Disaster Response Workers: Assessing and Responding to Domestic Violence

PARTICIPANT GUIDE
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 ACF. Its contents are solely the responsibility of The National Domestic Violence Hotline and do not necessarily represent the official views of 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 domestic violence, including myths & barriers?
- What is the intersection between domestic violence and disasters?
- What does gender-based violence look like in disaster?
- What are the specific barriers that victims of domestic violence experience in disaster?
- What are some ways to assess, support and safety plan for victims of domestic violence in disasters?
- What are common characteristics of compassion fatigue and how do we develop resilience skills?

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** lays the foundation of domestic violence by offering a clear definition, examining the root causes, and addressing some myths.

**Section Two** focuses on the nexus of domestic violence and natural disaster. This section explores the challenges that are specific to domestic violence advocacy in disaster and several ways to identify patterns of abuse, power and control in relationships and families.
Section Three offers concrete ways to assess and safety plan with survivors.

Section Four outlines 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 101

Domestic violence is a repetitive pattern of behaviors intended to maintain power and control over an intimate partner. These are behaviors that physically harm, arouse fear, prevent a partner from doing what they wish or force them to behave in ways they do not want. Abuse includes the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation. Many of these different forms of abuse can occur at the same time.

The CDC reports 1 in 4 women and 1 in 7 men aged 18 and older in the United States have been the victim of severe physical violence by an intimate partner in their lifetime (Black et al., 2011). Nearly 15% of women have been injured as a result of intimate partner violence that included rape, physical violence, and/or stalking in their lifetime.

According to the Office on Violence Against Women, “domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender. Domestic violence affects people of all socioeconomic backgrounds and education levels. Domestic violence occurs in both opposite-sex and same-sex relationships and can happen to intimate partners who are married, living together, or dating. Domestic violence not only affects those who are abused, but also has a substantial effect on family, friends, co-workers, witnesses, and the community. Children, who grow up witnessing domestic violence, are among those seriously affected. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life, therefore, increasing their risk of becoming society’s next generation of victims and abusers.”

Domestic violence refers to a variety of tactics perpetrators use to maintain power and control over their partner. Below is a list of different kinds of abuse:

- **Physical abuse:** Includes hitting, slapping, pushing or choking, throwing objects, trapping the partner in the home, and forcing the partner to take drugs or alcohol against their will.
- **Emotional abuse:** Includes name-calling, humiliation, blaming the victim for abuse and criticizing.
- **Sexual abuse:** A victim may be forced to have sex or perform sexual acts against their will. Other kinds of sexual abuse include denial of contraception, or being forcibly subjected to pornographic or violent sexual material.
- **Reproductive coercion:** Sabotaging the victim’s contraception, refusing to use a condom, monitoring the victim’s menstrual cycle, and withholding financial means to purchase birth control.
- **Economic abuse:** Control of financial resources in a way that blocks the partner’s use, such as denying access to money or credit cards, refusing to pay bills and denying food, clothing, and/or transportation.
• **Social abuse:** Isolation of the victim, blocking access to social supports and resources, possessiveness, jealousy, suspicions of sexual infidelity, and/or extreme demands for the partner's time and attention resulting in the partner's increased isolation.

• **Stalking:** A form of psychological abuse and/or threats of violence, including cyber-stalking, such as constant texting or hacking into social network sites.

**Why are 1 in 4 women disproportionately victims of domestic violence?**

**Gender Roles in our Society**  
Gender roles are characteristics, stereotypes and expectations placed on certain individuals or social groups based on ideas of gender. We learn about gender roles through the messages we receive from our parents, loved ones, and institutions such as school, work, church, media, the legal system, etc. In many homes these socialized roles define tasks such as outside work and childcare. Gender roles may even result in the normalization of intimate partner violence, or domestic violence, in the home.

We are socialized to believe that masculinity is about dominance and control, whereas femininity is associated with being passive, weak, or a body to be possessed. These socially accepted norms are embedded into systems that we interact with daily and are especially challenging for LGBTQ individuals.

