

DOMESTIC VIOLENCE AND DISASTER: A PLANNING AND RESOURCE GUIDE FOR DOMESTIC VIOLENCE PROGRAMS

NYSCADV
NEW YORK STATE COALITION
AGAINST DOMESTIC VIOLENCE

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INTRODUCTION

Superstorm Sandy's aftermath resulted in thousands of damaged homes and businesses in New York and New Jersey, over \$1 billion in property damage, and more than 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. 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 practices for disaster management in the context of domestic violence, and 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 specific barriers that victims of domestic violence experience in disaster?
- Who are first responders and what do they do?
- What are the steps to disaster relief in my area?
- What protocol can my agency follow to help ensure that residents, clients and staff are safe in the event of a disaster?
- How can I support a victim or resident 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.

The information throughout the four sections provides:

1. **Awareness:** Readers of this workbook will gain a deeper understanding about emergency preparedness and management in the event of a disaster. Readers will learn more about the role, duties and responsibilities that various responders uphold in different stages of disaster response.
2. **Intersectional Approach:** Using our knowledge about domestic violence to inform our disaster response practices and approaches (i.e. being able to identify multi-layered or multi-faceted trauma based on intimate partner violence compounded by disaster needs).
3. **Skill-Building:** Through the activities in this workbook readers gain a deeper understanding of how to conduct disaster preparedness planning, staff debriefing, and learn about best practices in the field of emergency management and domestic violence.

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 they prefer. The terms "domestic violence," "gender-based violence" and "intimate partner violence" are also used interchangeably.

KEY CONCEPTS

- **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)
- **Crisis Communication:** 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. Such incidents may include homicide of participants, violence as it relates to centers, staff or participants, or any legal proceeding related to centers, staff or participants.
- **Critical Incident Stress:** Being witness to tragedy, death, serious injuries and threatening situations can cause a strain on workers’ ability to function. 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. Most instances of critical incident stress last between two days and four weeks.
- **Critical Stress Debriefing:** Critical Incident Stress Debriefing (CISD) is a facilitator-led group process conducted soon after a traumatic event with individuals considered to be under stress from trauma exposure.
- **Critical Stress Management:** A system of education, prevention and mitigation of the effects of exposure to highly stressful critical incidents. It is handled most effectively by specifically trained individuals, such as crisis intervention specialists.
- **Disaster:** A sudden event that causes significant disruption of a community and involves great damage, loss and/or destruction.
- **Domestic Violence:** Domestic violence is a pattern of coercive behavior/tactics used by someone against their intimate partner in an attempt to gain or maintain power and control. Domestic violence is culturally learned and socially condoned.
- **Phases of Disaster Management:**
 1. **Preparedness** is taking action before an event to ensure you are ready for the emergency. These actions include developing your plan, training your employees and pulling together your disaster supplies.
 2. **Response** is the action that you take immediately in response to the threat, primarily to ensure everyone’s safety.
 3. **Recovery** is the work of restoring your center operations damaged or interrupted by the disaster.
 4. **Mitigation** involves taking the steps to prevent or lessen the effects of an emergency or disaster or, at least to reduce your risk.
- **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.
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SECTION ONE: INTERSECTION OF DOMESTIC VIOLENCE AND DISASTER

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. Natural disasters (such as floods, hurricanes, tornadoes, tsunamis and earthquakes) and human made disasters (such as war, terrorism, industrial accidents, and mass-transportation accidents) 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 disaster.

According to the World Health Organization, data and anecdotal evidence exist that demonstrate an increase in the prevalence of domestic violence after disasters. And as domestic violence escalates both during and after a disaster, so do barriers to resources for victims. Options for shelter, housing, counseling, and protective order enforcement become increasingly taxed, and the survivor's stress level and lack of social connections are stretched to capacity, making it that much more challenging for victims to find and receive the support they need. For those families that experience additional barriers like language access or financial poverty, the struggle to access services becomes even more daunting.

This section examines the intersection of domestic violence and disasters and the impact it has on victims and survivors. It also explores the ways in which abusive partners can use a disaster against victims, as well as the additional challenges and barriers faced by victims.

UNDERSTANDING THE NEXUS

It is not just that they are victims of violence, nor is it just that they are just victims of disaster.

It is important to remember that both domestic violence and disasters are *ongoing events*. At the onset of disasters like Superstorm Sandy, Hurricane Irene, Hurricane Katrina, and 9-11 regional capacity to respond becomes undermined, and national reserves are strained. But even after the flood waters are gone, and the towers are rebuilt, disrupted and dislocated lives linger on.

In the daily disaster of domestic violence, survivors are often isolated, unable to take or keep paid work, lack transportation, and are financially dependent. Like their physical and emotional health, their sense of self-worth and efficacy diminishes in the face of continued violence. Survivors are caught in this vortex, and their abilities to keep themselves and their children safe are increasingly challenged.

Because of this, survivors are 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. This isolation becomes highly amplified when disaster strikes.

INCREASED VULNERABILITY FACTSHEET

Disasters disrupt physical and social environments and can cause surges domestic and sexual violence. The facts listed below, compiled in 2006 by Elaine Enarson, demonstrate the increased vulnerability to violence post-disaster:

- **Deepwater Horizon Oil Spill in the Gulf of Mexico:** In the three months following the spill, calls to the National Domestic Violence Hotline from Gulf Coast states increased by 21% from Louisiana, and by 13% overall. (Mabus, 2010)
- **Missouri Floods 1993:** the turn-away rate of domestic violence survivors from shelters rose by 111%. (Jenkins & Phillips, 2008)
- **Montreal Ice Storm 1998:** A police chief reported that 1 in 4 calls the following week came from victims of abuse. (Enarson, 1998)
- **Loma Prieta Earthquake in Santa Cruz 1989:** The director of a domestic violence shelter reported that requests for temporary restraining orders rose by 50% afterwards. Reported sexual assault rose by 300%. (Enarson, 1998)
- **Hurricane Andrew in Miami 1992:** spousal abuse calls to the local helpline increased by 50%. (Enarson, 1998)
- **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. In counties less affected or not affected by the hurricane, there was no increase in the rate (Enarson, 1998)

People who are socially and financially disadvantaged before a disaster are much more likely to experience negative impacts after a disaster than those who are not. For instance, the research below demonstrates the earnings gap between men and women pre and post Hurricane Katrina, and between white women and women of color:

- **Pre-Katrina:** Earnings of women before Hurricane Katrina were 81.6% of the earnings of men; i.e. if a man made \$40,000 on average a woman in the same position made \$32,640. (Willinger, 2008)
- **Post-Katrina:** After Hurricane Katrina, women's earnings dropped to 61.8% of men; i.e. if a man made \$40,000 on average a woman in the same position made \$24,720. (Willinger, 2008)
- **Post-Katrina:** The 2007 wage gap in earnings between White women and Black/African American women was equal to the wage gap between women and men pre-Katrina (60-61 percent).
- **Post-Katrina:** Women were concentrated in lower paying occupations that paid the same or less in 2007 than in 2005. (Willinger, 2008)
- **Post-Katrina:** With lower pay, women were disproportionately in need of low-income housing. (Willinger, 2008)
- **Post-Katrina:** Rents increased by 46% after the storm. In addition, the inflation rate was 6.1% in the same period. (Willinger, 2008)
- **Post-Katrina:** 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. (Willinger, 2008)

Activity #2 – Survivor Stories

INSTRUCTIONS: Read the two accounts of survivors' experiences below and then answer the questions that follow. As you read, be mindful of your reactions.

Story #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.

Story #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.

1. What are your impressions and feelings?
2. What surprised you?
3. What challenges do you see these survivors facing that would be new to you as an advocate?
4. Do you have any related experiences?

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 IMPACTS

- **Infrastructural Effects Upon Community: Reduced Support**

Disasters impact survivors directly, and also impact the systems that support them – these systems include community based social networks, domestic violence programs, rape crisis centers, health care systems, courts, and the criminal justice system.

