

# Participant Guide

## Domestic Violence Advocacy: A Disaster Response



## 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.

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## 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.

## 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***

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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.









## **SECTION TWO: DISASTER & EMERGENCY PLANNING**

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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?





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## Planning Priorities



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## PREPAREDNESS

Each domestic violence program needs:

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

<http://www.fema.gov/media-library-data/20130726-1511-20490-6446/bzindst.pdf>  
FCADV

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## PREPAREDNESS: Protocols

- Staff training
- Assessment of inventory
- Procedures to be followed at facility during all stages of the disaster
- Staffing procedures
- Distribution of resources, supplies
- Delivery and management of center services
- Worst case-scenario procedures



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**Is your program on anyone's priority list?**



*"We have a few new clients that were displaced from other areas that needed shelter/housing post storm and we were able to accept them without a problem".*

*"We collaborated with a Red Cross shelter that allowed our women and children to shower and get a warm meal".*

*"We also assisted some shelters in the county with toiletries, food and clothing".*

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## **SECTION THREE: CRITICAL INCIDENT STRESS**

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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.













## **SECTION FOUR: FOSTERING RESILIENCE**

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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)

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### Section 4: Fostering Resilience



*That which is to give light  
must endure burning.*  
-Victor Frankl

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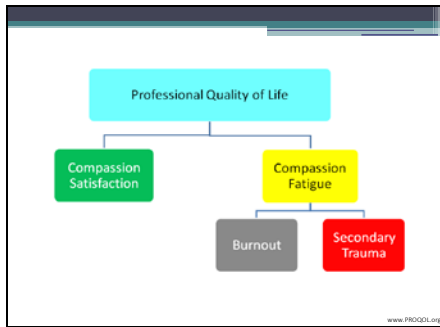
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### Symptoms of Compassion Fatigue

- Vicarious Trauma
  - Can't let go
  - Avoidance
  - Re-live trauma
- Burnout
  - Unhappy
  - Disconnected
  - Exhausted



©Haddington Institute; www.PROQOL.org

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Coming together is a beginning.  
Keeping together is progress.  
Working together is success.  
- Henry Ford

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## 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](http://www.wcadv.org/sites/default/files/resources/FINAL%20-%204-12%20Homicide_Response%20.pdf)
- **Family Violence After Natural Disaster**  
[http://www.whealth.com.au/documents/work/family\\_violence\\_disaster/Facilitator\\_Manual.pdf](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.net](http://www.headington-institute.net) (focus on Resilience)  
[www.headington-institute.org](http://www.headington-institute.org) (focus on Vicarious Trauma)
- **Professional Quality of Life**  
[www.proqol.org](http://www.proqol.org)
- **Resources for Dealing with Workplace Tragedies**
  - [www.dop.wa.gov/EAP/Supervisors/Pages/WilleAPhelpifthereisacriticalincidentimpactingouremploy.aspx](http://www.dop.wa.gov/EAP/Supervisors/Pages/WilleAPhelpifthereisacriticalincidentimpactingouremploy.aspx)
  - [www.lhsfna.org/files/TSR\\_Prog\\_entire.pdf](http://www.lhsfna.org/files/TSR_Prog_entire.pdf)
  - [www.copeinc.com/org\\_manager/pma/eedeath.shtml](http://www.copeinc.com/org_manager/pma/eedeath.shtml)
- **Special Collection: Disaster and Emergency Preparedness and Response**  
[www.vawnet.org](http://www.vawnet.org)
- **Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others**  
by Laura vanDernoot Lipsky

# 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 Activity

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### **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.*