In addition, gender roles intersect with other forms of oppression. A person of color may experience similar expectations around gender roles and also racism. A person with a physical disability faces the barriers of mobility along with systemic disadvantage based on gender roles. Thus it is important for us to talk about oppression together, to think about how certain people experience marginalization in our society and how to help them navigate through life safely as well as broaden our thinking and empathy to create systemic and social change to support our collective growth and healing.
Slide 1

Presented by:

Slide 2

Objectives:
• Define domestic violence, myths & barriers
• Identify the intersection between domestic violence and disasters.
• Explore warning signs of domestic violence.
• Develop ways to assess, support and safety plan for victims of domestic violence in disasters.
• Identify characteristics of compassion fatigue and develop resilience skills.

Slide 3

Section 1: Domestic Violence 101
The word disaster implies an incident that is intense, powerful, damaging, adverse and extreme.

Domestic Violence is an ongoing disaster experienced at a personal level.
Domestic Violence Defined

Domestic violence is 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. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.


Myths about Domestic Violence

- Domestic violence is only physical abuse.

Myths about Domestic Violence

- Domestic violence is just a momentary loss of temper.
- Victims of domestic violence can walk away from the relationship at any time.
- Caused by a mental illness
- Men cannot be victims
- Only relevant to heterosexual relationships
- Personal issue between two people
By the Numbers

• 1 in 4 women and 1 in 7 men experience domestic violence in their lifetime.
• Every year, 1 in 3 women who is a victim of homicide is murdered by her current or former partner.
• Intimate partner violence results in more than 18.5 million mental health care visits each year.
• Survivors of domestic violence face high rates of depression, sleep disturbances, anxiety, flashbacks, and other emotional distress.

-SafeHorizon. www.safehorizon.org

http://www.powerandcontrolfilm.com
Coercion

Intimidation and Threats

Economic Abuse

Emotional Abuse

Male Privilege

Isolation

Minimize, Deny, Using Children

Blame

---

Why is Speaking Out Difficult?
Why do victims stay in abusive relationships?
Why not leave?

---

Barriers to Support and Services

- Social Identity (i.e. sexual orientation, disability, age, etc.)
- Geographic location (i.e. rural, isolated area)
- Transportation
- Immigration status
- Abusive partner in law enforcement or military
- Alcohol or drug dependency
- Language barriers
SECTION TWO: 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.
Section 2: Domestic Violence and Disaster

“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.”

-Advocate from NJ

Disasters and Gender-based Violence: Understanding the Nexus

THE GBV-DISASTER NEXUS: THE U.S. EXPERIENCE

Disasters precipitate surges in the incidence of family and sexual violence.

- In the three months following the Deepwater Horizon oil spill in the Gulf of Mexico, calls to the National Domestic Violence Hotline from Gulf Coast states increased 13%; from Louisiana, 31%.
- After the 1998 Missouri floods, turn-away rate of domestic violence survivors from shelters rose 111%.

-Jenkins & Phillips, 2008; Mabus, 2010

Disasters and Gender-based Violence: Understanding the Nexus

- 1998 ice storm - Canada
- Loma Prieta earthquake - CA
- Hurricane Andrew
- Hurricane Katrina
- Hurricane Floyd
Disasters and Gender-based Violence: Understanding the Nexus

Disasters precipitate surges in the incidence of family and sexual violence.

- In the three months following the Deepwater Horizon oil spill in the Gulf of Mexico, calls to the National Domestic Violence Hotline from Gulf Coast states increased 13%, 21% from Louisiana.
- After the 1993 Missouri floods, turn-away rate of domestic violence survivors from shelters rose 111%.

Je nkins & Phillips, 2008; Mabus, 2010
Slide 19

Supporting Victims in Disaster: The Barriers

- 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.

(Jenkins and Phillips, 2008)

Slide 20

Supporting Victims in Disaster: The Barriers

- Lack of privacy to talk
- Confidentiality
- Communication
- Protective Orders
- Trauma counselors
- Custody
- Housing
- Childcare
- Translators
- Pets

(Tong, K., 2012)

Slide 21

Red Flags

- Unexplainable injuries
- Limited privacy
- Fear of partner
- Limited financial access
- Secrecy
- Difficulty decision making
- Humiliated or put down
- Threatened
- Social isolation
- Blame and shame
Red Flag Activity
SECTION THREE: ASSESSMENT AND SAFETY PLANNING

Though disaster responders have professional training in assessment and safety planning, this section is important to build in domestic violence supports into thinking, planning, and systems of work.