- **Behavioral Effects: Reduced Resilience**

Individuals react to disasters differently, and capacity for resilience can be stretched to the limits depending on:

- history of trauma
- capacity for resilience
- self-care skills
- access to resources post-disaster
- social support systems

- **Cultural Effects Upon Community: Decreased Power**

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: Increased Risk**

The following aspects of disaster may escalate abusive behaviors:

- Increased psychological stress
- Experiences of powerlessness
- Environmental stimuli to rage response
- Increased time with partner and family
- Being cut off from intoxicating substances

Common abusive behaviors post-disaster include:

- Threats of harm based on victim maintaining past expectations amidst chaotic circumstances (e.g. cooking, cleaning, caretaking, shopping)
- Isolation or exclusion
- Using children and pets to control partner
- Minimizing their own behavior; blaming victim for their behavior
- Economic abuse in relief environment (using FEMA Funds inappropriately) (Florida Coalition Against Domestic Violence, 2010)

- **Socio-economic Effects Upon Women: Reduced Protection**

- Disasters disproportionately impact women in terms of physical health, behavioral health and socio-economic wellbeing.
- In the economic shockwave of the disaster recovery period, women often experience an erosion of economic security—with a corresponding loss of support and protective services for domestic violence.

THE BARRIERS

Domestic violence will continue post-disaster and often will escalate. Some of the barriers that survivors face in the midst of disaster include:

- Being forced to stay in the same house with the abusive partner or the abusive partner's family
- If the abuser or the survivor cannot leave the house for their usual daily activities (work, school, etc.) they are forced to be together for longer periods of time
- Everyone may have left the neighborhood, so those that the survivor could depend on to help are now gone
- Lack of access to electricity, water, phone, and internet
- Disaster responders are trained to help those most seriously hurt first, so may not have the time or capacity to assess for domestic violence
- Service providers may be overwhelmed, closed or damaged
- Staff members at service provider agencies may also be experiencing primary trauma and find it difficult to help those in need
- Support services may be offered in a large auditorium setting without much privacy
- Emergency disaster shelters may be unsafe for survivors due to risk of exposure and lack of confidentiality
- Collaboration between service providers may be difficult or impossible
- Orders of protection may not be able to be obtained because courts may be closed or damaged. Law enforcement may also be unable to enforce existing orders of protection because their services are taxed
- Access to medical services for uninsured people may not be available, or may be damaged due to disaster
- Abusive partners may try to regain custody – using the disaster against the custodial parent. (They may say the survivor is unfit because they lost their home, they may keep the child during visitation and not attempt to reunite, etc.)
- 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
- Childcare may not be available, either from daycares or family members
- A shortage of translators may cause individuals to rely on their partners or children as interpreters, reducing the likelihood they will disclose abuse
- People may not leave during an evacuation because they have pets they need to care for
- People with medical needs may have difficulty accessing providers or pharmacies
- Abusers may take assistive devices used by people with disabilities, or people who are aging, so that they are forced to stay

DOMESTIC VIOLENCE AND DISASTER: POWER AND CONTROL WHEEL

This Power and Control Wheel is specific to those affected by disasters and was adapted from the original Duluth Wheel by the Florida Coalition Against Domestic Violence and the New York State Coalition Against Domestic Violence. This diagram represents some of the ways that a person can use these tactics during a disaster to exercise power and control over their partner.



Activity #3 - Disaster Safety Planning

INSTRUCTIONS: This activity is designed to use the power and control wheel on the previous page to help the learner identify safety plan considerations for individuals in abusive relationships that are also experiencing a disaster. For each section of the power and control wheel, write down as many safety planning options as you can think of. (Use another sheet of paper if needed).

Using Isolation / Exclusion	Using The Children	Anger / Emotional Abuse	Using Economic Abuse
Using Companion Animals	Using Coercion & Threats	Minimize / Deny / Blame	Intimidation

SECTION TWO: DISASTER PLANNING, RESPONSE, AND MANAGEMENT

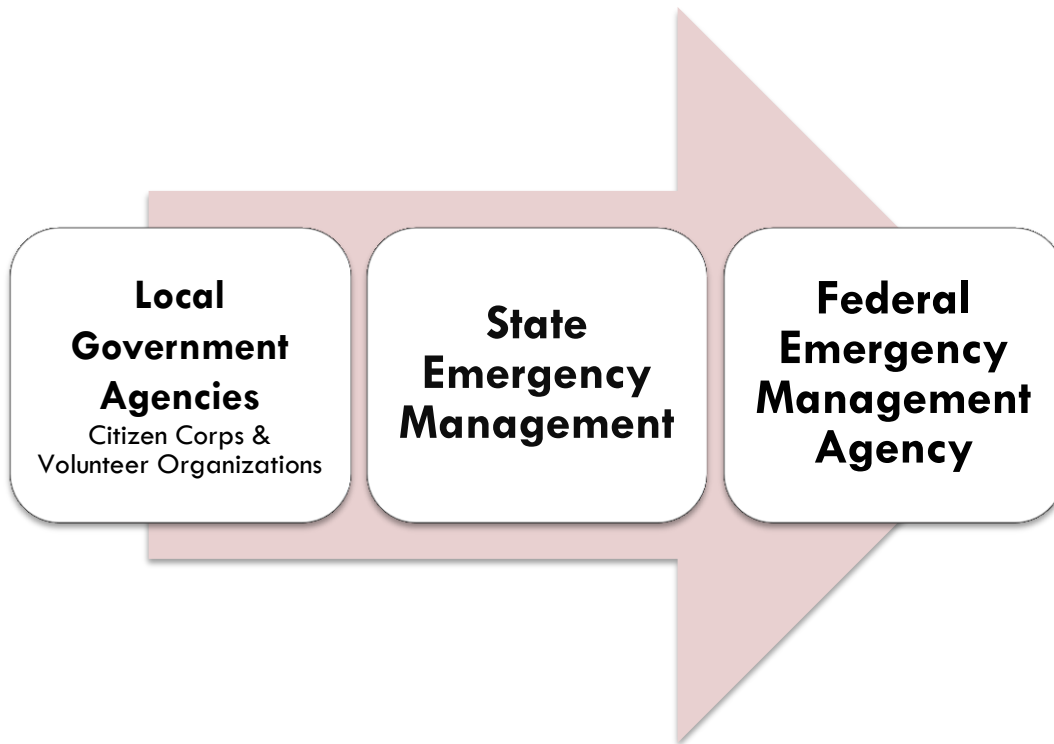
Disaster response and management is a complex set of protocols and procedures facilitated by a number of response teams and individuals. Emergencies can often come on suddenly and unexpectedly. A well thought out plan created ahead of time can maximize safety and ensure that domestic violence programs have the necessary resources available to survive in an emergency. But due to the high-intensity every day work demands that domestic violence programs face, long range planning - such as disaster planning - is often not conducted. As Elaine Enarson states:

Disaster planning is not often a priority in (domestic violence) shelters or transition homes, where your work focuses on daily survival issues. But your shelter is the only home (victims) 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. (Enarson, 1998)

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. This section provides the necessary tools for domestic violence programs to develop an effective plan to prepare for emergencies, and helps programs answer the following questions:

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

STAGES OF DISASTER RESPONSE



STAGE 1

The National Weather Service or the National Hurricane Center will notify the county, city, and/or local government of the impending storm/disaster.

STAGE 2

The county/city/local governments will enact emergency plan and deploy local first responder entities, including: law enforcement, firefighters, EMS and other para-professionals.

STAGE 3

The following volunteer groups are also 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 non-profit or faith-based programs.

STAGE 4

If the local government feels the disaster will be further reaching, or if their resources become overwhelmed, they will notify the state emergency management team.