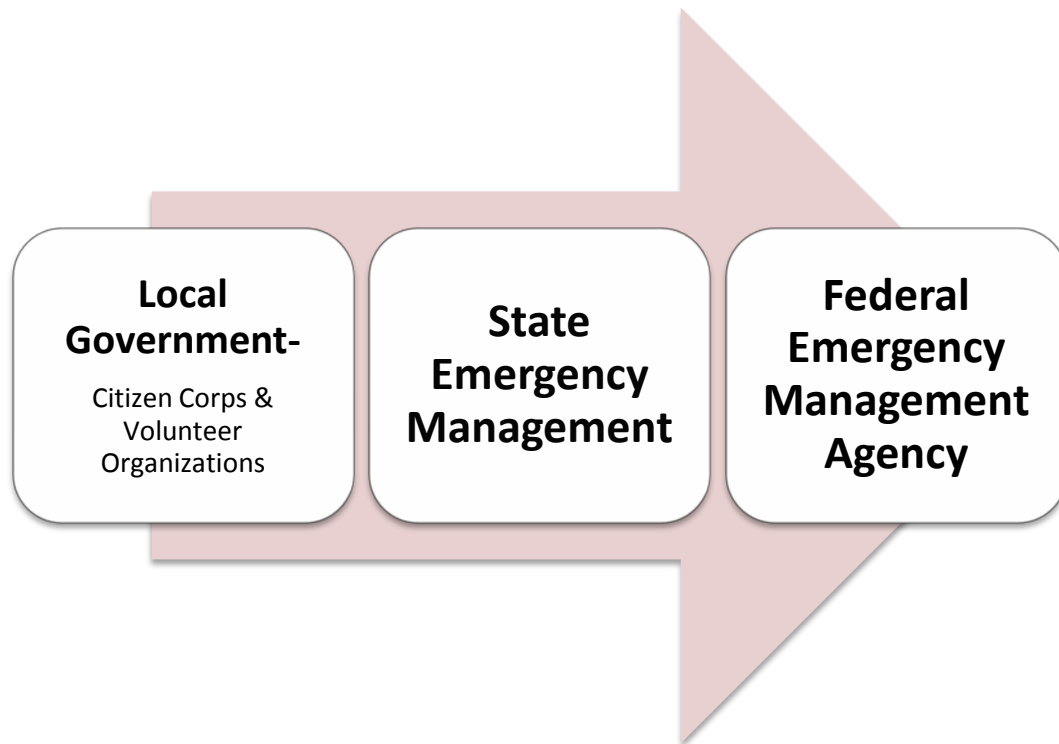
### **Voice #2:**

*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

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**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

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## 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>

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## Disaster Phone Line Transfer Process to NDVH

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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: Kathy Figley

## Signs of Critical Incident Stress

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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

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

# Critical Incident Stress Debriefing

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**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.”

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**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.

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

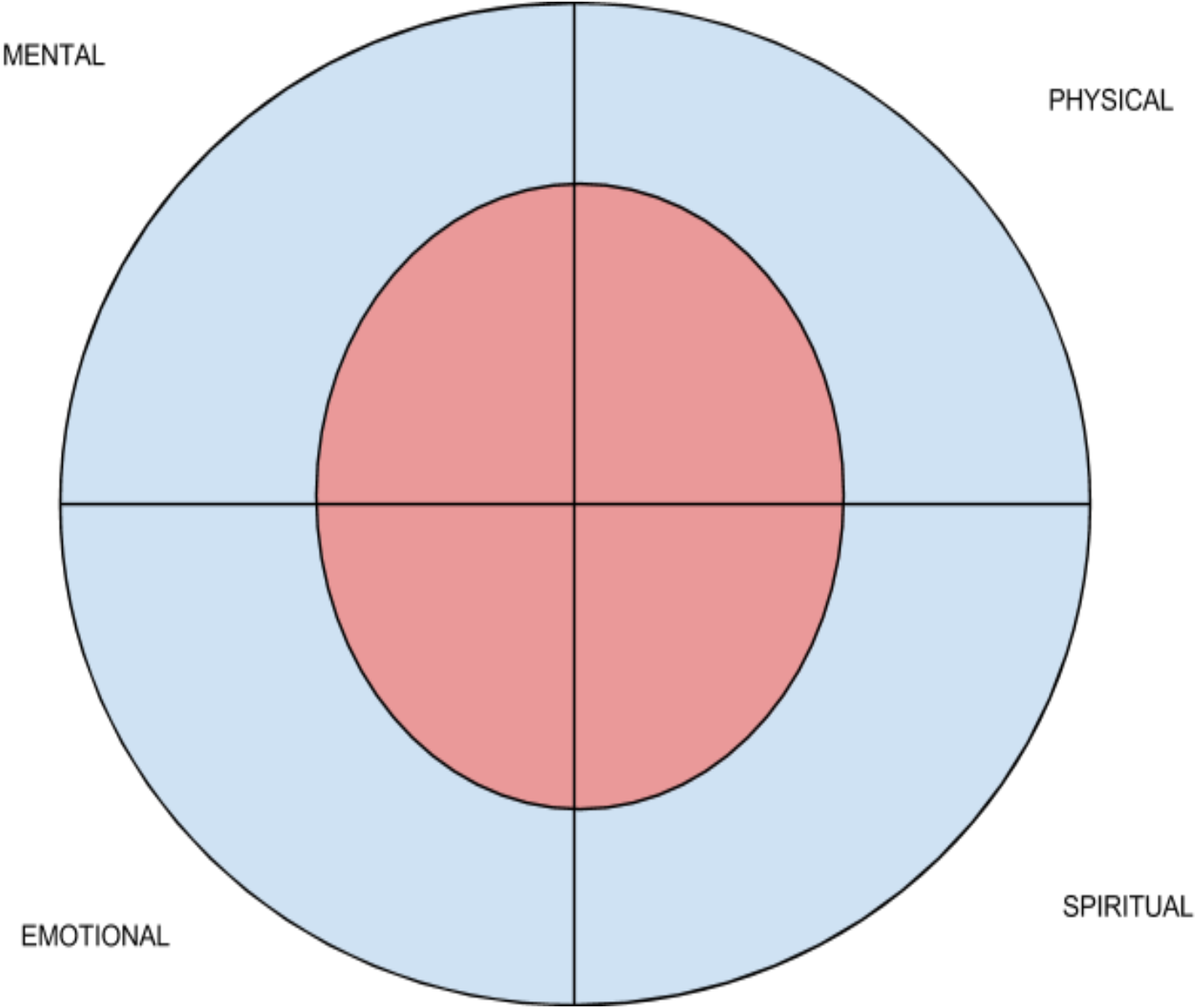
(<http://www.info-trauma.org/flash/media-e/mitchellCriticalIncidentStressDebriefing.pdf>)

# Trauma Exposure Response



# Four Quadrants of Self-Care (Activity #5)

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# 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.

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## Post Test, Domestic Violence Advocacy: A Disaster Response

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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 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?