What is Assessment?
Assessment helps determine the level of risk for a victim of domestic violence. By gathering information and being empowering rather than instructive, helpers are able to refer, safety plan with and support survivors and victims. This guide includes strategic questions that responders can ask someone potentially affected by domestic violence. We’ll explain how to ask assessment questions in a way that demonstrates acceptance, compassion and non-judgment, especially during times of crisis.

What is Safety Planning?
A safety plan is personalized and practical with ideas about how a survivor can remain safe while in an abusive relationship, preparing to leave, or after leaving her partner. Safety planning involves emotional management, talking to friends and family, legal action and more. Some things to consider when safety planning during a disaster are:

• Validate the survivor’s concerns and feelings.
• Consider implementing a protocol that assures all persons are assessed individually. If working with a couple, pay attention if one person is making all the decisions or declining relief support.
• Ensure the referred shelter or emergency location has adequate safety protocols.
• Safety plan with other professionals.
• Utilize child-friendly spaces, medical staff, food offerings and public health officials to disseminate materials and other resources.
• Safety Plan with pets.
Section 3: Assessment and Safety Planning

- People experiencing domestic violence may not see their situation as “abuse”. It’s better to ask about behaviors than to use a label:
  - What happens when you and your partner have a disagreement?
  - Talk to me about fears related to your partner.
  - Given the recent disaster, how is your family managing the stress?

Assessment Activity

Assessment

- Try to get as much information as possible about their relationship and the survivor’s support system. This will help you with safety planning.
  - Have you ever been afraid you would be seriously injured or killed?
  - Does your partner have access to weapons or threatened you with them?
  - Do you feel safe to return to your home (or shelter) today?
Slide 26

Ways to Support

- Empathy
- Compassion
- Presence
- Empowerment
- Strengths based
- Accepting
- Non-judgmental

Slide 27

What did you need?

Safety Planning is:

*A personalized, practical plan
that enhances a victim’s emotional, physical or mental safety before, during and after the abusive relationship.*
Slide 29

To be effective a safety plan must be:

- Created in collaboration with survivor
- Survivor driven and centered
- Empowerment-based
- Helpful at any stage of the relationship

Slide 30

Disaster-Specific Safety Planning

- Consider all potential safety nets
- Validate concerns and feelings
- Individual assessment protocol
- Shelter safety information
- Work with other professionals
- Safety plan with pets

Tong, K. (2012)

Slide 31

Who can they call?

(Insert local or state #’s here)

The National Domestic Violence HOTLINE
1.800.799.SAFE (7233) • 1.800.787.3224 (TTY)
**Slide 32**

**Safety Planning Activity**

Using 3-part advocacy lets the survivor know that you are hearing their concerns & experiences, and want to move towards options that work for them.

**Slide 33**

**3-Part Advocacy**

1. **Validate** needs, experiences, feelings
   - Always respond with empathy
2. **Assess** Situation
   - Gain more information and context
3. **Safety Plan & Explore Options**
   - Ask questions to engage survivor in planning

**Slide 34**

**Supporting Victim/Survivors: Using 3-Part Advocacy**
Slide 35

3-Part Advocacy: VALIDATE

Respond with Empathy to Build Trust

- "When you told me I sensed you were feeling ."  
- "That sounds really scary. You deserve to be safe."  
- "It sounds like you're going through a lot right now."

Slide 36

3-Part Advocacy: ASSESS

Prioritize Safety. Begin with Open-Ended Questions

- "What are you afraid might happen?"
- "What is your biggest concern right now?"
- "When you've had conflict before, what did that look like?"

Slide 37

3-Part Advocacy: SAFETY PLAN

Offer information & options, not advice.

- "How can we plan together to make sure that your needs and your safety are prioritized?"
- "What do you want to do for yourself in this situation?"
- "What kind of support do you need?"
- "Where do you feel comfortable seeking support?"
- "What will it take for you and your kids to feel safe?"
That sounds really difficult. You deserve a safe place to stay, especially given this storm and what you've been through.