STAGE 5

Federal Emergency Management Agency (FEMA) is contacted by the governor if state resources become overwhelmed, or are in need of federal assistance. FEMA is the lead federal agency for emergency management and supports, but does not override, state authority.

NATIONAL INCIDENT MANAGEMENT SYSTEM & INCIDENT COMMAND SYSTEM: A BRIEF GUIDE FOR DOMESTIC VIOLENCE ADVOCATES

Between 2011 and 2013, New York State was impacted by nine presidentially declared disasters. During these disasters, critical services - including domestic violence services - were impacted. While we don't know when future disasters will occur, we do know that more will.

It is important to be acquainted with your local emergency practitioners. 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).

This document provides a brief explanation of the National Incident Management System (NIMS) and the Incident Command System (ICS), and provides resources that may assist you in preparing for and responding to future disasters.

WHAT IS NIMS?

The National Incident Management System is a consistent nationwide template that enables effective, efficient and collaborative incident management at all jurisdictional levels regardless of the cause, size or complexity of the incident.

WHY SHOULD WE USE NIMS?

By using NIMS, communities are part of a comprehensive national approach that improves the effectiveness of emergency management and response personnel across the full spectrum of potential threats and hazards (including natural hazards, terrorist activities, and other human-caused disasters) regardless of size or complexity. The use of NIMS can reduce the loss of life and property, and harm to the environment.

WHAT ARE THE COMPONENTS OF NIMS?

The five components of NIMS are: preparedness, communications and information, resource management, command, and ongoing management and maintenance.

HOW DOES NIMS RELATE TO LOCAL INCIDENT COMMAND?

A basic premise of NIMS is that all incidents begin and end locally. NIMS does not take command away from state and local authorities. NIMS simply provides the framework to enhance the ability of responders, including the private sector and NGOs, to work together more effectively. The intention of the federal government in these situations is not to command the response but, rather, to support the affected local, tribal, and/or state governments.

WHAT IS ICS?

The Incident Command System (ICS) is an element of the Command and Management Component of NIMS and is a standardized management tool for meeting the demands of any emergency or nonemergency situation including planned events, natural disasters, and acts of terrorism. ICS represents "best practices" that have become the standard for emergency management across the country. ICS consists of procedures for controlling personnel, facilities, equipment and communications, and is designed to be used or applied from the time an incident occurs until the requirement for management and operations no longer exists.

WHY IS ICS NEEDED?

When an incident requires response from multiple local emergency management and response agencies, effective cross-jurisdictional coordination using common processes and systems is critical. The Incident Command System (ICS) provides a flexible, yet standardized core mechanism for coordinated and

collaborative incident management, whether for incidents where additional resources are required or are provided from different organizations within a single jurisdiction or outside the jurisdiction or for complex incidents with national implications.

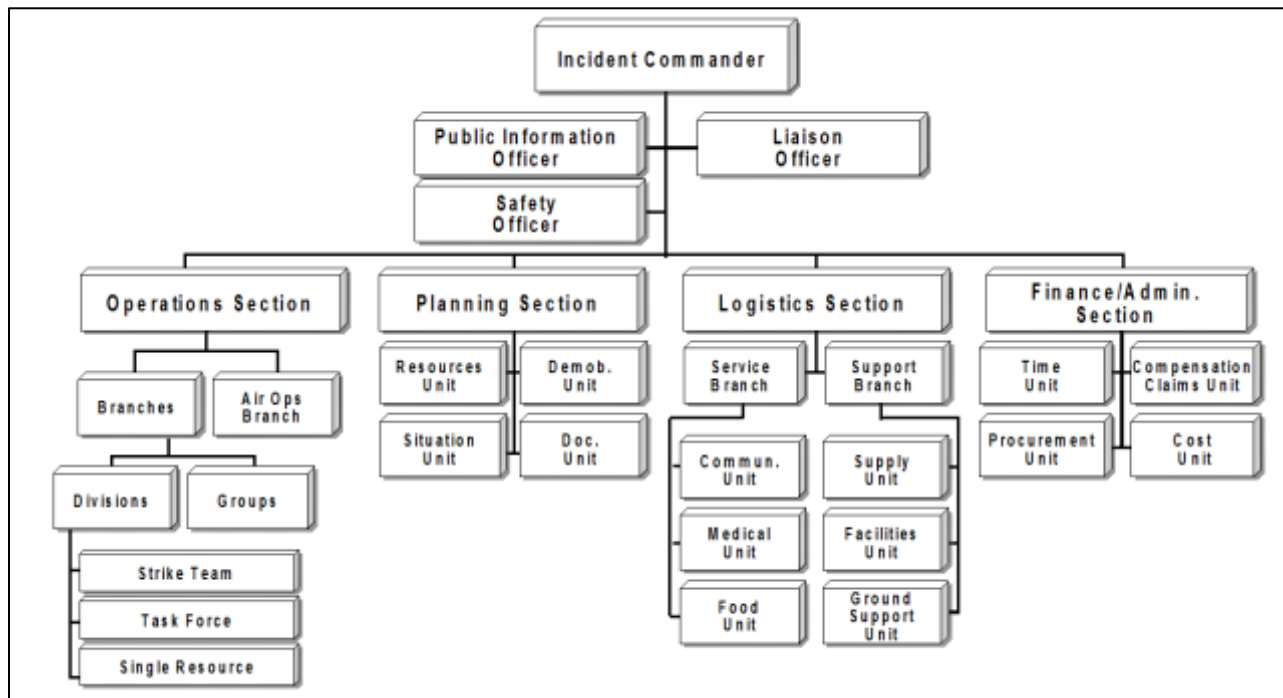
WHAT DOES ICS LOOK LIKE?

ICS is normally structured to facilitate activities in five major functional areas: command, operations, planning, logistics, and finance and administration. However, a key principle of ICS is its flexibility. This allows the ICS organization to be expanded easily from a very small size for routine operations to a larger organization capable of handling catastrophic events. Even though the size of the ICS organization may change, position titles within the system are always the same.

WHO USES NIMS & ICS?

NIMS & ICS are used by all levels of government—federal, state, local, and tribal—as well as by many private sector and nongovernmental organizations. ICS is also applicable across disciplines.

ICS ORGANIZATIONAL STRUCTURE



ICS POSITION TITLES

Organizational Level	Title	Support Position
Incident Command	Incident Commander	Deputy
Command Staff	Officer	Assistant
General Staff (Section)	Chief	Deputy
Branch	Director	Deputy
Division/Group	Supervisor	N/A
Unit	Leader	Manager
Strike Team/Task Force	Leader	Single Resource Boss

FOUR PHASES OF EMERGENCY MANAGEMENT

1. **Preparedness** is taking action *before* a disaster to ensure that you are ready for the emergency. These actions include developing your plan, training your employees, running drills, and pulling together your disaster supplies.
2. **Response** is the action that you take *immediately in response* to the threat, primarily to ensure everyone's safety.
3. **Recovery** is the work of restoring what was damaged or interrupted by the disaster.
4. **Mitigation** involves using lessons learned during the disaster to prevent or lessen the effects of the next emergency or disaster or, at least to reduce your risk. (Communities fortunate enough to have not experienced a major disaster, often focus their attention on the first three phases without consideration of mitigation.)

PHASE ONE: PREPAREDNESS

When preparing for disasters, domestic violence programs need the following:

1. A staff disaster specialist or team (depending upon the size of the program).
2. An all-hazards plan that includes:
 - Protocols for all types of potential emergencies (floods, fires, wildfires, tornados, hurricanes, chemical emergencies, bomb threats, terrorist attacks, death of a resident or staff member, intruders, etc.)
 - One protocol for each disaster type (some overlap may occur)
 - Each protocol should include a timeline and outline specific staff instructions – Staff roles should be clearly defined with clear instructions pre-, during and post-disaster.
 - Checklists for each of these potential emergencies
3. A committee to review the initial plan and review it annually.
4. A yearly budget for start-up and replacement supplies.
5. Connection to and collaboration with local emergency responder offices.
6. PRACTICE, PRACTICE, PRACTICE! Understand that the best laid plans will have flaws in any crisis, disaster or emergency. Planning and practice will help generate the confidence for people to make decisions in the face of uncertainties.

