness for vulnerable populations. Organizations such as the Women’s Health Goulburn North East and the National Sexual Violence Resource Center offer excellent models of family and sexual violence intervention in disaster research, along with independent scholars and activists such as Elaine Enarson and Laura van Dernoot Lipsky. We are grateful to learn from their stellar work and share it here.

Authors:

Melissa Kaufmann, Volunteer and Training Manager - National Domestic Violence Hotline
Michelle Emery, Training Specialist - National Domestic Violence Hotline



The production of this training material was supported by Grant #90SV0001-01-00 from Administration of Children and Families. Its contents are solely the responsibility of The National Domestic Violence Hotline and do not necessarily represent the official views of the Administration of Children and Families.

Introduction

Superstorm Sandy's aftermath resulted in thousands of damaged homes and businesses in New Jersey and New York, over \$1 billion in property damage, and over 100 tragic deaths. For many people, Superstorm Sandy exposed the underlying social disparities among vulnerable populations such as the elderly, poor or low income, single mothers, people with disabilities and victims of domestic violence. Specifically, barriers experienced by victims of domestic violence in natural disasters include disrupted legal systems and social services. As Elaine Enarson (1997) states, "disasters are not only powerful physical events but complex social experiences for individuals, households and communities".

Community organizations, such as those that focus on domestic violence, also face challenges to sustain the wellbeing and resilience of staff after disasters strike. Disaster preparedness is important, and practices focused on response, recovery and mitigation are equally important. These issues pose additional challenges requiring practice, collaboration, and relationships with other local agencies.

This guide serves as a tool for interested organizations to ensure trauma-informed best practice for disaster management in the context of domestic violence. It is based on both research and practitioner evidence.

The guide addresses the following questions:

- What is a natural disaster? What does gender-based violence look like in disaster?
- What are the specific barriers that victims of domestic violence experience in disaster?
- Who are first responders? What do they do?
- What are the steps to disaster relief in my area?
- What protocol can my agency follow to ensure residents, clients and staff are safe in the event of a disaster?
- How can I support a victim/resident who is experiencing domestic violence and disaster at the same time?
- How do I, as a staff person, get the support I need?

This curriculum aims to address these questions, among many others, as we examine the intersecting dynamics between domestic violence advocacy and disaster response and recovery. We've divided this training into four sections:

Section One will focus on the nexus of domestic violence and natural disaster. We will explore the barriers and adverse impacts disasters have on victims of domestic violence.

Section Two will offer step-by-step protocols for standard emergency preparedness and response. Advocates and staff members are welcomed to re-visit their agency's disaster plan, or use the information in this section to develop their own. From best practices to considerations in the field,

staff members will gain a deeper understanding of disaster response as it relates to their advocacy for survivors of domestic violence.

Section Three will then explore the impacts of critical stress incidents on workers. This section will be particularly useful for organizations who want to develop a comprehensive debriefing process for their staff.

Section Four will outline the characteristics of compassion fatigue, the impact it has on our work as helpers, and ways to sustain wellness and resilience in multiple areas of our lives.

This guide uses the terms victim and survivor interchangeably. It is considered best practice to allow the person impacted by domestic violence to self-identify whichever term he or she prefers. The terms “domestic violence,” “gender-based violence” and “intimate partner violence” are also used interchangeably.

This guide often refers to survivors as women victimized by male partners or ex-partners as they disproportionately represent reporting domestic violence victims. We acknowledge that some men are abused by female partners, and that domestic violence impacts individuals in same-sex and trans-gender relationships as well. To that end we use both he and she gendered pronouns.

Table of Contents

SECTION ONE: Domestic Violence and Disaster (1 hr 30 min)	7
Understanding the Nexus.....	9
Disaster Impacts.....	11
Barriers.....	12
SECTION TWO: Disaster Response (2 hr)	15
Disaster Response Structure.....	16
Phases of Emergency Management.....	17
Best Practices for local programs and state coalitions	18
Considerations in the field.....	23
SECTION THREE: Critical Incident Stress (1 hr 30 min)	25
Phases of Reaction to Disaster.....	26
Critical Incident Debriefing.....	27
SECTION FOUR: Fostering Resilience (1 hour 30 min)	31
Compassion Fatigue, Vicarious Trauma and Burnout.....	33
Self Care and Resilience.....	36
<i>References</i>	39
<i>Helpful Resources</i>	41
<i>Activities</i>	42
<ul style="list-style-type: none">• <i>Katrina Voices</i>• <i>Disaster Safety Planning</i>• <i>Phases of Emergency Management</i>• <i>What Did You Need?</i>• <i>Self Care Wheel</i>	
<i>Handouts</i>	47
<ul style="list-style-type: none">• <i>Disaster power and control wheel</i>• <i>Katrina Voices</i>• <i>Disaster Response Structure</i>• <i>Phases of Emergency Management</i>• <i>Disaster phone line transfer process to NDVH</i>• <i>8 phases of reaction to disaster</i>• <i>Sign of Critical Incident Stress</i>• <i>Critical Incident Debriefing</i>• <i>Trauma Exposure Response</i>• <i>4 Quadrants of Self-Care</i>• <i>The 5 Directions</i>• <i>Post-Test</i>	

Objectives

- **Awareness:** Through interactive activities, participants will gain a deeper understanding of emergency preparedness and management in the event of a natural disaster.
- **Intersectional approach:** Participants will better identify multi-layered trauma related to domestic violence and disasters as well as examine factors which affect responses to victim.
- **Skill-building:** Participants will learn disaster preparedness planning, staff debriefing, and best practices in the field of emergency management and domestic violence.

Facilitators

This guide is designed for **skilled trainers with background in facilitating conversations about trauma and domestic violence**. Though suggested talking points and context are provided, this guide does not include information on facilitation skills.

Audience

The curriculum targets staff and volunteers who provide social services, manage shelters or community advocacy organizations, and others who support victims of domestic violence.

Notes

- **Number of participants:** This is designed for a group of 15-20 participants because of its experiential nature. If the training is conducted for a larger group, facilitators will need to shorten and target the discussion to balance participant needs and timing constraints.
- **Length of time:** 8-hour duration, including a 45-minute lunch and a few small breaks. The training is in four sections. The entire curriculum may be facilitated in one day or split up.
- **Webinar vs. In-person Training:** Although this curriculum can be facilitated via webinar, it's highly suggested that it be held in-person. Participants can ask in-depth questions, fully partake in the interactive exercises and strengthen their learning. For new groups, consider conducting an "ice breaker" for group cohesion.
- **Self Care:** It is advisable to choose a comfortable venue that accommodates participant movement, has natural lighting, and is easily accessible to local restaurants. Frequent breaks including for lunch are also recommended. Providing refreshments or informing participants to bring their own snacks and drinks is important.
- **Trauma-Informed:** It is important that participants are not unnecessarily exposed to visual images or audio stories that may provoke triggers and bring on vicarious trauma. If possible, this curriculum would benefit from a follow-up future discussion or check-in.
- **Internet:** The presentation requires internet access. If the facility doesn't provide access, ensure that you have the necessary technology including a WIFI card and speakers.
- **Talking Points:** It is recommended to read through the facilitator guide in its entirety to become familiar with the concepts and talking points. To further enhance knowledge, it is advisable to read through the references and resource links provided. The talking points and notes are meant as a guide for the facilitation of each slide, so facilitators are expected to prepare in advance to allow for adding in natural tone, pace and language.

Useful Definitions

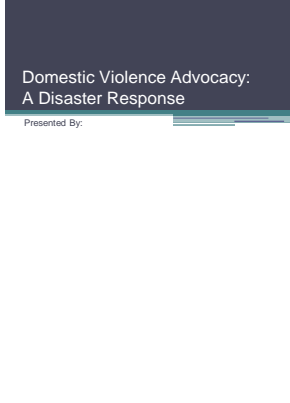

- **Advocacy:** A working relationship or partnership in which “the victim’s perspective and the advocate’s information, resources, and support are combined to enhance the victim’s safety strategies.” The advocate and victim continue to implement and modify strategies as the victim’s life and circumstances change.--Futures Without Violence
- **Domestic Violence:** “A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. It can be physical, sexual, emotional, economic or psychological actions or threats, including behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.”--The Office of Violence Against Women
- **Mitigation:** Steps to prevent or lessen the effects of an emergency or disaster.
- **Natural disaster:** A situation necessitating a request at a national or international level for external assistance caused by a natural process such as hurricane, earthquake, flood, volcanic eruption, tsunami, tornado, winter storm, heat wave, wildfire, drought, or mud slide.--Center for Research on the Epidemiology of Disasters
- **Preparedness:** Taking action before an event to ensure readiness for an emergency, such as developing a disaster management plan, training employees and having adequate supplies.
- **Response:** Action taken immediately in response to a threat, primarily to ensure safety.
- **Recovery:** Restoring organizational operations damaged or disrupted by a disaster.
- **Severe Weather Evacuation:** Minimization of the potential for human injury and facility damage. In domestic violence shelters, evacuation also accounts for and promotes the continuation of advocacy beyond the shelter facility.
- **Validation:** Acknowledgement of a person’s emotions, feelings, and experiences in an accepting, safe and nonjudgmental way.




SECTION ONE: DOMESTIC VIOLENCE AND DISASTER

Natural disasters, such as floods, hurricanes, tornadoes, tsunamis and earthquakes are powerful adverse events that have extreme impacts on individuals, families and communities. In the event of a disaster, survivors of domestic violence are confronted with the additional trauma impacts and barriers specific to natural disasters. Domestic violence is an “ongoing disaster” happening at an intimate level. Already isolated, financially dependent and with limited social networks, victims of domestic violence are even more vulnerable when a disaster occurs. Their environments become more dangerous and isolation increases as support and local services are overwhelmed.

According to the World Health Organization, there are data and anecdotes showing an increase of domestic violence after disasters. Moreover, the disaster places stress on community service demands. Access to counseling, shelter, courts, and schools is more difficult. For those families that experience additional barriers such as language and material poverty the struggle to access services can become even more daunting.

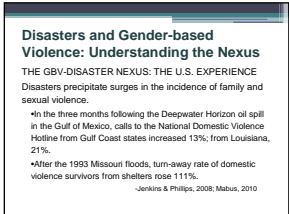
This section will examine the intersection of domestic violence and disasters and the impact it has on victims and survivors. We will also explore the ways in which abusive partners can use a disaster to continue domestic violence as well as the additional challenges and barriers faced by victims.

<p align="center">Slides 1 & 2</p>	<p align="center">Welcome, Introductions, and Objectives 15 minutes</p>
	<p align="center">Welcome and Introductions</p> <ul style="list-style-type: none"> • Opening and Facilitator Introductions: Welcome everyone to the training and express gratitude for their participation. • Facilitators introduce themselves by name, organization affiliation, job title, and any other pertinent information for this training. • Participant Introductions: Invite participants to introduce themselves by sharing their name, organization affiliation, job title and one thing they hope to get out of this training. • Housekeeping: Once everyone has introduced themselves, discuss bathroom location, refreshments, cell phones, breaks, taking time out and agenda overview including lunch and training end time.
 <p>OBJECTIVES:</p> <ul style="list-style-type: none"> • Identify the intersection between domestic violence and disasters. • Explore additional barriers for domestic violence disaster victims. • Identify best practices for disaster preparedness. • Identify characteristics of compassion fatigue and vicarious trauma. • Discuss the importance of self care and holistic wellness. 	<p align="center">Objectives</p> <p>*Facilitator Note: Ask participants to read the introduction and definitions.</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • We’re going to be covering a lot of information. Before we review the objectives, we want to emphasize that this training is highly interactive and conversation-based. Some of the topics we’ll be covering will be a refresher for you, and new to another. Feel free to enrich the training with your stories, knowledge and perspectives. • We are providing this training to build skills in disaster relief for our organizations, advocates and clients/residents/survivors we serve. • We will take some time to reflect on the impacts of Hurricane Sandy, including success stories and moments of struggle. • Specifically, here is an overview: <ul style="list-style-type: none"> ○ We’ll discuss the nexus of domestic violence and natural disaster, the barriers that are specific to victims of domestic violence during and post-disaster, and examine disaster through a gender-based violence lens. ○ Based on the extensive research from the Florida Coalition Against Domestic Violence and scholars such as Elaine Enarson, we’ll share best practices for disaster preparedness for domestic violence organizations. ○ Then we will discuss critical stress incidents, their impacts, and a technique for supporting and processing these impacts called critical stress debriefing. ○ As practitioners, we are exposed to trauma that can have personal and professional impact on us, and so we will talk about compassion fatigue, vicarious trauma, and burnout and ways to develop resilience to lessen their impact. • For purposes of this training use we will use “victim” and “survivor” interchangeably.

<p>Slides 3-11</p>	<p align="center">SECTION ONE: Domestic Violence and Disaster 1 hour, 15 minutes</p>
<p>Section 1: Intersection of Domestic Violence and Disasters</p> <p>The word disaster implies an incident that is intense, powerful and damaging, adverse and extreme.</p>  <p>Domestic Violence is an ongoing disaster experienced at a personal level.</p>	<p align="center">Intersection of Domestic Violence and Disasters</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • It is not just that they are victims of violence, nor is it just that they are victims of disaster, but at the intersection of these two sets of ongoing events where our understanding and knowledge is challenged. First, Katrina undermined regional capacity to respond and taxed national reserves (Quarentelli 2005). Second, and just as important, is seeing it as an <i>ongoing event</i>. The flood waters may be gone, but dislocated lives linger. Women who are victims of domestic violence are caught in this vortex and their abilities to keep themselves and their children safe are increasingly challenged. • Survivors living with the “daily disaster” of domestic violence are also highly vulnerable when disasters transform geographies, institutions, and relationships. In the vicious dynamics of power and control, victims live in a world of increasingly narrow social networks, often isolated, unable to take or keep paid work, lacking transportation, and financially dependent. Like their physical and emotional health, their sense of self-worth and efficacy diminishes in the face of continued violence.
<p>Intersection of Domestic Violence and Disaster</p>  <p>“One client’s ex-husband came by and took all the blankets so he would be warm—leaving her and her children in the cold/dark” —Advocate from NJ</p>	<p align="center">More On the Intersection of Domestic Violence and Disaster</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • In disasters, victims can experience abuse in overt and subtle ways as depicted in the quote. • Domestic violence is a silent epidemic often difficult to discuss because of the shame and secrecy associated with it. After a disaster, domestic violence continues, yet the devastation facing the community exacerbates barriers and limits resources.
<p>Disasters and Gender-based Violence: Understanding the Nexus</p> <ul style="list-style-type: none"> -1998 Ice storm- Canada -Loma Prieta earthquake - CA -Hurricane Andrew -Hurricane Katrina -Hurricane Floyd 	<p align="center">Disaster and Gender-Based Violence: Understanding the Nexus</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Disasters disrupt physical and social environments. Emerging research on this nexus shows that disasters are likely to increase individual, family and community vulnerability to violence. The effect is that disasters have an immediate and long- term impact on violence. <p>(http://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf)</p> <ul style="list-style-type: none"> • Research shows that periods of great stress increase the prevalence of domestic violence. Here are more examples from a fact sheet by Elaine Enarson: <ul style="list-style-type: none"> ○ Montreal Ice Storm 1998: a Police Chief reported that 1 in 4 calls the following week came from women about abuse. The local hotline was closed for 2 days.--<i>Globe and Mail</i> January 14, 1998: A6 ○ Loma Prieta earthquake in Santa Cruz 1989: director of a

battered women’s shelter reported requests for temporary restraining orders rose 50% afterwards. Reported sexual assault rose by 300%.--Commission for the Prevention of Violence against Women. 1989. *Violence Against Women in the Aftermath of the October 17, 1989 Earthquake: A Report to the Mayor and City Council of the City of Santa Cruz*

- **Hurricane Andrew in Miami 1992:** spousal abuse calls to the local helpline increased by 50%. (Laudisio & Gigi)
- **Hurricane Floyd in North Carolina 1999:** In the 6 month period after, the rate of inflicted Traumatic Brain injury in children under two increased 5 times in counties severely affected by the hurricane.