Would you tell me more about why you're afraid to find shelter with your partner?

Do you have a close friend or family member you can stay with? And do you have transportation?

Not having a car during the evacuation sounds like a scary situation. Talk to me about how you and your partner can get there.

Disaster & Domestic Violence Planning

- Preparedness
- Response
- Recovery
- Mitigation
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. Disaster responders 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)
Section 4: Fostering Resilience

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

---

Slide 41

**Symptoms of Compassion Fatigue**

- Vicarious Trauma
  - Can’t let go
  - Avoidance
  - Re-live trauma
- Burnout
  - Unhappy
  - Disconnected
  - Exhausted
Lipsky van Dermoot, L. (2009)

Who’s at Risk?
- Limited support outside of work
- Strong feelings of empathy
- Pre-existing anxiety or mood Disorder
- Personal trauma history
- Suppresses emotions
- Distances from people
- Insufficient support at work
- Excessive life demands
BE Resilience!

Resilience is a state of being and a process.
Coming together is a beginning.
Keeping together is progress.
Working together is success.
- Henry Ford

References


**Helpful Resources**

- **Critical Incident Stress Guide**
  

- **Domestic Violence Homicide Response Plan: A toolkit for Domestic Violence programs**

- **Disaster Resilience: Emergency Planning and Recovery for Sexual Assault Programs**

- **Family Violence After Natural Disaster**

- **FEMA Emergency Management Guide for Business and Industry**
  [link](http://www.fema.gov/media-library-data/20130726-1511-20490-6446/bizindst.pdf)

- **Headington Institute**
  [link](http://www.headington-institute.org) (search Resilience or Compassion Fatigue)

- **Professional Quality of Life**
  [link](http://www.proqol.org)

- **Resources for Dealing with Workplace Tragedies**
  - [link](http://www.dop.wa.gov/EAP/Supervisors/Pages/WillEAPhelpifthereisacriticalincidentimpactingouremploy.aspx)
  - [link](http://www.lhsfna.org/files/TSR_Prog_entire.pdf)

- **Special Collection: Disaster and Emergency Preparedness and Response**
  [link](http://www.vawnet.org/special-collections/DisasterPrep.php)

- **Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others**
  Book by Laura van Dernoot Lipsky

---

**Power and Control Wheel**

![Power and Control Wheel Image](image_url)
Natural Disasters: 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.

Red Flags of Abuse

It is not always easy to tell if someone is in an abusive relationship. In fact, many abusers may seem absolutely fine on the surface or even heroic in times of disaster. Here are a few red flags to keep an eye out for when helping someone who may be in an abusive relationship.

- **Unexplained injuries.** Evidence of scars or healing wounds, bruises or attempts to hide or cover them up may be an indication of abuse, especially if she can’t explain them.
- **Cannot speak to you in private, or speak much at all.** An abuser often controls who the survivor can talk to. Therefore, survivors may not be able to talk to a responder or relief worker privately or the abuser may be answering questions directed to the victim.
- **Fear of partner.** Victims may have a hard time making eye contact with their partner, shake, shrink or cower when near them, and may be reluctant to say how they feel.
- **Limited financial access.** Economic abuse is very common in abusive relationships. If a victim is restricted from using her own money for disaster relief supplies, food, etc, she may be in an abusive relationship.
- **Secrecy.** If a person is seeking help in secrecy or seems reluctant to make plans with her partner, this may be a sign of abuse.
- **Difficulty making decisions.** Victims of domestic violence typically do not have the ability to make decisions in their household.
- **Humiliated or put down.** Disasters are stressful for everyone. However, that does not excuse verbal abuse from one partner to another. This may indicate a pattern of abuse.
- **Threatened by partner.** Abusive partners may use threats to maintain power and control. If you witness this or hear about threats, this is another sign of potential abuse.
- **Socially isolated.** Without a supportive social network, survivors have a harder time finding help during a disaster and are at higher risk for violence. If someone indicates she has little contact with family, friends and community this may be a sign of abuse.
- **Blame and shame.** A victim may allow herself to be blamed for things out of her control that are not her responsibility, such as the family’s level of disaster preparedness. She may also exhibit feelings of shame and low self esteem.
Red Flags Activity

**Scenario 1:**
You just came across a woman who seems very disoriented. She appears to have blood on her head and she seems to be searching for someone. She’s calling out a name over and over. You ask her if she needs any help, and she tells you that her dog is missing. When you ask how she was injured she tells you that she was trying to get her dog from her boyfriend when she fell. She tells you her boyfriend was upset because she did not want to evacuate with him, so he took the dog to try to convince her to leave with him. As you are assessing her injury she starts crying and tells you that her dog is all she has and that everything has been taken from her. She does not think she can live without her dog as it is the only thing in her life that brings her joy.