PREPAREDNESS: DISASTER PROTOCOLS

At minimum, disaster protocols should include:

- Creation of and regular assessment of emergency supply inventories. The following supplies are suggested by FEMA:
 - Water (one gallon of water per person, per day for at least 3 days)
 - Food – (At least a three day supply of non-perishable food – remember to include staff in supply counts)
 - Battery powered or hand crank radios and flashlights
 - Extra batteries
 - First aid kits and books
 - Whistle / noise maker to signal for help
 - Dust masks
 - Duct tape, plastic sheeting
 - Moist towelettes, garbage bags, plastic ties for personal sanitation
 - Wrench or pliers to turn off utilities
 - Manual can opener
 - Local maps
 - Generator (with operating instructions easily accessible) and fuel
 - Cell phone with chargers / solar chargers / inverters
 - List of important phone numbers
 - Infant formula and diapers
 - Pet food / extra water
 - Cash
 - Important documents – insurance policies, bank records, etc.
 - Blankets
 - Matches in waterproof container
 - Personal hygiene items and feminine supplies
 - Paper plates, cups, plastic utensils and paper towels
 - Paper and pens / pencils
 - Books, games, puzzles and activities to pass the time
- Evacuation plans for each site
- Procedures to be followed at each service location during all stages of disaster
- Plans for how to deliver and manage services
- Discuss and create tangible action plans for worst-case scenarios
- Regular training and dissemination of protocols to all staff members, respite workers, survivors in both residential and non-residential services, and volunteers – ensuring that any changes to the policies are also disseminated in a timely manner.
- System for updating protocols after each disaster as new information emerges
- Assign staff members to research literature published after major disasters – government and other disaster related organizations have ample information on their websites
- Establish working relationships with first responders (fire department, police department, hospitals, and emergency management agencies)

PREPAREDNESS: FACILITY PREPERATION

Consider the following tasks for facility preparation:

- Shore-up the building: tie down loose objects, board up windows, secure doors
- Secure the grounds
- Assure internal safety:
 - identify structurally safe rooms (consider working with building inspectors to identify the safest / least safe areas of the building and grounds – conduct drills to make sure the safe spaces can hold all staff and clients);
 - ensure fire extinguishers and smoke alarms are in working order
 - ensure exits are clearly marked with exit signs, have sufficient lighting, and are not blocked
- Assure internal comfort: bedding, food, water, clothing, personal care items, entertainment, etc.
- Identify evacuations leaders / floor wardens that will help ensure everyone has safely exited the building
- Assure emergency domestic violence services will continue, as much as possible (consider rolling the hotline to nearby local programs, the state hotline, or the national hotline)
- Check in with telephone / electrical service support
- Prepare for emergency evacuation of service sites, and how to secure an empty facility
- Attend to survivors with additional needs, including those with mobility needs, dietary needs, medical care, medication, etc.
- Don't plan to rely solely on first responders for immediate help – build skills of staff members to handle disaster management and response
- Create a communications plan for crisis situations that all staff have access to
- Coordinate plans with local and state emergency groups
- Ensure that program participants understand the plans so that they can make informed decision

PHASE TWO: RESPONSE

The following suggestions are from the Florida Coalition Against Domestic Violence:

- During an emergency it is important to continue supporting the choices of survivors – whether they choose to evacuate with the residents, return to their family, or return to their abusive partner. Always remember that the survivor knows the best way to stay safe. Safety plan with all survivors regarding their choices of where they go during a disaster.
- Appoint someone in charge of evacuations, another in charge of services to ensure cancellations and transfers are properly communicated (hotlines, counseling, court, etc.), and someone in charge of supplies to bring (diapers, formula, food, water, toiletries, medications, etc).
- If possible, evacuate residents to the nearest domestic violence shelter. If no shelter is available, identify the closest emergency shelter.
- Transport survivors in non-residential services to safe evacuation sites as feasible
- 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.
- Consider having a leader relocate to sustain operations. Ensure that they have updated information, including alternative numbers for clients, employees, emergency contacts and volunteers.
- If possible roll program hotline to nearby local domestic violence programs, the state hotline (if available) or the National Domestic Violence Hotline.
- Consider referrals to nearby available agencies and think creatively about sharing office space and supplies with other organizations.
- Consider collaborating with Red Cross shelters to meet food and shower needs of survivors
- As possible, request transportation assistance from emergency responders for critical shelter staff needed on site
- As possible, request assistance from emergency management officials in identifying alternative evacuations sites that better meet the unique needs of survivors of domestic violence

RESPONSE: EVACUATING TO EMERGENCY SHELTER

- If evacuating to an emergency shelter, assess the 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 that there is someone present to support survivors 24 hours a day.
- Have the staff member introduce themselves to guards and notify them right away if an abuser or an abuser's ally is seen at the emergency shelter.
- Anticipate emotional reactions.
- Offer continuous services. 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 therapeutic services can help reduce that possibility (Enarson, E. 1998)

RESPONSE: DISASTER SPECIFIC SAFETY PLANNING

Initiate the safety planning process with victims by asking exploratory questions (empowerment/strengths-based) about safety options. Start with the people and resources closest to them. Reference friends and family, and from there think of neighbors (residents in an apartment building, someone down the block, in a friend or family member's neighborhood); faith-based organizations (fellow church-goers, clergy, pastor, etc); after-school programs (a coach, staff, tutor); etc.

Try to help the survivor consider all of the possible safety nets they might have.

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.

Validate the survivor's concerns and feelings. Validation is especially important during disaster when there are multiple points of crises occurring. It's easy for victims to minimize their experience of abuse, especially if they feel responsible for other people and/or dependents (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 vulnerable individuals?

During evacuation do your very best not to separate children and custodial parents, as that could undo years of trying to regain custody.

Safety plan regarding 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 they need, and staying in a dangerous situation.

Safety plan outside of shelter (visiting friends, going to see a doctor, etc...)

RESPONSE: FORWARDING PHONE LINES TO THE NEW YORK STATE DOMESTIC AND SEXUAL VIOLENCE HOTLINE

1. Contact the New York State Domestic and Sexual Violence Hotline at 1-800-942-6906 and ask to speak with an Advocate Program Manager.
2. Provide the Advocate Program Manager with details of the forward (see details below). Please note that when a survivor calls, the state hotline will not know specifically that it is someone calling their hotline. It will be placed into them like any other state hotline call. The state hotline will provide support, safety planning and referrals based on the forwarding agency's instructions during the disaster period. The state hotline will do their best to determine if the caller is a forwarded call versus a cold call to the hotline, and report these stats back to the forwarding agency.
3. Follow instructions from your local phone provider on how to forward lines. Agency should forward to state hotline number: 1-800-942-6906. During this period, please update the state hotline periodically regarding the status of your program.
4. When you are ready to cancel the call forwarding, please notify the state hotline. To finalize the cancel, follow instructions provided by your local phone service provider.

Details That Will Be Requested By The State Hotline

Name of agency: _____

Contact person name and cell number (agency director) and a backup name and number for the contact person just in case they cannot be reached:

Alternate contact person name and cell number (board member, program director) and a backup name and number for the alternate contact person just in case they cannot be reached:

A contact name or number (if available) where the state hotline can direct concerned family members or clients that have been lost during evacuation i.e. if survivor and children get separated:

What hours will the lines will be forwarded? (Are there specific hours, or is it 24 hours?) _____

Estimated time and date the forward will begin? _____

Estimated time and date the lines will be taken back? _____

(If there is a need for the state hotline to keep the agency lines longer, they will need to be updated regularly.)