The Nexus Continued: Hurricane Katrina

Talking Points:

- Consider the following information from the report “Katrina and the Women of New Orleans.”
(<http://tulane.edu/nccrow/upload/NCCROWreport08.pdf>)
- **Individuals who are “socially and economically disadvantaged before a disaster are the ones who will experience a disproportionate share of the negative impacts after the disaster.”**
- Earnings gap between men and women:
 - Pre-Katrina: 81.6% (2005)
 - Post-Katrina 71% (2007)
- Women are concentrated in lower paying occupations that pay the same or less in 2007 than in 2005.
- With lower pay, women are disproportionately in need of low-income housing.
- Rents have increased by 46% since the storm. In addition, the inflation rate was 6.1% in the same period.
 - Sexual assault rates in Mississippi rose from 4.6 per 100,000 per day when Hurricane Katrina first hit to 16.3 per 100,000 per day a year later.
(<http://rhrealitycheck.org/article/2012/11/01/lessons-from-katrina-how-natural-disasters-can-impact-womens-safety-and-economic/>)



Voices from Hurricane Katrina

Activity #1: 10 minutes

***Facilitator Note:** See page 42 in this guide for instructions. Refer participants to their handout entitled *Katrina Voices*, which is page 48 of this guide. Review instructions and complete the activity on your own as best you can before leading participants in the training.

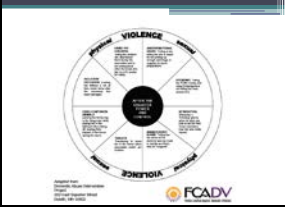
Disaster Impacts



- Infrastructural Effects Upon Community:
 - Reduces Support
- Behavioral Effects Upon Women:
 - Reduces Resilience
- Cultural Effects Upon Community:
 - Increase Risk
- Behavioral Effects Upon Potential Abusers:
 - Increase Risk
- Socio-economic Effects Upon Women:
 - Reduces Protection

Disaster Impacts


Talking Points:

- **Infrastructure Effects on Community: Reduces Support**
 - Disasters impact survivors and the systems that support them in government and civil society, including community women’s social networks, rape crisis centers, shelters, health systems, and systems for the provision of law and order.
- **Behavioral Effects Upon Women: Emotional Stress**
 - Individuals react to disasters differently, depending on:
 - their history with trauma
 - resilience and self-care skills
 - access to resources post-disaster
 - social support systems(Norris, et al., 2002; North, et al., 1999; De la Fuente, 1990; Overstreet & Burch, 2008)
 - “A post-Katrina study of 1,043 adults found women to be 2.7 times more likely than men to have Posttraumatic Stress Disorder and 1.3 - 2 times more likely than men to have an anxiety or mood disorder other than PTSD.
 - Another study of 576 caregivers found that 46.5% of female caregivers reported clinically significant psychological distress compared to 37.5% of male caregivers.” (Katrina and the Women of New Orleans 2008)
- **Cultural Effects Upon Community: Increases Risk**
 - There is evidence to support the idea that in the recovery phase from many disasters, there is often a cultural move toward more patriarchal decision-making systems and more “traditional” gender roles.
 - For example, in Aceh, Indonesia, women’s role in community decision making further declined after the 2004 tsunami as society was rebuilt on a more male-oriented model.(Umar, et al., 2006).
- **Behavioral Effects Upon Potential Abusers: Increases Risk**
 - Factors Escalating Abuser Behaviors
 - Increased psychological stress
 - Experiences of powerlessness
 - Environmental stimuli to rage response
 - Increased time with partner and family
 - Common Abuser Actions Post-Disaster
 - Threats of harm based on victim maintaining past expectations amidst chaotic circumstances (eg cooking, cleaning, caretaking, shopping)
 - Isolation or exclusion
 - Use of children and pets to control partner
 - Minimization of blame for own behavior
 - Economic abuse in relief environment(Florida Coalition Against Domestic Violence, 2010)

	<ul style="list-style-type: none"> • Socio-economic Effects Upon Women: Protective Factors <ul style="list-style-type: none"> ○ In the economic shockwave of the disaster recovery period, women often experience an erosion of economic security—with corresponding loss of support and protective services for domestic violence.
	<p style="text-align: center;">Power and Control Wheel: Disasters</p> <p>*Facilitator Note: See page 47 for the wheel and refer participants to their handout entitled <i>Disaster Power and Control Wheel</i>.</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • This Power and Control Wheel is specific to those affected by disasters and was created by the Florida Coalition Against Domestic Violence. This diagram represents all the ways someone can use these tactics during a disaster to exercise control and power over their partner. <p>*Ask participants: Can you think of how batterers may utilize the dynamics of a disaster to further abuse?</p> <ul style="list-style-type: none"> • For example: Economic and Post disaster, the husband took the insurance money to “do the work himself,” and forced the family to live in an uncompleted house without doing any repairs. • When safety planning, consider how the geography of the community was impacted. <ul style="list-style-type: none"> ○ For example, a route a survivor typically takes to get to the shelter may be damaged or impassable.
<p>Supporting Victims in Disaster: The Barriers</p> <ul style="list-style-type: none"> • Domestic violence will continue post-disaster and may escalate. • Isolation is increased. • Social networks are disrupted or destroyed. • Disaster response may focus on the needs of the many and those in acute need. • Local providers will be challenged to respond. <p style="text-align: right; font-size: small;">(Jenkins and Pridgen, 2006)</p>	<p style="text-align: center;">Supporting Victims in Disaster: The Barriers</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Domestic violence will continue post-disaster and may escalate. <ul style="list-style-type: none"> ○ 53% increase in domestic violence after Christchurch, NZ earthquake. ○ Four-fold increase in domestic violence after Hurricane Katrina. ○ Increase in domestic violence after Exxon Valdez oil spill (http://www.whealth.com.au/documents/work/family_violence_disaster/Facilitator_Manual.pdf) • Isolation is increased. <ul style="list-style-type: none"> ○ The survivor may have little opportunity to leave the home therefore remaining with the abusive partner. ○ Neighbors may have left, and fewer people are there to help. ○ The survivor may not have transportation to her job or the roads/ bridges are blocked. Work may be the only daily escape from the violence. • Social networks are disrupted or destroyed. <ul style="list-style-type: none"> ○ Due to evacuations, people are separated. ○ Lack of access to internet or no phone lines. • Disaster response may focus on the needs of the many & those in

	<p>acute need.</p> <ul style="list-style-type: none"> ○ Many disaster responders are trained to help those in acute danger or who are seriously hurt first. ○ These responders may not have the time or knowledge to assess for domestic violence. <ul style="list-style-type: none"> • Local providers will be challenged to respond. <ul style="list-style-type: none"> ○ Those working at the local level may be displaced or experiencing primary trauma and find it difficult to help those in need. ○ Services may be closed or damaged, there may be an influx of those in need of shelter, and staff may also need to be housed there. (Jenkins & Phillips)
 <p>Supporting Victims in Disaster: The Barriers</p> <ul style="list-style-type: none"> • Lack of privacy to talk • Maintaining confidentiality • Communication lines to other supporting agencies are down • Custodial parent attempt to regain custody • Protective Orders • Lack of trauma counselors • Housing • Childcare • Translators • Pets 	<p style="text-align: center;">Supporting Victims in Disasters: The Barriers</p> <p>Talking Points: Some additional considerations that exist due to the intersection of domestic violence and disasters include:</p> <p>Privacy:</p> <ul style="list-style-type: none"> • Support services may be offered in a large open space without much privacy. This communal living may expose part of people’s lives they do not want to share. <p>Confidentiality:</p> <ul style="list-style-type: none"> • Disaster responders may know the victim or those staying at the same shelter. Confidentiality is extremely important in these situations to ensure victim safety but also to preserve their right to privacy and self-disclosure. <p>Communication:</p> <ul style="list-style-type: none"> • Coordination between government, service and advocacy organizations is difficult due to infrastructure challenges (eg roads, phone, internet), overwhelming need for services, and limited staff. <p>Protective Orders:</p> <ul style="list-style-type: none"> • They may not be able to be obtained because the courts are closed or damaged. Law enforcement may be unable to enforce existing orders because their services are taxed. <p>Trauma counselors:</p> <ul style="list-style-type: none"> • Access to medical services for the uninsured may not be available or damaged due to disaster. Counselors may not speak multiple languages or understand cultural implications of trauma. <p>Custody:</p> <ul style="list-style-type: none"> • The abusive partner may try to obtain custody by demonstrating the other partner is unfit because they lost their house in the disaster. They may keep the child during visitation and not attempt to reunite the child with the custodial parent. <p>Housing:</p> <ul style="list-style-type: none"> • Housing shortages and displaced friends and family may force someone to stay with their abusive partner or return to their home if they have already left.

	<p>Childcare:</p> <ul style="list-style-type: none"> • No longer able to leave child in daycare or with family to go to a job. <p>Translators:</p> <ul style="list-style-type: none"> • Lack of access to translators may cause individuals to rely on their partners or children as interpreters reducing the likelihood they will be open about what is happening and receive the help they need. <p>Pets:</p> <ul style="list-style-type: none"> • People may not leave during an evacuation, go to a shelter or stay with friends because they have pets they need to care for. <p>*Ask participants for additional considerations from their experiences in the field that may pose as a barrier or challenge to someone getting help.</p>
--	--

<p>Safety Planning Activity</p> 	<p style="text-align: center;">Disaster Safety Planning</p> <p>Activity #2: 20 minutes</p> <p>*Facilitator Note: Review instructions and complete the activity on your own as best you can before leading participants in the training. See page 43 of this guide for instructions.</p>
---	--

SECTION TWO: DISASTER & EMERGENCY PLANNING


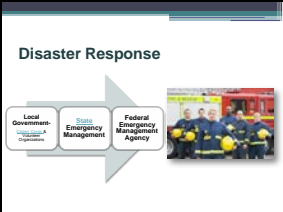

Disaster response and management is a complex set of protocols and procedures facilitated by a number of response teams and individuals. Due to the everyday work of domestic violence agencies long range planning, such as disaster planning, is often not conducted. As Elaine Enarson states:

Disaster planning is not often a priority in battered women's shelters or transition homes, where your work focuses on daily survival issues. But your shelter is the only home women in crisis have, and it will be directly or indirectly impacted should a major disaster hit your neighborhood. Working through worst-case scenarios to assess risks, vulnerabilities, and resources will help your program respond when shelter residents need you more than ever. Staff, volunteers, and board members will also benefit as potential disaster victims and as emergency responders to shelter residents and clients.


DISASTER PLANNING FOR SHELTERS:
Guidelines for Staff, Volunteers, and Boards
(<http://www.emforum.org/vlibrary/appendxa.htm>)

Based on the many lessons learned from Hurricane Sandy, we've been able to compile research, best practices and protocols that can be used in disaster situations. In this section, we'll answer the following questions:

- Who are first responders? What do they do?
- What does disaster relief and recovery look like in my area?
- How I can support victims of domestic violence while facilitating disaster response in my organization?
- How can I prepare my loved ones, neighbors and family in disaster response?

Slides 12- 31	SECTION TWO: Disaster Response 2 hours
 <p>Section 2: Disaster Response</p>	<p style="text-align: center;">Disaster Response Introduction</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • This next section will provide advocates, domestic violence coalitions and local programs with the necessary tools to develop an effective plan to prepare their programs for emergencies. • Emergencies can often come on suddenly as depicted in this PSA. A well thought out plan ahead of time can maximize safety and ensure programs have the necessary resources available to survive the emergency. <p>Click on the image to launch the video. An internet site will pop up to play. https://www.fema.gov/media-library/assets/videos/82016</p>
 <p>Disaster Response</p>	<p style="text-align: center;">Disaster Response Structure</p> <p>*Facilitator Note: See page 49 in this guide and refer participants to their handout entitled <i>Disaster Response Structure</i>.</p> <p>Talking Points: Briefly walk participants through the handout.</p> <p>The following videos demonstrate the amount of coordination at the local and state levels and the importance of participating in the response.</p> <ul style="list-style-type: none"> • The CERT video describes the role of the team in the context of a disaster. They are highly trained community members and provide response assistance when local authorities are overwhelmed. (http://www.youtube.com/watch?v=Cih4_vpRXdY#t=49) • To give participants context of what happens at a state level play the video on Texas Emergency Management. (http://www.kvue.com/story/news/2014/05/25/2425836/) <p>It is important to be acquainted with your local emergency practitioners.</p> <ul style="list-style-type: none"> • Attend public meetings, take part in trainings and emergency drills and learn how your program will and will not be included in the emergency response (Enarson 1998). <p>Be sure to visit FEMA’s website to find your state Emergency Management Agency (http://www.fema.gov/state-offices-and-agencies-emergency-management)</p> <ul style="list-style-type: none"> • New Jersey Office of Emergency Management: www.ready.nj.gov • New York State Emergency Management Office: www.semo.state.ny.us/
 <p>Four Phases of Emergency Management</p> <ol style="list-style-type: none"> 1. Preparedness 2. Response 3. Recovery 4. Mitigation 	<p style="text-align: center;">Four Phases of Emergency Management</p> <p>*Facilitator Note: See page 50 in this guide and refer participants to their handout entitled <i>Phases of Emergency Management</i>.</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Start this slide by clicking on the image in the slide and watching a PSA created by FEMA on emergency planning: (http://www.fema.gov/media-library/assets/videos/83288)