**Scenario 2:**
At the emergency shelter, you notice a family huddled together. The mother is sitting on a bed holding an infant in her arms and the father is leaning over the woman and is whispering to her. You notice the look on his face is rather angry. The other children are sitting on the floor quietly playing with a coloring book. The next day you notice the same family but this time the woman is sitting on the bed crying and her children are trying to comfort her, the husband is not nearby. Later that day you approach her when she is alone to see if she needs any resources, and she looks around nervously. She apologizes for crying so much and tells you that she is very distraught over everything that is going on. She tells you that she has to wait for her husband and that he would know what resources they were in need of. You notice a faint yellow bruise on her neck.
Quick Assessment Questions

Below is a list of strategic questions you can ask someone to help identify if the person is experiencing domestic violence and what kind of support they may need.

Openings:
- I am going to ask you some quick, routine questions to understand where you are and how I can best help you. I may bring up different topics to get the big picture. If something is important to you feel free to tell me more about that.
- I am concerned that someone may be hurting you. Would you talk to me about that?
- Connect the inquiry to something already said, such as: You mentioned your partner’s substance abuse/temper/stress. When that happens when he feels like that?
- Many people have problems because of fighting with their partners. How do you relate to that?

Relationship Questions:
- How can we help you?
- When you think about your relationship, what are you afraid of?
- When you think about your partner, what are you afraid of?
- Talk to me about intimidation in your relationship.
- Tell me about jealousy and controlling behaviors in your relationship.
- What contact have you had with law enforcement?
- Tell me about criticism in your relationship.
- Talk to me about any physical fighting in your relationship.
- What do arguments or fights between you and your partner look like?

Support Questions:
- Who are you responsible for taking care of?
- If you have children, how are they doing? What do they need?
- What transportation access do you have?
- What kind of support do you have?
- What options would you like to explore?
- What do you need to feel safe right now?
- What are you hoping to accomplish for you and your family?
- Where have you looked for help before now?
- What’s worked for you in the past?
- What would you like to see in your future?
- What do you enjoy doing to relax?
- What do you like to do to for self care?
Domestic Violence Advocacy Do’s and Don’ts

Do:
1. **Use empathy.** “That sounds really hard.” or “You’ve been through a lot.”

2. **Validate what the person is saying.** “It’s perfectly natural to feel afraid/angry/frustrated.” or “You do not deserve to be hit/hurt, no matter what happened.”

3. **Offer options and resources.** “I can share some information with you about different options.”

4. **Empower the survivor to make their own decision.** “That sounds like a great step to take.” or “It’s completely up to you what you do next.”

5. **Encourage personal wellness.** “What can you do for your personal wellness?” or “What do you enjoy doing for fun or relaxation?”

6. **Ask open-ended questions.** “Tell me more about that.” or “What happened next?”

7. **Be present.** Survivors deserve undivided attention which helps them to open up and feel safe to share.

Don’t:
1. **Ask leading questions.** Be accepting. Avoid prescribing solutions or judging.

2. **Ask ‘why’ questions.** Starting a question with ‘why’ may make the survivor feel judged and they might not open up.

3. **Give advice.** Instead, ask questions and offer options.

4. **Minimize the survivor’s experience or story.** Trauma looks different for everyone.

5. **Assume.** If you’re unclear about something, ask the survivor or someone knowledgeable about her culture or community.
Domestic Violence and Disaster: Safety Planning

Safety planning is anything you do to enhance a survivor’s emotional, mental, and physical safety before, during and after an abusive relationship. Safety planning with victims of domestic violence is very important in the event of a disaster, especially when legal systems and social services are disrupted. Here are a few strategies to employ:

- **Validate the survivor’s concerns and feelings.** Validation is especially important during disaster when there are multiple points of crises occurring. Acknowledging feelings and concerns shows the survivor you are listening and helps establish trust and a safe connection between you.