Details regarding the agency evacuation plan (if applicable):

RESPONSE: FORWARDING PHONE LINES TO THE NATIONAL DOMESTIC VIOLENCE HOTLINE

If the area is compromised and it is not possible to transfer calls to other domestic violence agencies or the state hotline, the National Domestic Violence Hotline (NDVH) is available for transfers. When calls are made from affected areas, NDVH phones will notify survivors it is a transfer and they will be able to assist callers according to instructions you provide. NDVH will request information that your program wants relayed to clients calling in for assistance in the affected area, and will ask if there is a contact person you would like the calls transferred to.

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

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

Name of 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? _____

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

Details regarding the agency's evacuation plan (if applicable):

PHASE THREE: RECOVERY

These points on recovery are from Disaster Planning For Shelters: Guidelines For Staff, Volunteers, And Boards (Enarson, 1998)

- Help residents access all forms of available disaster relief
- Advocate for clients through recovery process, e.g. temporary housing, insurance, medical services, social services, etc.
- Increase children's services (day care) and counseling for impacted residents' (trauma counseling)
- Increase outreach to affected neighborhoods in your service area
- Publicize program resources through disaster assistance centers and community hotlines (remember that many survivors may have fled to your area during the disaster and may not be aware of your services)
- Develop or join collaborative interagency disaster response initiatives
- 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?
- If other local domestic violence programs were impacted more severely, consider reaching out to them to offer support and to help them provide services

PHASE FOUR: MITIGATION

These points on mitigation are from Disaster Planning For Shelters: Guidelines For Staff, Volunteers, And Boards (Enarson, 1998):

- Include disaster awareness in life skills materials for shelter residents
- Develop or join emergency response networks for nonprofits and social service providers and participate in area emergency drills.
- Integrate disaster issues into domestic violence training materials
- Use media outlets to publicize domestic violence resources in disaster contexts
- Inform local disaster managers about shelter needs and capacities
- Assess the needs of vulnerable groups in shelter, e.g. undocumented survivors, disabled, elderly
- Cross-train staff in disaster skills through Red Cross/Emergency Social Services trainings
- Recruit and retain board members, staff, and volunteers from disaster response agencies
- Add gender and disaster materials to your resource library
- Provide public education about violence in times of disaster
- Provide domestic violence trainings and materials to local and regional disaster responders

SUPPORTING STAFF MEMBERS THROUGHOUT THE PHASES OF DISASTER

The needs and concerns of staff members must be taken into account during all phases of the disaster - not only support staff because it is the right thing to do, but also to help your program successfully sustain services despite the crisis. Here are a few tips to help:

- Hold an all staff meeting leading up to the disaster when possible. Run through the disaster plan and leave ample time for questions.
- It is advisable to get staff volunteers for coverage and extended duty or have them negotiate shifts with one another.
- Create short shifts and over-lap assignments to allow staff to take care of personal errands.
- Consider employing advocates from other domestic violence programs that were not impacted by the disaster during the recovery process. Staff members may need to attend to personal needs. Having a partner organization's staff prepared and on alert pre-disaster will help the center recover. (*Important to note:* The program must prepare to add out of town advocates to its insurance policy. At minimum, the program must be sure the alternate staff can use the agency's van to transport survivors. Talk with your program's insurance agent well in advance so that the process is seamless.)
- 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.

What other ways can your program support staff members?

SECTION THREE: CRITICAL INCIDENT RESPONSE

Everyone who is impacted by a critical incident, such as a disaster, is in need of emotional support, a space to process the direct impacts of the event, and navigate their role supporting others in crisis. As domestic violence advocates, we need to be able to support others, and to also debrief and process the impacts of disaster on our agencies, capacities, leadership and our working relationships with one another. This section provides information about the impacts of critical incident stress and the benefits of Critical Incident Stress Debriefing (CISD).

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.

Most instances of critical incident stress last between two days and four weeks. Post-traumatic stress disorder (PTSD) differs from critical incident stress as it lasts longer than four weeks after the event triggering the emotional, mental or physical response.

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

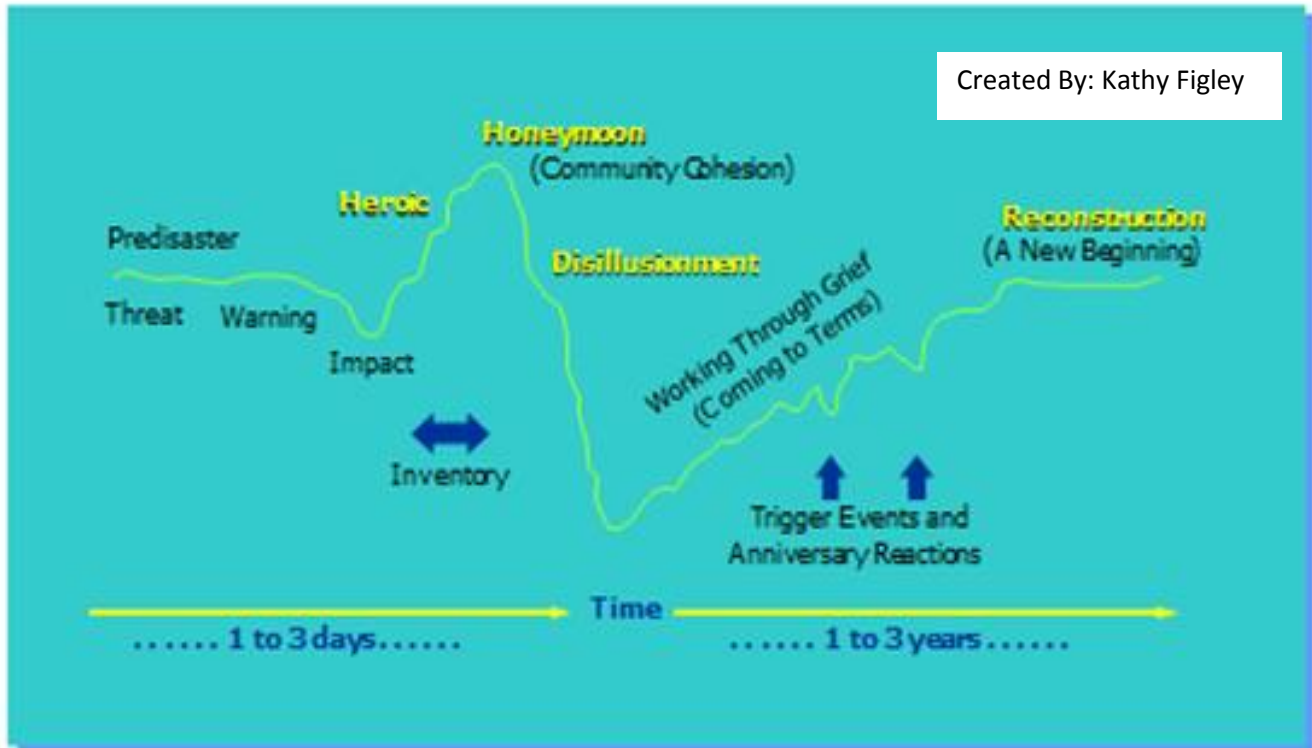
Cognitive: uncertainty, confusion, nightmares, poor attention/decision making ability, poor concentration, poor problem solving ability

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

PHASES OF REACTION TO DISASTER

The chart below explains the phases of reaction people experience through a crisis, emergency or disaster. Though the critical incident timeframe is up to 40 days, people may experience trauma arising years after the incident that needs attending and healing. The timeline on the chart was designed to demonstrate this variation in time.