	<p>This shows why planning is critical for safety and survival in an emergency.</p> <ul style="list-style-type: none"> • Review the definition of each of the four phases on the slide. <ul style="list-style-type: none"> ○ Preparedness is taking action before an event to ensure you are ready for the emergency. Actions include developing your plan, training your employees and pulling together your disaster supplies. ○ Response is the action that you take immediately in response to the threat, primarily to ensure everyone’s safety. ○ Recovery is the work of restoring your operations damaged or disrupted by the disaster. ○ Mitigation involves taking steps to prevent or lessen the effects of an emergency or disaster to at least to reduce your risk. • Communities who have not experienced a major disaster often focus their attention on the first three phases without Mitigation. • Consider the following examples. <ul style="list-style-type: none"> • “Increasingly, research demonstrates that role-conditioned gender differences occur at all stages of disaster response.” • “Women’s and men’s ideas about their work and family responsibilities have major consequences for their risk perception, preparedness, and evacuation. Women tend to be more risk-averse and more likely to respond to hazard warnings. While this might suggest that women and children will consider protective actions and seek safety, their plans may well conflict with the men with whom they are interdependent. The result might not lead to safety.” (Katrina and the Women of New Orleans, 2008) • As you plan for disasters, identify opportunities to support survivors during every phase. Consider examples on the following slides.
--	---

	<p style="text-align: center;">Planning Priorities</p> <p>Talking Points: When developing organizational plans on the four phases of emergency management, it is critical to build capacity to recognize the roles and opportunities for agencies to supporting women at each phase.</p> <p>Activity #3: Phases of Emergency Management (10 minutes) *Facilitator Note: Refer to page 44 in the Activity Section for instructions. Review instructions and complete the activity on your own as best you can before leading participants in the training.</p>
---	---

<p>PREPAREDNESS Each domestic violence program needs:</p> <ol style="list-style-type: none"> 1. A staff disaster specialist or team. 2. An all-hazards plan with protocols for all types of potential emergencies 3. A review committee 4. A yearly budget for start-up and replacement supplies 5. PRACTICE, PRACTICE, PRACTICE <p><small>http://www.fema.gov/media-library-data/20130726-1011-20490-64463/ksnides.pdf FEMA</small></p>	<p style="text-align: center;">Preparedness</p> <p>Talking Points: When preparing for disasters, domestic violence programs need the following:</p> <ul style="list-style-type: none"> • A disaster specialist or team depending upon the size of the organization that may include employee(s) and volunteer(s). • An all-hazards plan and separate protocols for all types of potential emergencies such as floods, wildfires, deaths, intruders, tornadoes,
--	--

hurricanes, fires, chemical emergencies, bomb threats, etc...

- Consider developing a protocol with checklist for each.
- Each protocol will include a timeline.
- Each protocol will outline specific staff instructions with roles clearly defined and clear instructions pre-, during and post-disaster.

- **A committee to review** the initial plan annually with a budget for start-up and replacement **supplies**.
- **Practice!** Understand that the best laid plans will have flaws in any crisis, disaster or emergency. Planning and practice is helpful to generate confidence to make decisions in the face of uncertainties.



Share the following link with trainees of a PDF developed by FEMA for businesses to prepare for emergencies. Although your organization is a nonprofit agency, much of the content is helpful. Topics in the publication include: four steps in the disaster planning process, emergency planning and plan implementation, and emergency management considerations. (<http://www.fema.gov/media-library-data/20130726-1511-20490-6446/bizindst.pdf>)





Preparedness: Protocol

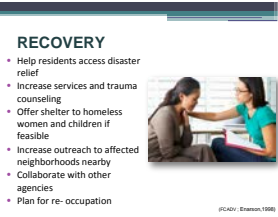
Talking Points:


- At minimum, disaster protocols ought to include everything listed on the slide.
- All staff must be made aware of any changes with policies disseminated annually.
- Attempt to update policies after each disaster as new information will always emerge to help in preparing for the next disaster.
- Assign staff to research literature published after major disasters anywhere in the world. Government and other disaster-related organizations will update their websites with helpful information. Academic publications will follow a year or so after.
- Brainstorm and create a tangible action plans for worst-case scenarios.
- Organizational leaders are responsible for disaster planning, policies, and implementation. Often communities used to disaster warnings become apathetic and used to false alarms or have a false sense of security from survival stories passed down in the family. Many people along the Gulf Coast of Mississippi did not heed Katrina evacuation warnings thinking that their ancestors survived 1969's Hurricane Camille which was Category 5, and many were swept away by the unprecedented storm surge. Despite official warnings, 235 people died there, aside from the levee situation in New Orleans.

<p>PREPAREDNESS: Facility preparation</p> <ul style="list-style-type: none"> • Shore-up building: loose parts, windows, doors • Secure grounds • Assure internal safety: safe room • Assure internal comfort: bedding, food, water • Assure emergency domestic violence services • Telephone/electricity service support • Emergency evacuation & secure empty facility • Attention to survivors with additional needs: elder, mobility needs, dietary needs, medical care, medication, etc. 	<p style="text-align: center;">Preparedness: Facilitation preparation</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • When developing plans consider the list on the slide. • Coalitions can support these efforts through fundraising, model contingency plans for non-interrupted service, and disaster planning for member programs. (Enarson, 1998)
<p>RESPONSE</p> <ul style="list-style-type: none"> • Support the choices of residents during the emergency <ul style="list-style-type: none"> • Evacuations <ul style="list-style-type: none"> → Nearest shelters • Continue program services if possible • Rolling Hotlines 	<p style="text-align: center;">Response</p> <p>Talking Points:</p> <p>List from FCADV:</p> <ul style="list-style-type: none"> • During the emergency it is important to support the choice of the survivor whether they choose to evacuate with the residents or return to their family and even their abusive partner. • Appoint someone in charge of evacuation, another in charge of services (hotlines, counseling, court) to ensure cancellations and transfers are properly communicated and someone in charge of supplies to bring (diapers, formula, food, water, toiletries, medications etc...). <ul style="list-style-type: none"> ○ If possible evacuate residents to the nearest domestic violence shelter. If no shelter is available, identify the closest emergency shelter. ○ If evacuation is possible, be sure to fill up on gas and if safe, fill a gas storage container as back up. Gas stations frequently run out of gas before and immediately following disasters. ○ Be sure all confidentiality issues have been planned for and ask for releases when applicable, safe and appropriate. ○ Be sure the person relocating to sustain operations has updated information, including alternative numbers for clients, employees, emergency contacts and volunteers. • Evacuation to an Emergency Shelter <ul style="list-style-type: none"> ○ Assess appropriateness of shelter with each resident. ○ Create safety plans with survivors around staying at the shelter, returning to partner or staying with relatives. ○ Rotate shelter staff so there is someone there 24 hours. ○ Introduce yourself to guards and notify them right away if a batterer or a batterer's ally is seen at the shelter. ○ Anticipate emotional reactions. • Offer continuous services <ul style="list-style-type: none"> • If possible, continue providing emotional support through counseling and group work. Because everyone reacts to crisis differently it is necessary that services be available to address their current emotional needs as well as their past abuse and trauma. These emergency situations can be triggering and cause a survivor to experience anxiety, depression, PTSD (or exacerbate existing issues) and


	<p>therapeutic services can help reduce that possibility (Enarson, E. 1998)</p> <ul style="list-style-type: none"> • Rolling and sharing services <ul style="list-style-type: none"> • If possible roll program Hotline to sister programs, state hotline (if available) or National Domestic Violence Hotline. Consider referrals to nearby available agencies and think creatively about sharing office space and supplies with other organizations.
	<p style="text-align: center;">Response: Transfer lines to NDVH</p> <p>Facilitator Note: See page 53 in this guide and refer participants to their handout entitled <i>Disaster Phone Line Transfer Process to NDVH</i>.</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • If the area is compromised and it is not possible to transfer calls to other domestic violence agencies, the National Domestic Violence Hotline is available for transfers. • When calls are made from affected areas, NDVH phones will notify advocates it is a transfer and they will be able to assist callers according to instructions you provide. • The Hotline gathers information your program wants relayed to clients calling in for assistance in the affected area and if there is a contact person you would like the call transferred to.
	<p style="text-align: center;">Disaster-Specific Safety Planning</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • With safety planning, we brainstorm solutions with the survivor starting with the people and resources closest to them. We'll reference friends and family, and from there think of neighbors, faith-based organizations (fellow church-goers, clergy, pastor, etc), after-school programs (coach, staff, tutor, etc.) • Try to consider all the possible safety nets that this person could have. • Advocates are encouraged to initiate the safety planning process with victims by asking exploratory questions. Given disrupted legal systems and social services, victims should be encouraged to collectively safety plan with those around them to tap into the resources that still remain. <p>Some Examples:</p> <ul style="list-style-type: none"> • Validate the survivor's concerns and feelings. It's easy for a survivor to minimize the experience of abuse, especially if she feels responsible for others (i.e. children, elders, other community members, neighbors, etc). • Ensure the referred shelter or emergency location has adequate safety protocols. Is the shelter well lit? Are bathrooms located in a central area? What security measures does the shelter take in case of an interpersonal conflict or assault? Is it possible to set up a separate shelter for especially vulnerable individuals?

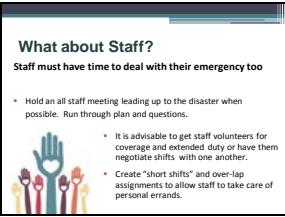
	<ul style="list-style-type: none"> • During an evacuation try not to separate children and custodial parent as that could undo years of trying to regain custody or repairing relationships. • Safety Plan with pets. Abusive partners can threaten to take away or hurt a survivor’s pet to maintain power and control. Neglecting to provide safety planning for a pet may mean the difference between the victim getting the support she needs, and staying in a dangerous situation. • Safety plan outside of shelter (visiting friends, going to see a doctor, etc...) • For survivors that are not residents of domestic violence shelters, safety planning is more focused on the natural supports that exist. In a time of natural disaster, these supports may not exist anymore or may be focused on other people. It is important to talk this through with the survivor to ensure continuity of support. The conversation will also remind you about extra barriers for some groups; e.g. disabled, non-English speakers, and elderly.
--	--

 <p>RECOVERY</p> <ul style="list-style-type: none"> • Help residents access disaster relief • Increase services and trauma counseling • Offer shelter to homeless women and children if feasible • Increase outreach to affected neighborhoods nearby • Collaborate with other agencies • Plan for re-occupation <p><small>(PCADV / Enarson, 1998)</small></p>	<p style="text-align: center;">Recovery</p> <p>Talking Points: These points on Recovery are from Disaster Planning For Shelters: Guidelines For Staff, Volunteers, and Boards (Enarson, 1998)</p> <ul style="list-style-type: none"> • Help residents access all forms of available disaster relief and advocate for clients through the recovery process, e.g. temporary housing, insurance, medical services. • Increase children’s services and counseling for impacted residents, offer trauma counseling. • Use shelter resources to house homeless women and children as feasible. • Increase outreach to affected neighborhoods in service area and publicize program resources through disaster assistance centers and community hotlines. • Collaborate with other community based organizations, such as places of worship that provide support and connection for participants. • Plan for re-occupation: is the location secure, is there power, is anything damaged? What do we need to do in order to move back in?
---	--

 <p>MITIGATION</p> <ul style="list-style-type: none"> • Join emergency response networks • Disaster awareness training • Identify needs and file plan with local disaster managers • Assess the needs of vulnerable groups • Cross train staff • Recruit from disaster response groups 	<p style="text-align: center;">Mitigation</p> <p>Talking Points: These points on Mitigation are from Disaster Planning For Shelters: Guidelines For Staff, Volunteers, and Boards (Enarson, 1998)</p> <ul style="list-style-type: none"> • Develop or join emergency response networks for nonprofits and social service providers and participate in area emergency drills. • Include disaster contexts in public education on domestic violence for shelter residents, public and staff. • Use media outlets to publicize domestic violence resources in
--	--

	<p>disaster contexts.</p> <ul style="list-style-type: none"> • Identify shelter needs and capacities for local disaster managers. • Assess needs of vulnerable groups of women in shelter, e.g. undocumented, needing translators, disabled. • Cross-train staff in disaster skills through Red Cross/Emergency Social Services as feasible. • Recruit and retain board members, staff, and volunteers from disaster response agencies. <p>Additional considerations for Mitigation that Coalitions can participate in include:</p> <ul style="list-style-type: none"> • Integrate disaster crisis issues into other coalition projects. • Add gender and disaster materials to resource library. • Provide public education on violence during disasters. • Integrate disaster issues into domestic violence training materials. • Provide domestic violence training and/or materials for state, provincial, and local disaster responders.
--	--

	<p style="text-align: center;">Additional Coalition Technical Support</p> <p>Talking Points: Here are some additional ideas from FCADV for support coalitions can assist with:</p> <ul style="list-style-type: none"> • On-site pre-disaster planning: conduct your own planning for emergencies at Coalition offices. • Disaster Crisis Management Assistance: assign one or two members of your staff to serve as liaisons between Coalition and local programs and assist with plans. • Critical Incident Staff Debriefing: Offer CID through trained Coalition staff or contracted individual(s). • Re-Occupation Assistance: Set aside funds, time, support to aid in cleaning-up facilities, assisting with transportation etc. • Emergency Staffing: Coalition staff to serve as respite staff, take over the hotlines. • Site Assessments: Conduct site visits and run through emergency plans together <p>*Facilitator Note: Take a break if time permits.</p>
--	--

	<p style="text-align: center;">What about Staff?</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Staff needs and concerns must be taken into account during all phases of the disaster in order to not only support staff because it is the right thing to do, but also to help the center to successfully sustain services despite the crisis. • Allow time for participants to discuss additional examples of ways their center can support staff and bring back these ideas to their respective programs when disaster planning.
---	---

Case Study #1: Lessons learned from Florida's 2004 Hurricane Season

- Additional items for supply list (bug repellent, battery operated motion lights, more batteries, larger generator, car chargers, gas for vehicles, gas for generators)
- Prepare earlier – count, test and check lists
- Set up one dedicated LAN line in each facility
- Change phone messages/updated phone lists/lists of shelters & distribution centers to area
- Remember to include staff in food supplies count
- Medical emergency preparedness
- Processes after disaster has passed – who is calling who? Plan B if designated person is unavailable or unreachable


FCADV

Case Study #1: Lessons learned from Florida's 2004 Hurricane Season
Talking Points:

- This slide lists lessons learned and the improvements made as a result of Florida's 2004 Hurricane season where four hurricanes made landfall from August 1st to September 25th.