- **Ask open-ended questions.** Prioritize safety and gather information to assess needs and services you can offer or referrals you can make for the victim.

- **Use your authority wisely.** If a suspected abuser insists on making all the decisions or declining relief support, as disaster responders you can utilize your authority in these emergency situations. Consider enacting a “protocol” that requires every person to be treated and assessed individually, leaving information in public areas and cooperating with other professionals such as medics.

- **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 vulnerable individuals?

- **Safety plan with other professionals.** Encourage doctors and nurses to assist in safety planning as well (e.g. providing hotline numbers, crisis counselors, social worker, etc). Create code words to signal signs of domestic violence, in case the abusive partner is present.

- **Safety plan considering children.** Abusive partners can threaten to take away or hurt children to maintain power and control. Help keep children and their custodial parent together. Consider asking if there are protection orders in place or legal claims ongoing.

- **Safety plan with pets.** Abusive partners can threaten to take away or hurt a victim’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.
3-Part Advocacy

Below are a few examples of 3-Part Advocacy in disaster situations.

**Scenario #1:** Abusive partner takes the car away during disaster.

<table>
<thead>
<tr>
<th>VALIDATE</th>
<th>ASSESS</th>
<th>SAFETY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not having a car during the evacuation sounds like a scary situation.</td>
<td>Talk to me about how you and your partner use the vehicle.</td>
<td>Where could you turn for support in your family and community?</td>
</tr>
</tbody>
</table>

**Scenario #2:** The survivor’s home is destroyed or severely damaged. She seems fearful about finding shelter with her partner.

<table>
<thead>
<tr>
<th>VALIDATE</th>
<th>ASSESS</th>
<th>SAFETY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>That sounds really difficult. You deserve a safe place to stay, especially given this storm and what you’ve been through.</td>
<td>Would you tell me more about why you’re afraid to find shelter with your partner?</td>
<td>Do you have a close friend or family member you can stay with? And do you have transportation?</td>
</tr>
</tbody>
</table>

**Scenario #3:** The survivor’s partner gives her a “knowing” glance when he thinks she is about to tell some Red Cross volunteers how she was really injured.

<table>
<thead>
<tr>
<th>VALIDATE</th>
<th>ASSESS</th>
<th>SAFETY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Trauma Exposure Response

- Feeling Helpless and Hopeless
- A Sense That One Can Never Do Enough
- Hypervigilance
- Diminished Creativity
- Inability to Embrace Complexity
- Minimizing
- Chronic Exhaustion/Physical Ailments
- Inability to Listen/Deliberate Avoidance
- Dissociative Moments
- Sense of Persecution
- Guilt
- Fear
- Anger and Cynicism
- Inability to Empathize/Numbing
- Addictions
- Grandiosity: An Inflated Sense of Importance Related to One’s Work

A TRAUMA EXPOSURE RESPONSE
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 der Roest Lipsky
Four Quadrants of Self-Care (Activity #7)
### Post Test, Disaster Response Workers: Assessing and Responding to Domestic Violence

<table>
<thead>
<tr>
<th>Question</th>
<th>YES or NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My knowledge of domestic violence increased due to this training.</td>
<td></td>
</tr>
<tr>
<td>2. My knowledge of potential barriers victims of domestic violence face has increased.</td>
<td></td>
</tr>
<tr>
<td>3. My knowledge of how victims of domestic violence are impacted by disasters has increased.</td>
<td></td>
</tr>
<tr>
<td>4. My knowledge of safety planning with victims of domestic violence has increased.</td>
<td></td>
</tr>
<tr>
<td>5. My knowledge of services available for domestic violence victims has increased.</td>
<td></td>
</tr>
<tr>
<td>6. My knowledge on Compassion Fatigue, Vicarious Trauma and Burnout has increased.</td>
<td></td>
</tr>
<tr>
<td>7. I have learned new ways to engage in self-care.</td>
<td></td>
</tr>
</tbody>
</table>

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?