- 1. Heroic Phase:** (Days 1- 10 following the disaster)
This phase occurs immediately after the disaster strikes. It often is characterized by the community feeling shell-shocked and in dire need of basic emergency supplies including food, water, medical support and shelter. During this phase people are focused on securing safety, stabilization and basic needs.
- 2. Honeymoon Phase:** (Days 5 – 15 following the disaster)
This phase occurs during the first few days after the disaster. It often is characterized by significant media coverage, public support, and volunteerism. During this phase, stress management is key for survivors – instituting arousal reduction strategies, and working on employing stress reduction skills to help cope with current and future life circumstances.
- 3. Disillusionment Phase:** (Days 10 – 20 following the disaster)
During this phase, both the community and survivors are tired and worn thin by the stress of ongoing recovery work. The initial shock begins to give way to symptoms of grief and trauma. It is often characterized by the community questioning and criticizing relief efforts. During this phase, it is important to help survivors through proper debriefing protocols that incorporate arousal containment, self-soothing, and begin the work of healing.
- 4. Reconstruction Phase:** (Days 15 – 40 following the disaster)
This is the long-term phase after the disaster that focuses on the ongoing recovery process. During this period, the media and broader community begins to shift their focus elsewhere. The local community begins to rely less on emergency responders like the Red Cross, and more on local resources. For disaster survivors, this period is often characterized by loss accommodation and includes work to stabilize emotions and behaviors as numbing wears off and losses become apparent.

SIGNS OF CRITICAL INCIDENT STRESS

The signs and symptoms of critical incident stress can be physical, cognitive, emotional or behavioral. It is important for supervisors to remember that Individuals express stress in different ways and have different reactions. The list below was created by the Occupational Safety & Health Administration (OSHA) and can help supervisors identify workers that are exhibiting stress reactions so that they can work to better support them.

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

MINIMIZING CRITICAL INCIDENT STRESS

During the emergency phase of the response, monitoring employees stress level by simple conversation and observation may help to identify early signs of critical incident stress. The following steps can help to reduce significant stress detected early in the response:

- 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

WORKPLACE EMERGENCIES & TRAGEDIES

Domestic violence program leadership must be prepared to support staff in emergency situations. Ideally, the individual(s) providing the critical incident response support is trained in Critical Incident Stress Management (CISM) / Critical Incident Stress Debriefing (CID), and is familiar with the work of domestic violence advocates. If you have an Employee Assistance Program, you can contact them to 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 that 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 that staff member 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 colleagues from nearby domestic violence programs or from the state domestic violence coalition.

CRITICAL INCIDENT STRESS DEBRIEFING OVERVIEW

What is Critical Incident Stress Debriefing (CISD)?

Critical Incident Stress Management (CISM) is a system of education, prevention and mitigation of the effects from exposure to highly stressful critical incidents. Critical Incident Stress Debriefing (CISD) is a facilitator-led group process conducted soon after a traumatic event with individuals considered to be under stress from trauma exposure. Participation in CISD should be voluntary. 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 can also help minimize 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.

We suggest recruiting a professional who is already trained in CISD and who is preferably from an external domestic violence 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.

The person providing CISD will meet with the executive director/CEO/President alone so that they may debrief about the time from when they first learned of the incident to when the CISD facilitator arrived onsite. They will ask about staff that witnessed the event and make sure that they are being offered crisis intervention. All staff should be offered one on one sessions after the initial group intervention. It is also important to have literature readily available about natural reactions to critical incidents to help normalize the reactions staff / survivors may be having as the day(s)/weeks progress.

CRITICAL INCIDENT STRESS DEBRIEFING PROCESS

Critical Incident Stress Debriefing (CISD) is a specific, seven 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 i.e. 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>)

ADDITIONAL CONSIDERATIONS FOR CRITICAL INCIDENT STRESS DEBRIEFING

Additional consideration and steps to take during this process include:

- If possible, provide food and water. Often staff will go hours without food or water after a critical incident. They may forget other essentials (e.g. sleep) and may insist that they do not need it.
- 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 CISD facilitator arriving onsite, etc.)
- Offer to roll the center's hotlines and administrative lines to the state or national hotline, or to a pre-determined partner agency hotline, so that they are not interrupted when they are participating in CID for staff and residents.
- Assess how many beds are available and how many residents are in shelter. If a death occurred in shelter, offer to house residents at a safe, alternative location for the night/next few nights. Residents may be afraid to stay in the same building where the participant died. At minimum, move any shelter roommates to another room.
- If a staff person was working closely with the victim, and is scheduled to come to work later in the day or evening, contact the advocate immediately to notify them of the incident and to offer to find another person to fill the shift or, if they insist on working, offer to bring in another advocate to support the advocate throughout the shift. Let them know that they if they need to leave mid-shift that they can, and will not be penalized for it.
- Consider the option of not accepting new residents immediately following the incident. Your program can either refer to a partner agency or provide a hotel voucher. The executive director of the affected program should notify the partner agency executive directors that they may be receiving a spike in calls from survivor's needing shelter from the county where the incident occurred.
- Partner agencies may be able to provide additional support – staff, transportation, etc.
- Debriefing should be voluntary, whether occurring one-on-one or in a group setting. Debriefing too soon can be harmful for some who need time to process through their feelings before talking about them. Sometimes people need to process immediately, and others need days even weeks.
- Call in volunteers to help answer the hotline or the administrative phones. If respite staff are on call, bring them in to relieve current staff.
- Re-schedule any planned events or meetings. If an emergency event just happened, staff find it hard to stay focused or may be in crisis and need time to process before they resume everyday tasks.
- Directors should to provide step by step instructions to staff. The more facts staff are allowed to have (while observing the need for confidentiality), the better.

- Directors should update staff regularly and let them staff know when they can expect the next update. It is important to follow through on what you say regarding when and how they can expect updates. If there is no new information, let them know that, but **DO NOT** skip a scheduled briefing. If scheduled briefings are skipped, directors may lose the confidence of their staff.
- It is important for the executive director to help promote a peaceful and safe space, and to provide calming and consoling messaging to staff and survivors. If the executive director is feeling emotionally overwhelmed, they can seek emotional support individually with the CID facilitator.
- Explore the option of supporting friends and family of survivors that are killed. Can the counselor or trained staff person debrief with the family and friends? *CID with family and friends should be conducted separately from staff.*

CRISIS COMMUNICATIONS: MEDIA RESPONSE

Crisis communications include incidents when the center is responding to a media inquiry, or when there is a situation in which they need to release information following an incident. Such incidents may include:

- Death of participants, staff or residents
- Disaster impact to building structure or hotline
- Information about partnerships or coalitions with other agencies experiencing a crisis

Tips for successful media response:

- Prepare a media toolkit to respond to all media inquiries
- Choose spokesperson
- Consult with an attorney regarding the incident and what to say to the media
- When talking to the media, acknowledge the impact, and speak in general terms - not about the specific situation – **ALWAYS MAINTAIN CONFIDENTIALITY!**
- Talk about how the community can prevent future tragedies
- Provide information about how survivors can seek help
- Provide scripts for staff that may be contacted by the media
- Ask the state domestic violence coalition to assist with developing a response
- Ask state domestic violence coalition to respond on behalf of your program

SECTION FOUR: FOSTERING RESILIENCE

WORKING WITH VICTIMS OF TRAUMA

That which is to give light must endure burning.

-Victor Frankl

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 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, explore the symptoms, and identify 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.