Considerations- Lessons learned from Superstorm Sandy- NJ

- Generator-**
 - On site or at evacuation site
 - Extra Gas for generator
 - Generator strong enough to run fridge, heaters etc...
- Food-**
 - Extra resources
 - Reduce spoilage



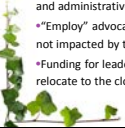
Case Study #2: Lessons learned from Superstorm Sandy
Talking Points:

- From the feedback we received from New Jersey these were commonly shared as considerations for future preparation plans:
 - Generators are not only costly to purchase, but also to install and maintain. When creating estimates to purchase generators, be sure to include costs associated with the generator itself (consider size for your building) installation, and maintenance.
 - Discuss local regulations regarding generator installation. For example, conduit, wire, and circuit protective device sizes must conform to applicable local and national codes and regulations.

***Ask participants:** Are there any others you want to share?

Sustainable Services

- Funding to retrofit DV emergency shelters and administrative offices
- "Employ" advocates from other DV programs not impacted by the disaster
- Funding for leadership to temporarily relocate to the closest community



Sustainable Services


Talking Points:
 These points from FCADV's experiences with disasters and emergencies.

- The following considerations of future funding needs are costly. They are listed to serve as examples worth considering. Some local communities and state coalitions have been able to secure resources listed based on building relationships with key stakeholders.
 - Domestic violence shelters and administrative offices can retrofit to the same standards as disaster emergency shelters** to withstand a disaster. This improves services and safety for survivors.
 - Partner with other domestic violence programs** not impacted by the disaster to assist with sustaining services for survivors.
 - Consider using trained volunteers.**
 - Staff may need to attend to personal needs. Having partner organization staff prepared and on alert pre-disaster will help the center recover. Consider administrative staff and volunteers too.
 - Important to note: **The center must prepare to add out of town advocates to its insurance policy.** At minimum, to be sure they can use the agency's van to transport survivors. Talk with the center's insurance agent well in advance so the process is seamless.
 - Connect with the State's domestic violence Coalition**

regarding training their staff to fill in as necessary in addition to partner-center staff.

- **Connect with other states that have recently experienced disasters to enlist ideas** of how to recruit well-trained volunteers to assist post-disaster.
- Funding for leadership to temporarily relocate to the closest community not impacted by the disaster.
- In advance of the storm, especially a likely mandatory evacuation, prepare to relocate operations to a community out of the projected storm path. Decide who will evacuate immediately to minimize sitting in traffic.

Emergency Plans: FEMA video




Talking Points:

- This video from FEMA highlights the importance of discussing emergency plans with everyone involved.
- In the context of our programs it is important to coordinate our plans with local and state emergency groups.
- It is also important that participants understand the plans so that they are able to make informed decisions.

http://www.youtube.com/watch?v=8Q4IFpHP_zc

Image from: <http://www.theyshallwalk.org/food-life/emergency-preparedness-month-fema-information-kit-18-page-pdf-free/>

Is your program on anyone's priority list?



Talking Points:

- Ask participants if their program is on any other organization's priority list, ie what organizations and people are aware of their work and think it is important to support? This question is meant to highlight the importance of collaborating with local organizations.
- Have you filed an emergency plan with your local emergency manager? Include your program's specific needs as well as resources your program may be able to offer others.
- The quotes are from New Jersey Domestic Violence programs and their collaboration with other programs.

SECTION THREE: CRITICAL INCIDENT STRESS

Everyone who is impacted by a critical incident, such as a natural disaster, is in need of emotional support and a space to process the direct impacts of the event as well as their role supporting others in crisis. As domestic violence advocates, we need to be able to support others as well as debrief and process the impacts of disaster on our agencies, capacities, leadership and our working relationships with one another. In this section, we'll discuss the impacts of critical incident stress and outline the benefits of Critical Incident Stress Debriefing (CISD). We suggest recruiting a professional who is already trained in CISD and who is preferably from an external agency. Working with an outside consultant to facilitate the debriefing can help ensure that all staff members are able to process the impacts of trauma and critical stress without having to also support and facilitate debriefing with co-workers.

What is critical incident stress?

Workers responding to disasters will have experiences that strain their ability to function, such as witnessing tragedy, death, serious injury and threatening situations, which are collectively called "Critical Incidents." The physical and psychological well being of those experiencing this stress, as well as their future ability to function through a prolonged response, will depend upon how they manage this stress. Post Traumatic Stress Disorder differs from critical incident stress as it lasts longer than four weeks after the event triggering the emotional, mental or physical response. Most instances of critical incident stress last between two days and four weeks.

Individuals express stress in different ways and therefore manifest different reactions. Here are some general signs and symptoms of critical incident stress:

Physical: fatigue, chills, unusual thirst, chest pain, headaches, dizziness.

Cognitive: uncertainty, confusion, nightmares, poor attention/decision making ability, poor concentration, poor problem solving ability.

Emotional: grief, fear, guilt, intense anger, irritability, chronic anxiety.

Behavioral: inability to rest, withdrawal, antisocial behavior, increased alcohol consumption, change in communications, loss/increase in appetite.

What is Critical Incident Stress Debriefing (CISD)?

Critical Incident Stress Debriefing is a facilitator-led group process conducted soon after a traumatic event with individuals considered to be under stress from trauma exposure. During the group process, participants are encouraged to describe their experience of the incident and its aftermath, followed by a presentation on common stress reactions and stress management. This early intervention process supports recovery by providing group support and linking advocates to further counseling and treatment services if they become necessary.

CISD also minimizes the propensity for staff implosion. By addressing the feelings that are at the root of trauma, the CISD process allows staff to manage their judgments of one another and maintain their ability to work effectively with victims of domestic violence.

Slides 32 - 46

PART THREE: Critical Incidents
1 hour, 30 minutes

Disaster Response Introduction

Section 3: Critical Incidents

- * Natural Disasters
- * Tragedy
- * Death
- * Serious Injury
- * Threatening Situations



Talking Points:

- Workers responding to disasters will see and experience events that will strain their ability to function. These events, which include witnessing or experience tragedy, death, serious injury and threatening situations are called "Critical Incidents."
- The physical and psychological well-being of those experiencing this stress, as well as their future ability to function through a prolonged response, will depend upon how they manage this stress. Post Traumatic Stress Disorder differs from critical incident stress as it lasts longer than four weeks after the event triggering the emotional, mental or physical response. Most instances of critical incident stress last between two days and four weeks.

(<https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>)

Eight Phases of Reaction to Disaster

***Facilitator Note:** See page 54 in this guide and refer participants to their handout entitled *8 Phases of Reaction to Disaster*.



Talking Points:

- This chart explains the phases of reaction when someone experiences a crisis, emergency or disaster. Though the critical incident timeframe is up to 40 days, people may experience trauma arising years later that needs healing. This slide shows the process though the timeline is different.
- Wave I (Days 1-10 following the disaster): Coping and Stabilization
 - Focused on securing basic Needs, Stabilization, Safety
- Wave II (Days 5-15): Stress Management
 - Arousal reduction strategies, facilitating coping with current and future life circumstances, Maslow's Hierarchy (physiological, safety, love & belonging, self-esteem, self-actualization, meaning. Maslow, 1962)
- Wave III (Days 10-20): Grief and Trauma Resolution
 - Victim Questions, Debriefing Protocols, Arousal containment/self-soothing, Restoration of pre- morbid functioning
- Wave IV (Days 15-40): Loss Accommodation
 - Stabilize emotions and behaviors as numbing wears off and losses become apparent

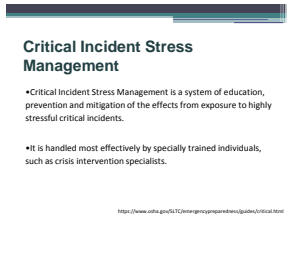

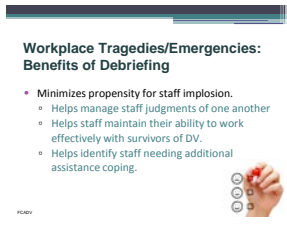
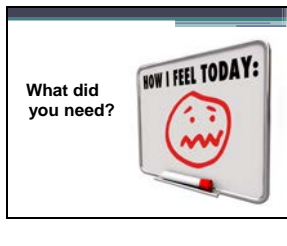

Signs of Critical Incident Stress

***Facilitator Note:** See page 55 in this guide and refer participants to their handout entitled *Signs of Critical Incident Stress*.

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
Fatigue	Uncertainty	Grief	Inability to rest
Chills	Confusion	Fear	Withdrawal
Unusual stress	Heightened	Guilt	Antisocial behavior
Chest pain	Poor attention/decision-making ability	Intense anger	Increased alcohol consumption
Headaches	Poor concentration, memory	Apprehension and depression	Change in communications
Dizziness	Poor problem solving ability	Irritability	Loss/Decrease in appetite
	Chronic anxiety		

Talking Points:


- The signs and symptoms of critical incident stress can be physical, emotional, cognitive, or behavioral.
- Individuals express stress in different ways and therefore manifest

	<p>different reactions.</p> <ul style="list-style-type: none"> This list is not exhaustive but will help supervisors to identify workers who are exhibiting stress reactions. <p>*Ask participants if they'd like to add any. (https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html)</p>
 <p>Critical Incident Stress Management</p> <p>*Critical Incident Stress Management is a system of education, prevention and mitigation of the effects from exposure to highly stressful critical incidents.</p> <p>*It is handled most effectively by specially trained individuals, such as crisis intervention specialists.</p> <p><small>https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html</small></p>	<p style="text-align: center;">Critical Incident Stress Management</p> <p>Talking Points:</p> <ul style="list-style-type: none"> Critical Incident Stress Management (CISM) is a system of education, prevention and mitigation of the effects from exposure to highly stressful critical incidents. Individuals must be trained and certified in CISM to provide group or individual Critical Incident Debriefing.
 <p>Critical Incident Debriefing</p> <p>Critical Incident Stress Debriefing (CISD) is a facilitator-led group process. When structured, the process usually consists of the following steps:</p> <ol style="list-style-type: none"> 1)Introduction 2)Fact Phase 3)Thought Phase 4)Reaction Phase 5)Symptom Phase 6)Teaching Phase 7)Re-entry Phase 	<p style="text-align: center;">Critical Incident Debriefing</p> <p>*Facilitator Note: See page 56 in this guide and refer participants to their handout entitled <i>Critical Incident Stress Debriefing</i>.</p> <p>Talking Points:</p> <ul style="list-style-type: none"> During the group process, participants are encouraged to describe their experience of the incident and its aftermath, followed by a presentation on common stress reactions and stress management. <ul style="list-style-type: none"> This early intervention process supports recovery by providing group support and linking advocates to further counseling and treatment services if they become necessary. <p>(https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html)</p> <ul style="list-style-type: none"> Conduct CISD with staff when necessary Train staff on the fundamentals of CISD Have outside assistance if not possible internally (need to be trained in domestic violence)
 <p>Workplace Tragedies/Emergencies: Benefits of Debriefing</p> <ul style="list-style-type: none"> Minimizes propensity for staff implosion. <ul style="list-style-type: none"> Helps manage staff judgments of one another Helps staff maintain their ability to work effectively with survivors of DV. Helps identify staff needing additional assistance coping. 	<p style="text-align: center;">Workplace Tragedies/Emergencies: Benefits of Debriefing</p> <p>Talking Points:</p> <ul style="list-style-type: none"> CISD Minimizes propensity for staff implosion <ul style="list-style-type: none"> Helps manage staff judgments of one another Helps staff maintain their ability to work effectively with survivors of domestic violence Helps identify staff needing additional assistance coping
 <p>What did you need?</p> <p>HOW I FEEL TODAY:</p> 	<p>Activity #4: What did you need?</p> <p>*Facilitator Note: Refer to page 45 in the Activity Section for instructions. Review instructions and complete the activity on your own as best you can before leading participants in the training.</p>

<p>Workplace Tragedies/Emergencies: What can be done immediately?</p> <ul style="list-style-type: none"> • Limit exposure to noise and odors. • Dictate an immediate 15 minute rest break. • Provide non-caffeinated fluids to drink. • Provide low sugar and low fat food. • Get the person to talk about his or her feelings. • Do not rush the person back to work. 	<p align="center">Workplace Tragedies/Emergencies: What can be done immediately?</p> <p>Talking Points:</p> <p>During the emergency phase of the response, monitoring of employees by simple conversation and observation may help to identify early signs for some responders.</p> <p>The following steps can help to reduce significant stress detected early in the response:</p> <ul style="list-style-type: none"> • Limit exposure to noise and odors. • Dictate an immediate 15 minute rest break. • Provide non-caffeinated fluids to drink. • Provide low sugar and low fat food. • Get the person to talk about his or her feelings. • Do not rush the person back to work. Allow them to go home if needed. Plan with them what they will do & who can be there to help support them. Let them know you are available and provide them with a crisis resource such as EAP. <p>(https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html)</p>
<p>Workplace Tragedies/Emergencies: Who do you call?</p> <p>Critical incident stress experts</p> <ul style="list-style-type: none"> • Employee Assistance Program • On-site/Contract licensed counselor • Trained colleague from nearby program • Coalition staff member 	<p align="center">Workplace Tragedies/Emergencies: Who do you call?</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • It imperative that domestic violence program leadership is prepared to support staff in emergency situations. • Ideally, the individual(s) providing the critical incident response is trained in CISM-CID. • If you have an Employee Assistance Program, contact them and see if offering group and individual debriefing after an emergency is part of your contract. If not, perhaps identify an EAP that would offer this service. • Identify if this is a position you can hire or contract for your agency to provide ongoing support for staff who may be experiencing vicarious trauma or burnout and also be trained to offer CID. • Staff may be trained to provide critical incident response for their colleague(s); however, in some instances this is not the most effective strategy. For example, if the staff trained in CID worked closely with a domestic violence program participant who was murdered by the abuser, it may be very difficult for such staff to conduct the CID. • Building relationships with CID trained and experienced professionals in the community may be a better alternative. If you decide to work with an outside professional, be sure they have been trained in the dynamics of domestic violence and understand the structure and services of your organization. • Other options include trained colleague from a nearby domestic violence program or state domestic violence coalition. Staff can also be trained to offer this to local programs as part of their membership.

Considerations:

- Timeframe
- Roll calls
- Alternative shelters
- Contact and update staff not on-site
- Do not accept new residents
- Participation in debriefing is voluntary



FCADV


Considerations

Talking Points:

Additional considerations and steps to take during this process include:

- Develop a timeframe so that everyone involved knows what will happen next. (Ex. break it down by time...immediately following the incident, first few hours following the incident, upon coalition staff arriving onsite, etc.)
- Offer to roll the center’s hotlines and administrative lines to the coalition or pre-determined partner agency hotline so they are not interrupted when they are providing CID for staff and residents.
- Assess how many beds are available and how many residents are in shelter, and whether staying there is safe if part of the building or complex has been impacted by a disaster.
 - Residents may be afraid to stay in the same building where a disaster occurred even if part of the building is safe.
- If staff have been hurt or traumatized, inform other staff who work with or are friends with them.
 - Let them know that they may decide they need to stay home or leave mid-shift and they will not be penalized for it.
- Do not accept new residents immediately following a disaster. Either refer to a partner agency or provide a hotel voucher.
 - The affected program ED should notify the partner agency ED’s that they may be receiving a spike in calls from survivor’s needing shelter from the county where the incident occurred.
 - Partner agency may provide additional support.
- Offer voluntary briefing, whether one-on-one or in a group for staff and residents of a shelter.