Activity #4: Compassion Fatigue

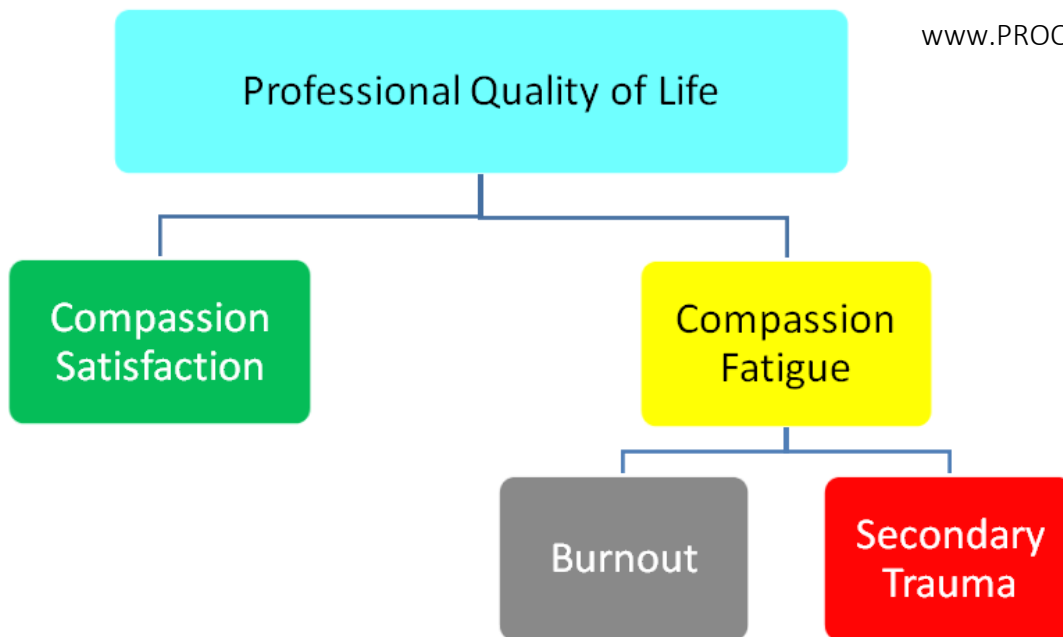
INSTRUCTIONS: Read the following statements and consider how they might resonate with you:

- *There have been times when I thought those people experiencing domestic violence should just get over it.*
- *I find myself safety planning with my children all the time.*
- *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? If they had two of me we'd be better off.*
- *I helped a lot of people today.... What's wrong with ____?? She's only helped a few.*
- *Nope, 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...*

If these resonate with you, just know that these are normal responses to working in stressful jobs helping people who are traumatized. It is important to check-in with these feelings because over time, they can become harmful and lead us to maladaptive coping. 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 important to understand what it is and how to safeguard against it.

PROFESSIONAL QUALITY OF LIFE & COMPASSION REACTIONS

www.PROQOL.org



There are two measurements for professional quality of life: compassion satisfaction and compassion fatigue.

Compassion satisfaction is derived from the positive aspects of helping. It may be related to:

- The satisfaction a professional feels from helping someone
- Enjoying working with colleagues
- Feeling good about one's ability to do good work
- An overall sense of altruism (unselfish regard for or devotion to the welfare of others)

Compassion fatigue, on the other hand, is derived from the negative aspects of helping. It 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.

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)

It is also a very normal reaction to working in abnormal situations. It is important to remember that some trauma at work can be direct (primary) trauma. In other cases, work-related trauma be a combination of both primary and secondary trauma. Compassion fatigue is the negative aspect of helping those who

experience traumatic stress and suffering, combined with feelings of exhaustion, frustration and anger towards work.

The level of compassion fatigue a helper experiences can ebb and flow from one day to the next, and even very healthy helpers with optimal life/work balance and self-care strategies can experience a higher than normal level of compassion fatigue when they are overloaded, are working with a lot of traumatic content, or find their work load suddenly heavy with people who are all chronically in crisis.

Here is an example of someone who experienced compassion fatigue:

Joe was a case manager for clients with AIDS in the 1980's. His job was to help clients find health resources, visit them at home and help with chores and meals, bring them medication, visit them in the hospital as they were dying, notify family members of their loved ones dying wishes, and many other duties. He was being exposed on a daily basis to the trauma of watching people he cared for become increasingly sick or dying. He also had an extremely high case load and worked 7 days a week because the AIDS epidemic was so rampant. His boss told him one day to take a few days off to take care of himself because it was becoming noticeable that he was not doing well. He looked tired, was moody, cried a lot and was having a hard time concentrating. He went home to rest, and a few days turned into 2 months. He joked that he turned the TV sideways so he could see it better as he laid on his couch for hours. Joe was unable to go back to work after that. He was burned out and experiencing vicarious trauma, to the point that it ended his career.

Here's the good news: knowing the warning signs of compassion fatigue can help prevent or minimize its effects. When you recognize these red flags, you can engage in healthy coping and self-care activities that can help diminish the effect compassion fatigue has on those working in the trauma/crisis/disaster field.

What Is Compassion Fatigue?

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' traumas, 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)

What Is Vicarious Trauma?

Vicarious trauma is the emotional process of change that can occur when professionals care deeply 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. Researchers have demonstrated that there is a strong connection between the helping professions and vicarious trauma.

Symptoms can include:

- Not being able to let go
- Avoidance due to fear
- Re-living trauma of others through nightmares or intrusive thoughts

There is a high incidence of job turnover, burnout and even suicide in social service workers, all of which create symptoms that can intrude upon and disrupt our personal lives. Because of this, it is very important for domestic violence advocates to learn about the consequences of doing this type of work, as well as what can be done to protect against compassion fatigue. (Headington Institute)

What Is Burnout?

Burnout generally includes feelings of hopelessness and avoidance, and often is result of difficulties experienced in dealing with work demands or barriers to doing one’s 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.

Symptoms can include:

- Being unhappy or frustrated due to lack of support
- Feeling disconnected, avoiding people, feeling like you are not making a difference
- Feeling exhausted, physically and emotionally drained, calling in sick, feeling depressed

(ProQOL.org)

SIGNS OF VICARIOUS TRAUMA

The image and definitions below (from *Trauma Stewardship* by Laura van Dernoot Lipsky) are helpful in identifying / recognizing symptoms of vicarious trauma in ourselves and others.



Image from *Trauma Stewardship* by Laura van Dernoot Lipsky

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 all the negativity they are exposed to.

A Sense That One Can Never Do Enough: Feelings of inadequacy and that we should be doing more.
Hypervigilance: Feeling like you're always on and noticing domestic violence all the time. Constantly assessing for danger or constantly 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. This can cause gossip, cliques, divisions among staff and rigid expectations of staff.

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 constant 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 you're 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 than external.

Guilt: Feeling uncomfortable because of our good fortune or feeling guilty because we feel sorry for our own losses.

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 Related To One's Work: 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."

SIGNS OF BURNOUT

It's common to have feeling of dissatisfaction at our jobs, but when these behaviors are constant, it indicates they have become maladaptive and as such can interfere with our sense of well-being and health. Burnout often leads to:

- Conflict with co-workers
- Withdrawal
- Feelings of inefficacy

Most often we are able to notice these in others before we notice them in ourselves.

- Perhaps you notice your co-worker seems distant and doesn't go to lunch with the group anymore.
- They call in sick all the time and they have used up all of 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.

WHO IS AT RISK?

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 it may make us feel guilty to take care of ourselves when we feel others need so much more.

While anyone can develop compassion fatigue, some are at higher risk than others. This group includes those with:

- A lack of support outside of work (social circle, family, etc.)
- Strong feelings of empathy
- A pre-existing anxiety or mood disorder
- A personal trauma history that has not been treated
- A propensity to suppress their emotions
- A propensity to distance themselves from people when they are feeling sad or worried
- A lack of sufficient support at work (poor supervision, lack of support from colleagues)
- Excessive life demands (child or partner that is dealing with an illness, financial problems)

BE RESILIENCE!

The Merriam Webster definition of resilience is: the ability to become strong, healthy, or successful again after something bad happens. In other words, resilience determines how quickly we get back to our “steady state” after experiencing a traumatic situation or going through extreme or long periods of stress. Resilience is a state of balance that must be maintained through daily practice. When we live a resilient life, we are more likely to deal with trauma - even severe life altering trauma – in a way that allows our body to heal itself and get back to a steady state. Resilience incorporates the whole person and is based on the understanding that our physical, intellectual, social, emotional and spiritual well-being is all inextricably interconnected. Because compassion fatigue can impact all of these areas of our lives, it is necessary to strengthen them with daily/regular practice.