Call in volunteers to help

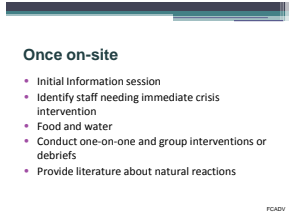
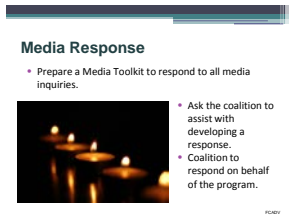

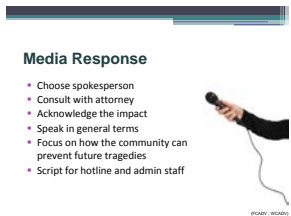

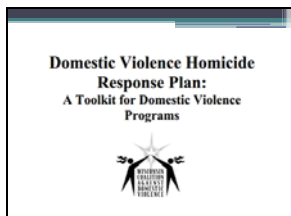



- Reschedule events and meetings
- Updates and check-ins with staff & residents
- Explore support for friends and family

Call in volunteers to help

Talking Points:

- Call in volunteers to help answer the hotline or the admin phones. If you have respite staff on call, bring them in to relieve current staff.
- Re-schedule any planned events or meetings.
- Instruct the Executive Director to provide step by step instructions to staff. The more facts they are allowed to have (confidentiality), the better.
 - Update staff regularly and let them know when to expect more information. If there is no new information, let them know that.
 - Important for the Executive Director to manage emotions with the staff and debrief as needed.
- Explore support for friends and family. Can the counselor or trained staff person debrief with the family and friends as well? CISD with family and friends should be separate from staff.

 <p>Once on-site</p> <ul style="list-style-type: none"> • Initial information session • Identify staff needing immediate crisis intervention • Food and water • Conduct one-on-one and group interventions or debriefs • Provide literature about natural reactions <p>FCADV</p>	<p style="text-align: center;">Once on Site</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Person providing CISD will meet with the Executive Director alone so they may debrief the last few hours/overnight (time from when first learned of the incident to when coalition staff arrived onsite) • Ask about staff who witnessed the disaster. Be sure they are being offered crisis intervention. • If possible, bring food and water with you. Often staff will go hours without food or water after a critical incident. They may forget other essentials and may insist they do not need it or sleep. • All staff should be offered one on one after the initial group intervention. • Not only discuss during group and one on one interventions, leave literature about natural reactions they may be having as the day(s)/weeks progress.
 <p>Media Response</p> <ul style="list-style-type: none"> • Prepare a Media Toolkit to respond to all media inquiries.  <ul style="list-style-type: none"> • Ask the coalition to assist with developing a response. • Coalition to respond on behalf of the program. <p>FCADV</p>	<p style="text-align: center;">Media Response</p> <p>Talking Points: From: FCADV and WCADV</p> <p>Crisis communication includes when the center is responding to a media inquiry or there is a situation in which they need to release information following an incident.</p> <p>Such incidents may include:</p> <ul style="list-style-type: none"> • Death of participants, staff or residents • Disaster impact to building structure or hotline • Information about partnerships or coalitions with other agencies
 <p>Media Response</p> <ul style="list-style-type: none"> • Choose spokesperson • Consult with attorney • Acknowledge the impact • Speak in general terms • Focus on how the community can prevent future tragedies • Script for hotline and admin staff  <p>FCDV, WCADV</p>	<p style="text-align: center;">Media Response</p> <p>Talking Points: From: FCDV and WCADV</p> <ul style="list-style-type: none"> • Choose spokesperson • Consult with attorney • Acknowledge the impact • Speak in general terms, not about the specific situation • Focus on how the community can prevent future tragedies • Script for hotline and administrative staff
 <p style="text-align: center;">Domestic Violence Homicide Response Plan: A Toolkit for Domestic Violence Programs</p> 	<p>Talking Points:</p> <ul style="list-style-type: none"> • This guide from the Wisconsin Coalition Against Domestic Violence can be found online (and in participants list of resources) and is a comprehensive toolkit outlining media response plans for all types of emergencies. • If your program does not have a toolkit, consider creating one as part of your preparedness plan. • The below link is a homicide response toolkit that can offer a framework useful for thinking through a disaster toolkit as well. <p>(http://wcadv.org/sites/default/files/resources/FINAL%20-%2012%20Homicide_Response%20.pdf)</p>

SECTION FOUR: FOSTERING RESILIENCE

The responsibility of supporting victims who are experiencing trauma from both domestic violence and disaster can weigh heavily on the worker as an individual. Their own communities, homes and loved ones have been impacted by these disasters. Because of this, domestic violence advocates are susceptible to experiencing compassion fatigue, vicarious trauma and burnout. Feelings such as sadness, lack of empathy towards clients and also feelings of guilt over not being able to help them enough are very common among workers in helping professions.

In this section we will define compassion fatigue, vicarious trauma and burnout and explore their symptoms and who is susceptible to this common hazard in the helping profession. We will explore the importance of resilience in our daily lives and ways to focus on key areas such as our emotional, spiritual, physical, cognitive and social well-being.

What is Compassion Fatigue?

Compassion fatigue is characterized by deep emotional and physical exhaustion and by a shift in a helping professional's sense of hope and optimism about the future and the value of their work. It has been called "a disorder that affects those who do their work well." (Figley 1995) Compassion Fatigue is derived from the negative aspects of helping and may be related to: not feeling a sense of satisfaction from helping someone, stressful work environment, conflict with colleagues, feeling helpless and ineffective, questioning regard or devotion of the welfare of others.

What is Vicarious Trauma?



Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being. (Headington Institute) Researchers have made the case that there is a strong connection between the helping professions and Vicarious Trauma. There is a high incidence of job turnover, burnout and even suicide in social service workers all which create disruptive symptoms on our personal lives. This is why it is very important that we learn about the consequences of doing this type of work as well as what we can do to make sure we do not get to a point of compassion fatigue.

What is Burnout?

Burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. (ProQOL.org) The stress of being exposed to another person's trauma has negative effects similar to those of post-traumatic stress disorder and can include:

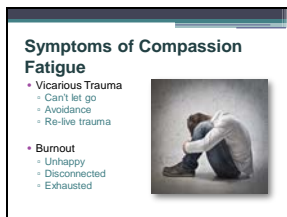
- Intrusion symptoms: disturbing dreams, reliving others' trauma, psychological distress and physiological reactions
- Avoidance symptoms: avoidance of people, places, and things; diminished activity level; emotional numbing.
- Arousal symptoms: difficulty sleeping, irritability, hyper vigilance, easily startled.

If left untreated, compassion fatigue can lead to physical disorders, drug and alcohol dependence, strains on interpersonal relationships and burnout. While compassion fatigue can be debilitating and potentially career ending, it is also something that can be healed and prevented. We believe in the resiliency of all helpers who are on the frontlines of disaster relief and advocacy. Resilience incorporates the whole person and is based on the understanding that our physical, intellectual, social, emotional and spiritual well-being is all interconnected. More specifically, resilience “is our inherent capacity to make adaptations that result in positive outcomes in spite of serious threats or adverse circumstances.” (National Center on Domestic Violence, Trauma and Mental Health)

<p>Slides 47 - 56</p>	<p>PART FOUR: Fostering Resilience 1 hour, 30 minutes</p>
<p>Section 4: Fostering Resilience</p>  <p><i>That which is to give light must endure burning.</i> <i>-Victor Frankl</i></p>	<p>Compassion Fatigue</p> <p>*Ask participants to think to themselves if these statements resonate with them as you read them aloud:</p> <ul style="list-style-type: none"> • There have been times when I thought that people experiencing domestic violence should just get over it. • I find myself safety planning with my children often. • I don't want to burden anyone with my work stories; plus, they just don't get it. • Why does she have to be on our team? We'd be better off with two of me. • I helped a lot of people today. What's wrong with her? She's only helped a few. • No break for me. I can rest when I get home. • Why does violence like this keep happening? How can God keep letting this go on? • It's just a couple of drinks to help me fall asleep. <p>If any of these resonate with you just know that these are common responses to working in stressful jobs supporting people who are traumatized. It is important to check in with these feeling because over time, they can become harmful and lead us to maladaptive coping.</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • “That which is to give light must endure burning.” What this means is that although we may love our jobs and find what we do to be rewarding and inspiring, it can sometimes leave us feeling depleted, exhausted and even traumatized. Because there is a strong connection between the helping professions and Compassion Fatigue, it is necessary that we understand what it is and how to safeguard against it.
	<p>Professional Quality of Life</p> <p>Talking Points:</p> <p>Compassion Satisfaction is derived from the positive aspects of supporting others.</p> <ul style="list-style-type: none"> • May be related to: <ul style="list-style-type: none"> ○ satisfaction derived from helping someone ○ enjoying working with your colleagues ○ feeling good about one's ability to do good work ○ overall sense of altruism (unselfish regard for or devotion to the welfare of others) <p>Compassion Fatigue is derived from the negative aspects of helping.</p> <ul style="list-style-type: none"> • May be related to: <ul style="list-style-type: none"> ○ not feeling a sense of satisfaction from helping someone ○ stressful work environment

- conflict with colleagues
- feeling helpless and ineffective
- questioning regard or devotion of the welfare of others
- exhaustion, frustration and anger towards work
- The level of compassion fatigue can ebb and flow from one day to the next.
- The good news is that research indicates that **knowing the warning signs of Compassion Fatigue can help prevent or minimize the effects**. Also engaging in healthy coping and self-care can minimize the effect it has on those working in the trauma/crisis/disaster field.

Image from: <http://www.proqol.org>



Symptoms of Compassion Fatigue

Talking Points:

- Prolonged exposure to trauma and stressful or non-supportive work environments can lead to Compassion Fatigue. The difference between the two is **that Vicarious Trauma is about being afraid and Burnout is about being worn out**.
- **Vicarious trauma** is when you:
 - Can't let go, are thinking about disasters and people suffering.
 - Avoid spending time with others because you think they can't understand.
 - Re-live trauma through nightmares and intrusive thoughts.
- **Burnout** is when you are:
 - Unhappy or frustrated with a lack of support for yourself.
 - Disconnected, avoiding people, feeling like you are not making a difference.
 - Exhausted, physically and emotionally drained and calling in sick, feeling depressed.



Trauma Exposure

Image is from *Trauma Stewardship* by Laura van Dernoot Lipsky.

***Facilitator Note:** See page 58 in this guide and refer participants to their handout entitled *Trauma Exposure Response*.

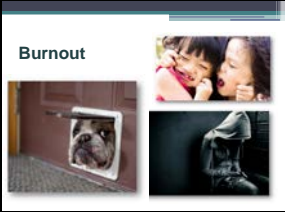
Talking Points:

- This image is a helpful tool to recognize symptoms of vicarious trauma in ourselves and others.

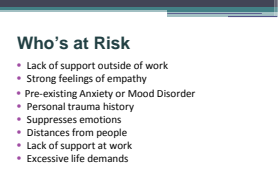
Go through the symptoms on the slide in total, choose a few to discuss in detail, or ask participants which ones they would like to know more about.

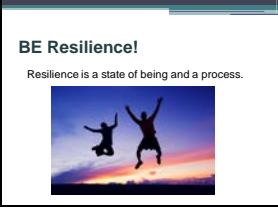

- **Feeling Helpless and Hopeless:** The feeling that “no matter what I do, it does not matter and nothing will change or get better.” The scope of domestic violence work is just too big and the opportunities for growth are overshadowed by negativity they are exposed to.
- **A sense that one can never do enough:** Feelings of inadequacy and that we should be doing more.



	<ul style="list-style-type: none"> • Hyper vigilance: Feeling like you're always on and noticing domestic violence all the time. Constantly assessing for danger or planning triage. • Diminished Creativity: Feeling less innovative at work. When we're stressed our creativity diminishes because our brains are not in a calm state so that we can tap into our creative thinking. • Inability to Embrace Complexities: Black and white thinking can cause gossip, cliques, divisions among staff and rigid expectations. • Minimizing: Minimizing our own pain or the pain of others. This can occur when we cannot take in any more suffering. • Chronic Exhaustion/Physical Ailments: Beyond feeling sleepy, your entire being is exhausted (mind, soul and body). Constant state of stress can also cause headaches, aches and pains and even diseases. • Inability to Listen/Deliberate Avoidance: Avoiding people, not answering calls, avoiding being called to assist in an emergency. • Dissociative Moments: When your feelings become so intense that you have to "zone out" to lessen the intensity of the feelings. • Sense of Persecution: Feeling like others are responsible for how you're feeling and that you do not have any self-efficacy. "If only our boss bought better computers we could be better at our jobs". While this could be true this is more about our internal state. • Guilt: Feeling uncomfortable because of our good fortune or feeling guilty because we feel sorry for our own loses. • Fear: Terrified of the possibility of violence. • Anger and Cynicism: Misplaced and de-humanizes the very people you are helping. Humor can be helpful but once it become cynical it no longer connects us to the reality of the situation. • Inability to Empathize/Numbing: Serves to limit the emotional arousal happening in our brains and bodies when we are exposed to something painful. • Addictions: Drugs, alcohol, caffeine, nicotine, sugar, etc. When our emotions are overly stimulated we may "self-medicate" to regulate the intensity of the feelings experienced. Conversely, if we're feeling numb, we may try to stimulate our emotions. • Grandiosity: An inflated sense of importance: When our work becomes our identity. "If I'm not there, who will do this?" or "I can't go home, I have to be here saving lives".
--	--

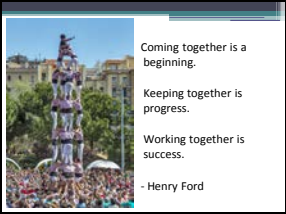
 <p>Burnout</p>	<p style="text-align: center;">Burnout</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Burnout leads to: <ul style="list-style-type: none"> • Conflict with co-workers • Withdrawal • Feelings of inefficacy, inadequacy, hopelessness • Most often we are able to notice these in others before we notice them in ourselves. <ul style="list-style-type: none"> ○ Perhaps you notice your co-worker seems distant and
--	--

	<p>doesn't go to lunch with the group anymore.</p> <ul style="list-style-type: none"> ○ They call in sick and have used up their vacation time. ○ They don't volunteer for certain duties anymore and seem to shy away from taking a lead on anything. ○ Co-workers upset with one another because they think the other person is not working "hard enough." ○ Seem to blame everyone else around them about what is not going right at their job. <ul style="list-style-type: none"> • It's common to have feeling of dissatisfaction at our jobs but when these behaviors are constant then they have become maladaptive and can interfere with our sense of well-being and health.
--	--