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 to help you feel grounded.

Physical Resilience: Try doing a small exercise every day. 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 every day 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.

Activity #5: The Five Directions

INSTRUCTIONS: Since resilience is an everyday practice, this image is a great way to remind ourselves of our intentions and to help center ourselves daily. Answer the questions on the next page to help develop your awareness and capacity for self-care.



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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Creating Space For Inquiry (Water): Why did you choose this work? Is it because you are a disaster survivor? If so, have you dealt with any intense emotions that brings up for you?

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?

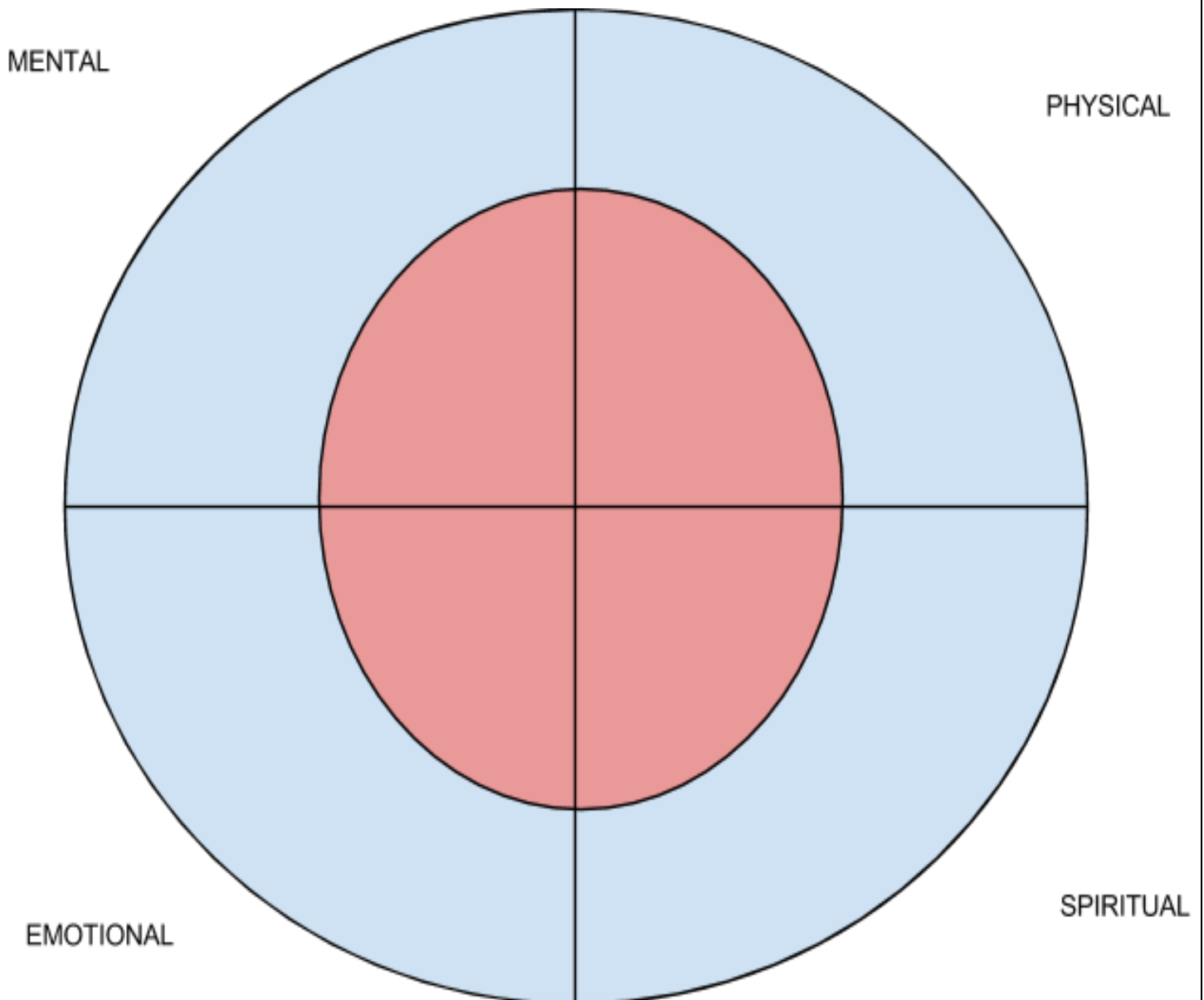
Building Compassion And Community (Earth): Who is part of my support system? Does what surrounds me represent the life I want to lead? Do I practice compassion for myself?

Finding Balance (Air): What do I do every day 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?

Activity #5: Self-Care Wheel

INSTRUCTIONS: The purpose of this activity is to brainstorm self-care practices that you can do on a daily basis, both individually and with others, that nourish your mental, physical, emotional and spiritual needs. In the inside circle, write down individual self-care practices that you can do in solitude. In the outer circle, write down collective self-care practices you enjoy (things to do with friends, partners, co-workers, etc.). Refer back to their wheel when you begin to feel signs of compassion fatigue - consider hanging it in a place where you will see it often as a reminder.



HELPFUL RESOURCES

- **Violence and Disasters** *Published by the World Health Organization*
http://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf
- **Lessons from Katrina: How Natural Disasters Affect Women's Safety and Economic Status** by Shelia Bapat rhrealitycheck.org/article/2012/11/01/lessons-from-katrina-how-natural-disasters-can-impact-womens-safety-and-economic
- **Community Emergency Response Team Video**
http://www.youtube.com/watch?v=Cih4_vpRXdY#t=49
- **Texas Emergency Management Video**
<http://www.kvue.com/story/news/2014/05/25/2425836/>
- **FEMA Listing of State Offices and Agencies Emergency Management**
<http://www.fema.gov/state-offices-andagencies-emergency-management>
- **New York State Emergency Management Office** www.semo.state.ny.us/
- **FEMA Ready.gov Website** <http://www.ready.gov/>
- **Responding to Domestic Violence in Disaster: Guidelines for Women's Services and Disaster Practitioners** *Elaine Enarson, Visiting Scholar*
- **Introduction to ICS On-line Independent Study Course:**
<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-100.b>
- **ICS Glossary:** <http://training.fema.gov/EMIWeb/is/ICSResource/Glossary.htm>
- **ICS Review Document: Provides a summary of key features and principles of Incident Command System**
<http://training.fema.gov/EMIWeb/is/ICSResource/assets/reviewMaterials.pdf>
- **NIMS Introduction On-line Independent Study Course:**
<http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-700.a>
- **NIMS Document: Provides a summary of key features of the National Incident Management System, a glossary of terms, and an acronym list:**
http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf
- **Domestic Violence Homicide Response Plan: A Media Toolkit for Domestic Violence Programs**
-Wisconsin Coalition Against Domestic Violence
http://wcadv.org/sites/default/files/resources/FINAL%20-%204-12%20Homicide_Response%20.pdf

- **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%20Response%20.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.net (focus on resilience)
www.headington-institute.org (focus on vicarious trauma)
- **Professional Quality of Life**
www.proqol.org
- **Explaining EAP**
www.dop.wa.gov/EAP/Supervisors/Pages/WillEAPhelpifthereisacriticalincidentimpactingouremploy.aspx
- **Laborers' Workplace Trauma Stress Response Program**
www.lhsfna.org/files/TSR_Prog_entire.pdf
- **Managing The Workplace Death of An Employee**
http://www.cope-inc.com/org_manager/pma/eedeath.shtml
- **Special Collection: Disaster and Emergency Preparedness and Response**
http://www.vawnet.org/summary.php?doc_id=2552&find_type=web_desc_SC
- **Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others**
by Laura vanDernoot Lipsky

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