 <p>Who's at Risk</p> <ul style="list-style-type: none"> • Lack of support outside of work • Strong feelings of empathy • Pre-existing Anxiety or Mood Disorder • Personal Trauma history • Suppresses emotions • Distances from people • Lack of support at work • Excessive life demands 	<p style="text-align: center;">Who's at Risk?</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • For many of us helping is in our nature and we come to this work without any self-care habits because we've been too busy caring for others. Or we may feel guilty to take care of ourselves and mistakenly believe that others need more than we give ourselves. • Anyone can develop Compassion Fatigue, but those at higher risk: <ul style="list-style-type: none"> ○ Have limited support outside of work, ie social circle, family ○ Have strong feelings of empathy ○ Have a pre-existing anxiety or mood disorder ○ Have personal trauma history that has not been treated ○ Typically suppress their emotions ○ Tend to distance themselves from people when they are feeling sad or worried ○ Do not have sufficient support at work, ie poor supervision, lack of support from colleagues ○ Have excessive life demands, ie child or partner that is dealing with an illness, financial problems
--	--

 <p>BE Resilience!</p> <p>Resilience is a state of being and a process.</p> 	<p style="text-align: center;">Be Resilience!</p> <p>Talking Points:</p> <p>According to the Headington Institute, there are three attributes of resilience: strength, meaning/purpose, and pleasure. If your life is characterized by these, you are able to cultivate resilience.</p> <ul style="list-style-type: none"> • You feel equipped to handle daily life and challenging moments when you have to dig deeper. • You believe that you're contributing to the world in a way that helps others, consistent with what is important to you. <ul style="list-style-type: none"> • Whether you believe that you exist in a universe controlled by a higher power, or participate in the human collective that transcends your personal identity, your source of meaning helps you manage high stress and trauma effectively. • Pleasure is deeply enjoying that which enriches and satisfies you. <ul style="list-style-type: none"> • Whether poetry or pottery, movies or theater, having experiences that bring you a deep sense of pleasure are
---	---

	<p>essential.</p> <ul style="list-style-type: none"> Resilience is a state of balance that must be maintained through daily practice. <p>*Facilitator Note: Click on the image to watch this video on resilience and discuss with participants: http://www.youtube.com/watch?v=t2B69KjD2wk</p>
	<p style="text-align: center;">Holistic Self-Care</p> <p>Talking points:</p> <ul style="list-style-type: none"> Resilience incorporates the whole person and is based on the understanding that our physical, intellectual, social, emotional and spiritual well-being are interconnected. Because Compassion Fatigue can impact all these areas of our lives it is necessary to strengthen them with daily and regular practice. <p>Notice the Occupational piece of the pie is only one component.</p> <ul style="list-style-type: none"> Occupational Resilience: seek out supportive supervision, balance the amount of trauma related assignment with lesser traumatic ones, practice leaving work behind. Emotional Resilience: Seek out therapy or support groups, talk to loved ones about your feelings instead of keeping them bottled up, journal how you're feeling. Spiritual Resilience: Spirituality often gets tested when we work in highly traumatic situations and we may begin to question our faith or have existential crises. Seek out mentors and ways to practice in daily life. Environmental Resilience: There is much research about the positive benefits of being in nature. Go outside and look at the flowers and leaves, feel the wind on your skin, take off your shoes which also helps ground you. Physical Resilience: Try doing a small exercise everyday. Yoga, walking, lifting weights, whatever you chose as long as you engage your body in some physical activity to reduce stress and increase wellbeing. Social Resilience: Make time everyday to connect with a loved one. You can call someone on your way home from work and catch-up or make plans. Intellectual Resilience: Engage your mind in topics other than domestic violence. Play games that challenge your memory and exercise your mind.
	<p style="text-align: center;">Five Directions from Trauma Stewardship</p> <p>*Facilitator Note: See page 60 in this guide and refer participants to their handout entitled <i>The Five Directions</i>.</p> <p>Talking Points:</p> <p>Since resilience is an everyday practice, this image is a great way to remind ourselves of our intentions and to help center ourselves daily.</p> <ul style="list-style-type: none"> Creating Space for Inquiry (Water): Why did you choose this work?

	<p>Is it because you are a disaster survivor? If so, have you dealt with any intense emotions that brings up for you?</p> <ul style="list-style-type: none"> • Choosing our Focus (Fire): Am I constantly stressing about things I can't control, or am I nurturing my growth? What is my plan B in case this work is no longer sustainable? • Building Compassion and Community (Earth): Who is part of my support system? Does what surrounds me represent the life I want to lead? Do I practice compassion for myself? • Finding Balance (Air): What do I do everyday to off-load stress? Have fun? Be active? What am I grateful for? • Daily Practice of Centering Myself: What do I do to center myself daily? Meditation? Prayer? Reflection?
	<p style="text-align: center;">Closing</p> <p>Activity #5: Self-Care Wheel (20 minutes) “What will you take away from this training?”</p> <p>*Facilitator Note: See page 46. Review instructions and complete the activity on your own as best you can before leading participants in the training. See page 59 for your copy and refer participants to the handout <i>4 Quadrants of Self Care</i>.</p> <p>*Remember to ask participants to complete the <i>Post-Test</i> handout and turn it into you before they leave. Your copy is on page 61 of this guide.</p>

References

Bapat, Sheila. *Lessons from Katrina: How Natural Disasters Affect Women's Safety and Economic Status*
<http://rhrealitycheck.org/article/2012/11/01/lessons-from-katrina-how-natural-disasters-can-impact-womens-safety-and-economic/>

Domestic Violence in Disasters: Planning, Systems, and Priorities. [PowerPoint]. Personal Collection of LCDR Jonathan White, U.S. Department of Health and Human Services, Administration for Children and Families, Office of Human Services Emergency Preparedness and Response, Washington, D.C.

Enarson, E. (1997). *Responding to Domestic Violence in Disaster: Guidelines for Women's Services and Disaster Practitioners*. Retrieved from:
http://www.gdnonline.org/sourcebook/chapt/doc_view.php?id=2&docid=350

Enarson, E. (1998). *Women, Disaster, and Domestic Violence: Planning Guidelines For Programs, Coalitions, And Disaster Practitioners*. Retrieved from:
<http://www.emforum.org/vlibrary/appendxa.htm>

Enarson, E. (1998). *Disaster Planning For Shelters: Guidelines For Staff, Volunteers, and Boards*. Retrieved from: <http://www.emforum.org/vlibrary/appendxb.htm>

Enarson, E. (1999). Violence against women in disasters: a study of domestic violence programs in the United States and Canada. *Violence Against Women* 5(7): 742-768.

Enarson, E. (2006). Violence Against Women in Disasters Fact Sheet. Retrieved from:
www.gdnonline.org/.../VAW%20in%20Disasters%20Fact%20Sheet%20

FEMA. (1993). *Emergency Management Guide for Business and Industry: A step-by-step approach to emergency planning, response and recovery for companies of all sizes*. Retrieved from:
<http://www.fema.gov/media-library-data/20130726-1511-20490-6446/bizindst.pdf>

Figley, C. (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress in those who Treat the Traumatized*. New York: Brunner-Mazel.

Figley, Dr. Kathy Regan. Figley Institute. *Responding to Critical Incidents and Disasters© Participant Workbook*. Presentation, Florida Coalition Against Domestic Violence's "Disaster Preparedness Institute", Orlando, Florida, 4/25/2013.

Jenkins, P., Phillips, B. (2008). Battered Women, Catastrophe, and the context of Safety after Hurricane Katrina. *NWSA Journal*, 20(3), 49-68.

Mitchell, Jeffrey. *Critical Incident Debriefing*. Retrieved from: <http://www.info-trauma.org/flash/media-e/mitchellCriticalIncidentStressDebriefing.pdf>

National Center on Domestic Violence, Trauma and Mental Health. *Trauma Informed Domestic Violence Services: Understanding the Framework and Approach*. Retrieved from: <http://www.vawnet.org/special-collections/DVTraumaInformed-Overview.php>

Pan-American Health Organization. *Women, Health and Development Program*. Retrieved from: <http://www.paho.org/English/DPM/GPP/GH/genderdisasters.PDF>

Quarantelli, E. (2005). A Social Science Research agenda for the Disasters of the 21st Century: Theoretical, Methodological and Empirical Issues and their Professional Implementation. In Perry, R.W. and Quarantelli, E. (Eds.), *What is a Disaster?* (325-396). Philadelphia: Xlibris Corporation.

Skolnik, A (2013). *Seat of your pants*. FEMA, Public service announcement :60 video. Retrieved from: <http://www.fema.gov/media-library/assets/videos/83288>

Skolnik, A. (2013) *Progress*. FEMA, Public service announcement :30 video. Retrieved from: <https://www.fema.gov/media-library/assets/videos/82016>

Tiefenbacher, J. (Ed) 2012. *Approaches to Managing Disaster, Assessing Hazards, Emergencies and Disaster Impacts*. Retrieved from: http://www.academia.edu/4002879/Approaches_to_Managing_Disaster-Assessing_Hazards_Emergencies_and_Disaster_Impacts

Umar et al. (2006). Mental Health in Sumatra After the Tsunami. *American Journal Public Health*, 98(9), 1671-1677. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2509591/>

United Nations (2009). *Making Disaster Risk Reduction Gender-Sensitive*. Retrieved from: http://www.preventionweb.net/files/9922_MakingDisasterRiskReductionGenderSe.pdf

United States Department of Labor, Occupational Safety and Health Administration. *Critical Incident Stress Guide*. Retrieved from: <https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>

Willenger, B., ed. Newcomb College Center for Research on Women, (2008, December). *Katrina and the Women of New Orleans*. Retrieved from: <https://tulane.edu/nccrow/upload/NCCROWreport08.pdf>

Wisconsin Coalition Against Domestic Violence (2009). Domestic Violence Homicide Response Plan: A Toolkit for Domestic Violence Programs. Retrieved from: http://wcadv.org/sites/default/files/resources/FINAL%20-%204-12%20Homicide_Response%20.pdf

World Health Organization, Department of Injuries and Violence Prevention, (2005). *Violence and disasters*. Retrieved from: http://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf.

Helpful Resources

- **Critical Incident Stress Guide**
<https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>
- **Domestic Violence Homicide Response Plan: A toolkit for Domestic Violence programs**
www.wcadv.org/sites/default/files/resources/FINAL%20-%204-12%20Homicide_Response%20.pdf
- **Disaster Resilience: Emergency Planning and Recovery for Sexual Assault Programs**
<http://www.wcsap.org/sites/www.wcsap.org/files/uploads/documents/DisasterResilience2011.pdf>
- **Family Violence After Natural Disaster**
http://www.whealth.com.au/documents/work/family_violence_disaster/Facilitator_Manual.pdf
- **FEMA Emergency Management Guide for Business and Industry**
<http://www.fema.gov/media-library-data/20130726-1511-20490-6446/bizindst.pdf>
- **Headington Institute**
www.headington-institute.org (search Resilience and Vicarious Trauma)
- **Professional Quality of Life**
www.proqol.org
- **Resources for Dealing with Workplace Tragedies**
 - www.dop.wa.gov/EAP/Supervisors/Pages/WillEAPhelpifthereisacriticalincidentimpactingouremploy.aspx
 - www.lhsfna.org/files/TSR_Prog_entire.pdf
- **Special Collection: Disaster and Emergency Preparedness and Response**
www.vawnet.org
- **Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others**
Book by Laura van Dernoot Lipsky

Activity #1: KATRINA VOICES



Time: 10 minutes

Purpose

This activity is designed to offer perspectives of survivors of both a natural disaster and domestic violence and spark discussion among participants.

Exercise Instructions

1. Ask for volunteers who will emotively read two accounts of Katrina survivors' experiences. Ask that other participants listen closely to be mindful of their reactions. Tell participants they will find this in their *Katrina Voices* handout.
2. Discuss the impact of these stories with participants. What are their impressions and feelings? What surprised them? What challenges do they see these survivors facing that would be new to them as advocates?
3. Ask Participants if they have had any related experiences they'd like to share.

Activity #2: DISASTER SAFETY PLANNING



Time: 15 minutes

Purpose

This activity is designed to engage participants in identifying safety plans for individuals in abusive situations also experiencing a disaster. Participants will think of ways for an individual to be safe.

Exercise Instructions

1. Divide participants into small groups.
2. Ask participants to refer to their Handout *Disaster Power and Control Wheel*.
3. Each group will be assigned one piece of the wheel (physical & sexual violence, isolation, using the children, anger/emotional abuse, economic abuse, etc...)
4. Instruct the groups to brainstorm ways to increase safety (physical and emotional safety) for their assigned tactic of abuse. Ask them to write down as many safety planning options as possible on Post-its or on a piece of scrap paper.
Allow the small groups about 5 minutes to brainstorm.
5. Ask a representative from each group to report back (instruct them to only report safety planning tips the previous group did not mention). 5 minutes.

Activity #3: PHASES OF EMERGENCY MANAGEMENT



Time: 15 minutes

Purpose

This activity is designed to engage participants in developing plans based on the four phases of emergency management while recognizing roles and opportunities for agencies to support women at every phase.

Exercise Instructions

1. Have participants break into 4 groups.
2. Each group will be assigned a phase of emergency management: Preparedness, Response, Recovery & Mitigation.
3. Each group must identify roles and opportunities that support women at each stage.
4. Consider:
 - a) Resilience: Individual Women
 - b) Prioritization of Women's Needs
 - c) Resilience: Service Systems
 - d) Alignment Response/Relief Systems
5. Have one person from each group report back what they discussed in the group.

Activity #4: WHAT DID YOU NEED?



Time: 10 minutes

Purpose

This activity is designed to help participants identify what kind of support they received during a time they experienced a crisis. By exploring what they found helpful, not helpful and what they needed allows them to understand the importance of trauma informed support and allows them to begin thinking about what they can offer those they are assisting.

Exercise Instructions

1. Ask participants to think about a particular time when they were in a crisis, then write on a piece of paper answers to the following questions:
 - Who was around to help you?
 - If there was nobody around, why not?
 - If there were people around, what did they do that was helpful and unhelpful?
 - What did you need in that situation?
2. Write the following headings on the board: HELPFUL, NOT HELPFUL, WHAT DID YOU NEED
3. After they complete writing their answers, have the participants go around the room and share some of their responses.

***Facilitator Note:** Tell the participants they do not have to share what the event was but rather just what was helpful, not helpful and what they needed.

4. Record their responses under the appropriate headings.
5. Debrief by asking them how they felt regarding the helpful tactics, then the unhelpful ones.
6. Follow up by asking them what they needed and why. Ask if they knew what they needed at the time they were being helped.
7. Discuss: How are the helpful and unhelpful comments consistent? What are some common needs? How might you use this information in a disaster situation?

Activity #5: SELF CARE WHEEL



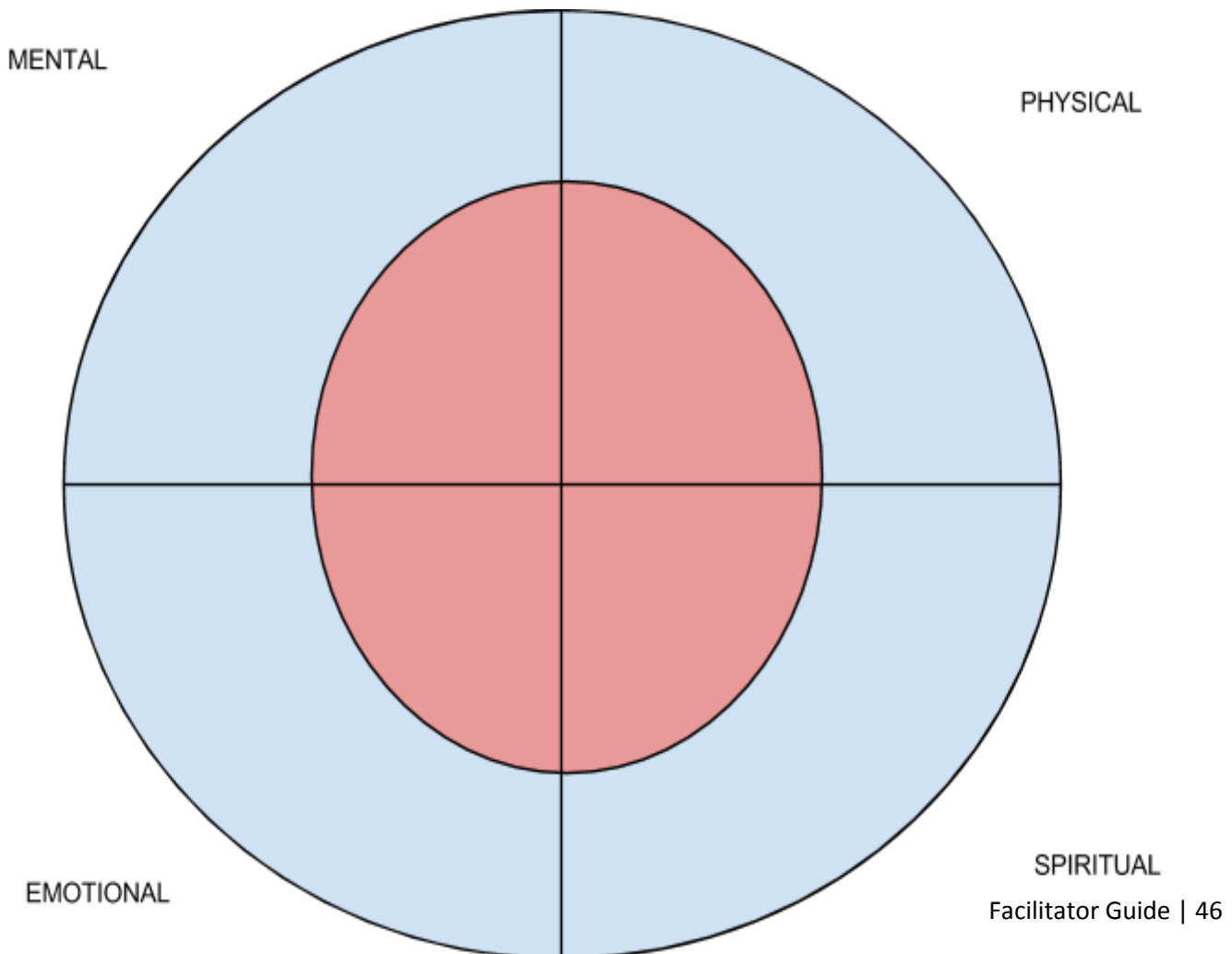
Time: 15 minutes

Purpose

To brainstorm self care practices that participants can do on a daily basis, individually and with others.

Exercise Instructions

1. Have each participant draw a large circle on a scratch piece of paper with a horizontal and vertical line going through the circle (creating an X or a cross).
2. Instruct participants to label each quadrant with: emotional, physical, spiritual and mental.
3. The inside circle reflects INDIVIDUAL practices. Whereas the outer circle represents COLLECTIVE practices - things to can do with a friend, partner, co-worker etc.
4. Give the group 10 minutes to fill out their wheels. Once everyone has filled out their wheel, go around the room and give 5 minutes for participants to share.
5. Remind participants to refer back to their wheels when feeling burnt out. Suggest hanging the wheel in a place where they will see it often, as a reminder of individual or group self care.



Disaster Power and Control Wheel



Adapted from:
 Domestic Abuse Intervention
 Project
 202 East Superior Street
 Duluth, MN 55802



Florida Coalition Against Domestic Violence: 1-800-555-1119

Katrina Voices

Voice #1:

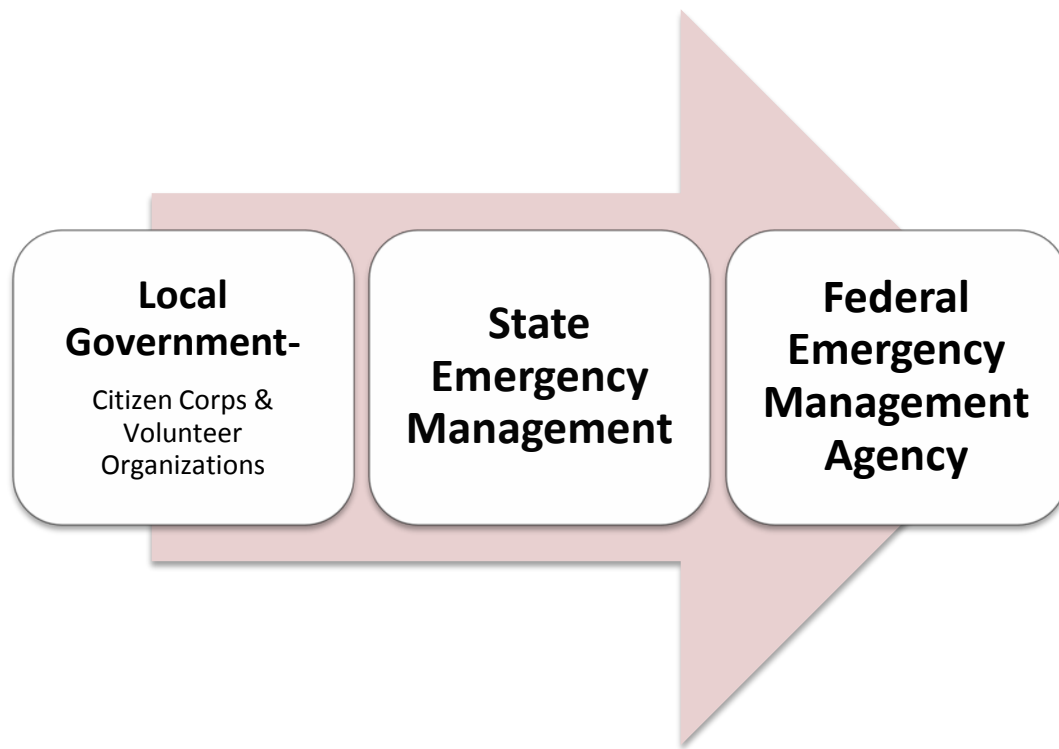
I had no roof over my head, no other place to live, so I put up with it for 9 months. I left for a few days in between because of physical and verbal abuse. I would go to friend's house or to my ex-husband's house where my children live. I saw my situation was upsetting the children. I made a choice that I was going to leave for good after too many times going back. Now my closest friends are struggling because of the condition of the city. I was staying with a friend when her roof caved in. I feel like a puppy on the side of the highway. It's rainy and cold out and I don't have a safe, familiar place to go.

Voice #2:

I evacuated to Houston with my children and received a FEMA voucher for housing. There are two open criminal cases against my husband in New Orleans. We have been living apart and I have not yet completed the divorce process. He initially evacuated to Lafayette, but then he found me in Houston by asking government officials. Without support here of friends and family and the professionals I had been working with I couldn't stop him from moving into my apartment in Houston. Now he won't leave. He says that the voucher is meant for him also since he is the father of our children and we are still legally married. My divorce attorney told me I cannot get the divorce until we are living apart. I now have to move out with nothing and don't know how I will be able to support myself and my children, or stay here hoping the police can come if his verbal abuse escalates into physical violence again. I am scared for myself and the children.

Stories adapted from Jenkins, P., Phillips, B. (2008). Battered Women, Catastrophe, and the context of Safety after Hurricane Katrina. *NWSA Journal*, 20(3), 49-68.

Disaster Response Structure



Step 1: National Weather Service or National Hurricane center will notify the county/city local government of the impending storm/disaster.

Step 2: Local government enacts emergency plan and deploys local entities: law enforcement, firefighters, EMS and other para-professionals.

Step 3: Volunteer groups are deployed as needed.

- Community Emergency Response Teams (Citizen Corps, Fire Corps, Medical Reserve Corps) which focus on disaster preparedness and disaster response skills and provide emergency support when conventional emergency services are overwhelmed.
- The Red Cross, which was chartered by Congress to coordinate disaster response services, including shelter, food, emotional health services and basic human needs.
- Salvation Army and other charitable and faith-based programs.

Step 4: If the local government needs further assistance, the State Emergency Management Team is notified.

Step 5: Federal Emergency Management Agency (FEMA) is contracted by the governor if state resources become overwhelmed. FEMA is the lead federal agency for emergency management and supports, but does not override, state authority.

Phases of Emergency Management

WOMEN, DISASTER, AND DOMESTIC VIOLENCE

Planning Guidelines for Programs, Coalitions, and Disaster Practitioners

Disaster phases are cyclical and intersecting. Effective relief helps recovery and mitigation supports preparedness. The guidelines below emphasize shelters, but also apply to non-shelter programs and to coalitions. Collaborative action by shelters, coalitions, and emergency responders throughout these phases will best support an integrated community response to women in crisis during disaster.

A. PREPAREDNESS

Shelters: staff, volunteers, and board members

- Assess local hazards and shelter vulnerability, evaluate the structural safety of physical facility
- Prepare space appropriately, e.g. computer bracing, heavy objects secured, shutters
- Rotate stored emergency food and water to sustain each person for 72 hours
- Identify safe evacuation sites and transportation options
- Designate staff responsibilities and develop personnel policies for disaster work
- Develop signed protocols with related agencies for mutual support
- Equip emergency kits for residents and staff
- Counsel residents on self-protection and evacuation options
- Provide disaster training for staff, board, volunteers; include residents as appropriate
- Develop, review, and practice disaster plan

Coalitions: state/provincial association staff and board members

- Support program preparedness through fundraising and modeling
- Develop contingency plans for non-interrupted service to programs
- Provide or facilitate disaster planning for member programs
- Develop, review, and practice disaster plan for coalition office

Practitioners: emergency planners and responders in the public and private sectors

- Include coalitions and member programs in disaster communication networks
- Link emergency communications with shelters
- Assist programs in identifying alternative evacuation sites

B. EMERGENCY RESPONSE

Shelters: staff, volunteers, and board members

- Support the choices of residents during the crisis
- If feasible and safe, accompany residents home to secure vital documents and possessions
- Transport residents to safe evacuation sites as feasible
- Provide continuous program services as feasible

Coalitions: state/provincial association staff and board members

- Provide respite care for impacted staff, emergency supplies, and equipment as feasible
- Coordinate communication between member programs
- Advocate for impacted programs with emergency responders and decision-makers

Practitioners: emergency planners and responders in the public and private sectors

- If necessary, assist with resident evacuation to established or alternate sites
- Provide transportation assistance for critical shelter staff needed on site

- Establish emergency communications with shelters on a priority basis
- Contact shelter manager to use extra shelter space, if feasible and safe
- Access trained domestic violence staff as stand-by responders

C. RECOVERY

Shelters: staff, volunteers, and board members

- Help residents access all forms of available disaster relief
- Advocate for clients through recovery process, ie temporary housing, insurance, medical
- Assist disaster hotline workers as feasible
- Use shelter resources to house homeless women and children as feasible
- Increase children's services and counseling for impacted residents
- Increase outreach to affected neighborhoods in service area
- Publicize program resources through disaster assistance centers and community hotlines
- Develop or join collaborative interagency disaster response initiatives

Coalitions: state/provincial association staff and board members

- Facilitate critical incident stress debriefing or post-disaster trauma counseling
- Assess needs of impacted programs
- Coordinate coalition assistance to impacted programs
- Advocate for impacted programs' distribution of disaster relief and recovery funds
- Identify non-governmental disaster recovery funding sources
- Redistribute coalition resources as needed to assist impacted programs

Practitioners: emergency planners and responders in the public and private sectors

- Consult shelter staff on continuing needs of impacted women through recovery
- Respect the anonymity of shelter residents applying for relief
- Include battered women in assessments of long-term recovery process
- Provide shelter information and resource materials in disaster relief centers

D. MITIGATION

Shelters: staff, volunteers, and board members

- Develop or join emergency response networks for nonprofits and social service providers
- Include disaster awareness in life skills materials for shelter residents
- Include disaster contexts in public education on domestic violence
- Use media outlets to publicize domestic violence resources in disaster contexts
- Identify shelter needs and capacities for local disaster managers
- Assess needs of vulnerable groups of women in shelter, ie undocumented women, disabled
- Participate in area emergency drills
- Cross-train staff in disaster skills through Red Cross/Emergency Social Services as feasible
- Recruit and retain board members, staff, and volunteers from disaster response agencies

Coalitions: state/provincial association staff and board members

- Provide leadership and resources to member programs on disaster planning
- Integrate disaster crisis issues into other coalition projects
- Add gender and disaster materials to resource library
- Provide public education on violence in disaster
- Access state or provincial emergency organizations for resources
- Integrate disaster issues into domestic violence training materials
- Include disaster responders in coalition programming, as appropriate
- Provide domestic violence training/materials for state, provincial, and local disaster responders

Practitioners: emergency planners and responders in the public and private sectors

- Identify battered women and children as a special needs population
- Include local programs in communications networks, planning groups, and exercises
- Encourage personal and organizational networks with domestic violence programs
- Facilitate training of outreach mental health teams and volunteer disaster responders in violence and disaster issues
- Facilitate training of domestic violence staff on disaster response
- Assist shelters and other women's services developing organizational disaster plans

E. Enarson, 1998: <http://www.emforum.org/vlibrary/980603.htm>

Disaster Phone Line Transfer Process to NDVH

1. During regular business hours, (9:00 a.m. to 5:00 p.m. CST) contact National Domestic Violence Hotline (NDVH) at **(512) 453-8117** and ask to speak with a Manager of Hotline Services. After business hours and on the weekends, call the hotline directly at **1-800-799-7233** and ask to speak with a Manager of Hotline Services.
2. Provide NDVH with details of the transfer.
3. NDVH will provide the number to which your hotline can be transferred to which is **1-512-685-6277**.
4. Contact your local phone service provider and follow their instructions on how to transfer lines. Please update NDVH if it is taking longer than anticipated to transfer your line.
5. When you are ready to cancel the transfer, please notify NDVH. To finalize the cancel, contact your local phone services provider and follow instructions provided by them.
6. If there is a need for NDVH to keep the agency line longer than anticipated, update NDVH.

When requesting to forward agency lines to NDVH the following information will be asked of you:

Name of your agency _____

Contact person name, cell number _____

Alternate contact person name and cell number _____

Estimated time lines will be forwarded _____

Estimated time and date the transfer will happen _____

Estimated time and date the lines will be taken back _____

Details regarding the agency evacuation plan (if applicable): _____

If available a contact name or number where we can direct concerned family members or clients that have been lost during evacuation i.e. if mother and children get separated. _____

Comments/Information: _____

Eight Phases of Reaction to Disaster



Created By: Katherine Figley

Signs of Critical Incident Stress

PHYSICAL	COGNITIVE	EMOTIONAL	BEHAVIORAL
Fatigue	Uncertainty	Grief or guilt	Inability to rest
Chills	Confusion	Fear	Withdrawal
Unusual thirst	Nightmares	Chronic anxiety	Antisocial behavior
Chest pain	Poor attention/ decision making ability	Intense anger	Increased alcohol consumption
Headaches	Poor concentration, memory	Apprehension and depression	Change in communication
Dizziness	Poor problem solving ability	Irritability	Change in appetite

<https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html>

Critical Incident Stress Debriefing

Critical Incident Stress Debriefing (CISD) is a specific, 7-phase, small group, supportive crisis intervention process. It is one of many crisis intervention techniques which are included under the umbrella of a Critical Incident Stress Management (CISM) program. The CISD process is neither psychotherapy nor a substitute. It is a supportive, crisis-focused discussion of a traumatic event (which is frequently called a “critical incident”). The Critical Incident Stress Debriefing was developed exclusively for small groups who have encountered a powerful traumatic event. It aims at reduction of distress and a restoration of group cohesion and unit performance.

The Facilitators: The CISD is led by a specially trained team of 2 to 4 people depending on the size of the group. The typical formula is one team member for every 5 to 7 group participants. One of the team members is a mental health professional and the others are “peer support personnel.”

Objectives: A Critical Incident Stress Debriefing has three main objectives: 1) mitigation of the impact of a traumatic incident; 2) facilitation of the normal recovery processes and a restoration of adaptive functions in psychologically healthy people who are distressed by an unusually disturbing event; 3) a screening opportunity to identify group members who might benefit from additional support services or a referral for professional care.

Required Conditions for the Application of the CISD Process: The Critical Incident Stress Debriefing requires the following conditions: 1) the small group (up to 20 people) consists of people with related backgrounds ie same profession; 2) group members’ involvement is either complete or the situation has moved past the most acute stages; 3) group members have had about the same level of exposure to the experience; 4) The group is psychologically ready and not so fatigued or distraught that they cannot participate in the discussion. An assumption is made here that a properly trained crisis response team is prepared to provide the CISD.

Phases in the Critical Incident Stress Debriefing

Phase 1, Introduction: In this phase, the team members introduce themselves and describe the process. They present guidelines for the conduct of the CISD and motivate participants to engage actively in the process. Participation is voluntary and the team keeps the information discussed in the session confidential. A carefully presented introduction sets the tone of the session, anticipates problem areas and encourages active participation from the group members.

Phase 2, Facts: This phase helps the participants begin talking. Giving group members an opportunity to contribute to the discussion is important in lowering anxiety and letting the group know that they have control. The usual question used to start the fact phase is “Can you give our

team a brief overview of what happened in the situation from your view point? We are going to go around the room and give everybody an opportunity to speak if they wish. If you do not wish to say anything just remain silent or wave us off and we will go onto the next person.”

Phase 3, Thoughts: The thought phase is a transition from the cognitive domain toward the affective domain. It is easier to speak of thoughts than to focus immediately on the most painful aspects of the event. The typical question addressed in this phase is “What was your first thought or most prominent thought at the time?”

Phase 4, Reactions: The reaction phase is the heart of a Critical Incident Stress Debriefing. It focuses on the impact on the participants. Anger, frustration, sadness, loss, confusion, and other emotions may emerge. The question is “What is the very worst thing about this event for you personally?” The support team listens carefully and gently encourages group members to add something if they wish.

Phase 5, Symptoms: Team members ask, “How has this tragic experience shown up in your life?” or “What have you been dealing with since this event?” The team members listen carefully for common symptoms associated with exposure to traumatic events.

Phase 6, Teaching: The team conducting the Critical Incident Stress Debriefing normalizes the symptoms brought up by participants. They provide explanations of the participants’ reactions and provide stress management information.

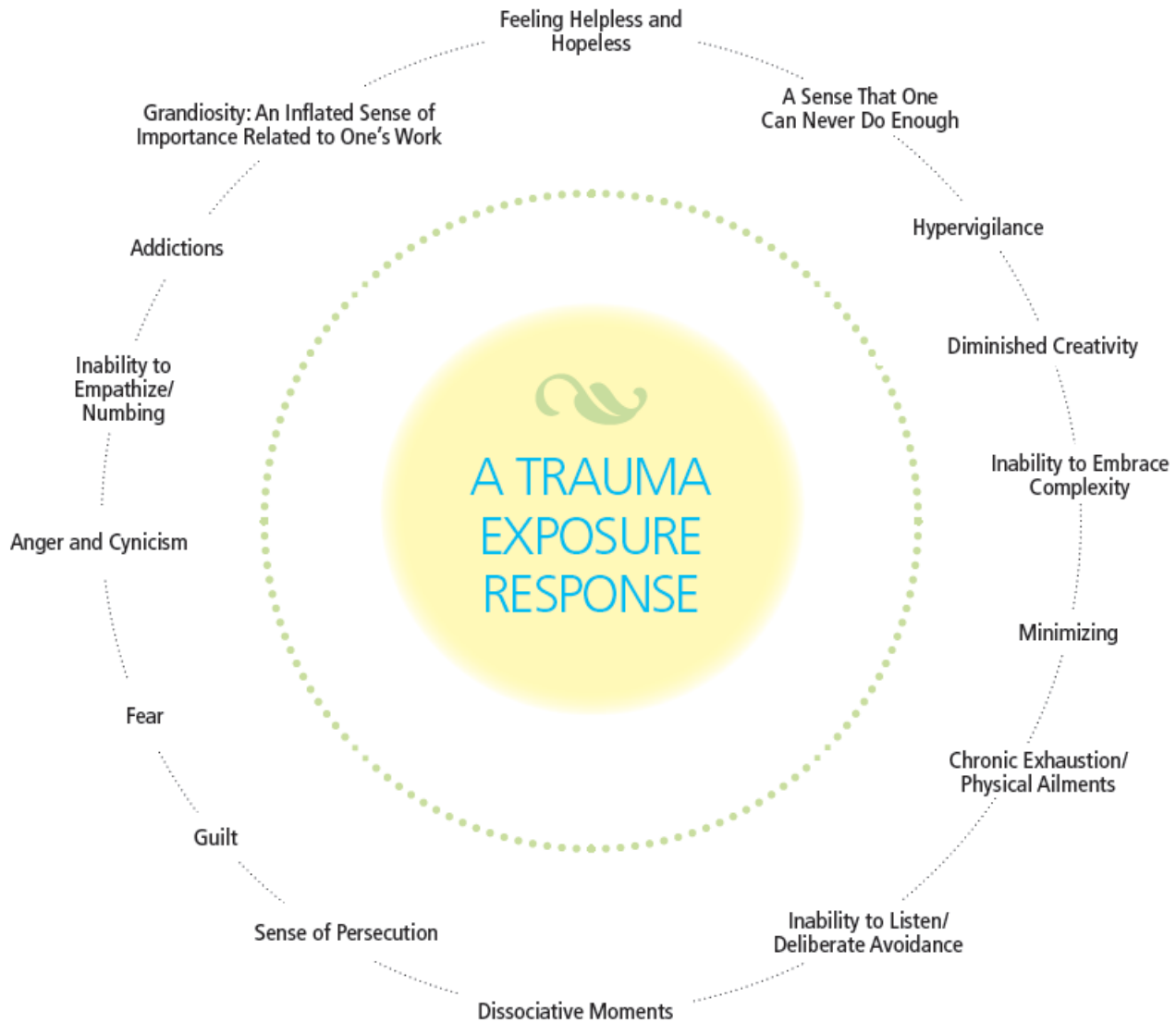
Phase 7, Re-entry: The participants may ask questions or make final statements. The CISD team summarizes what has been discussed. Final explanations, information, action directives, guidance, and thoughts are presented to the group. Handouts may be distributed.

Follow-up: The Critical Incident Stress Debriefing is usually followed by refreshments to facilitate the beginning of follow-up services. One-on-one sessions, telephone calls, visits to work sites and contacts with family members of the participants may be requested. Between one and three follow-up contacts is usually sufficient to finalize the intervention. In a few cases, referrals for professional care may be necessary.

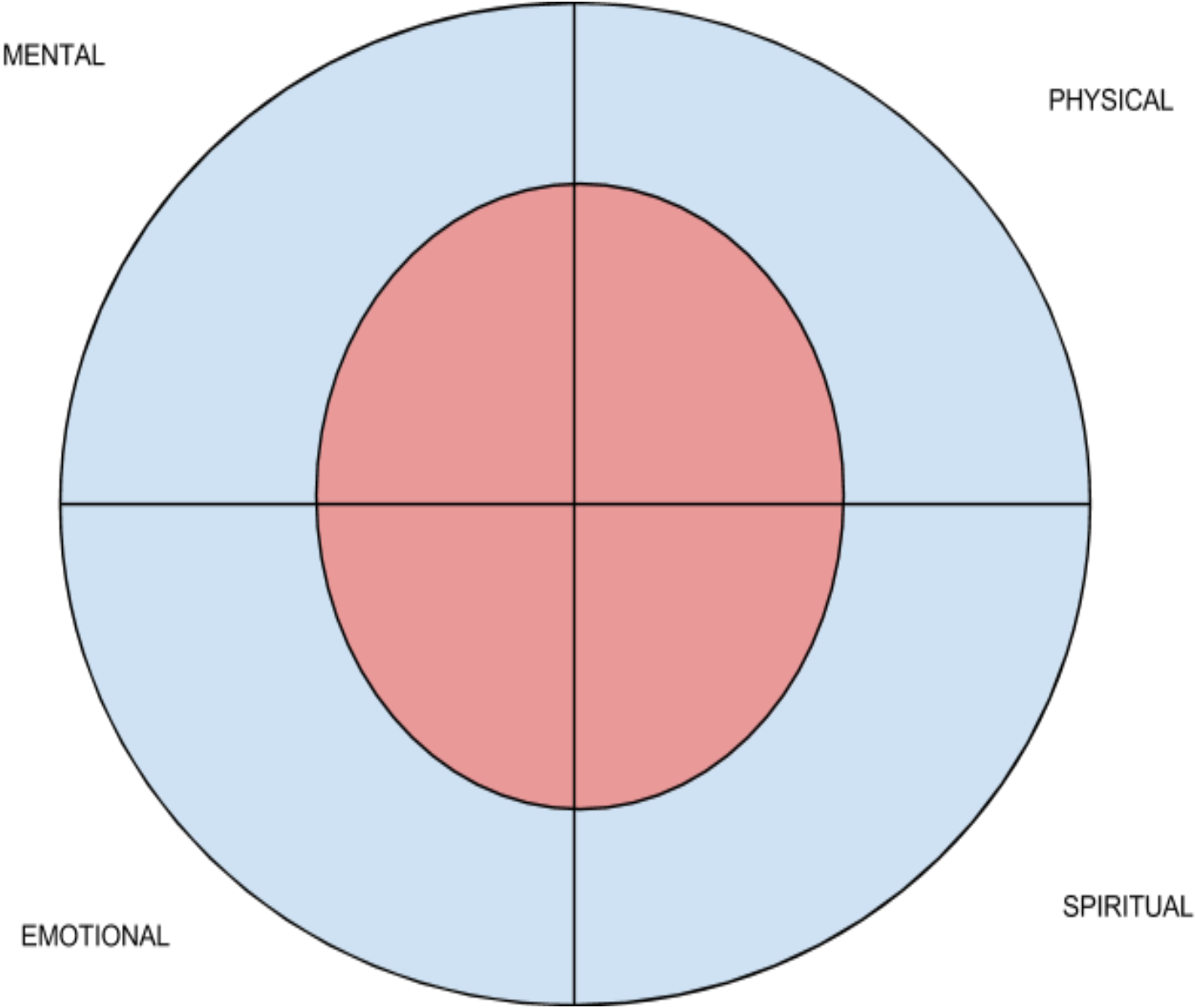
Adapted from *Critical Incident Debriefing* by Jeffrey T. Mitchell

<http://www.info-trauma.org/flash/media-e/mitchellCriticalIncidentStressDebriefing.pdf>

Trauma Exposure Response



Four Quadrants of Self-Care (Activity #5)



The Five Directions



Trauma Stewardship

A daily practice through which individuals, organizations, and societies tend to the hardship, pain, or trauma experienced by humans, other living beings, or our planet itself. By developing the deep sense of awareness needed to care for ourselves while caring for others and the world around us, we can greatly enhance our potential to work for change, ethically and with integrity, for generations to come.

© Copyright 2010 van Dermoot Lipsky

POST TEST- Domestic Violence Advocacy: A Disaster Response

Please circle YES or NO for your response.

1. My knowledge of how victims of domestic violence are impacted by disasters has increased.	YES or NO
2. My knowledge of potential barriers victims of domestic violence face during a disaster has increased.	YES or NO
3. My knowledge on Emergency Management has increased.	YES or NO
4. My knowledge of effective disaster planning for domestic violence programs/coalitions has increased.	YES or NO
5. My knowledge of Critical Incident Debriefing has increased.	YES or NO
6. My knowledge of Compassion Fatigue, Vicarious Trauma and Burnout has increased.	YES or NO
7. I have learned new ways to engage in self-care.	YES or NO

8. What are you taking away from this training?

9. How will you use what you learned in your work?

10. How would you change this training to make it more relevant and helpful?