

Participant Guide

Domestic Violence Advocacy: A Disaster Response



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Domestic Violence Advocacy: A Disaster Response

Presented By:

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OBJECTIVES:

- Identify the intersection between domestic violence and disasters.
- Explore additional barriers for domestic violence disaster victims.
- Identify best practices for disaster preparedness.
- Identify characteristics of compassion fatigue and vicarious trauma.
- Discuss the importance of self care and holistic wellness.

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Section 1: Intersection of DV and Disasters

The word disaster implies an incident that is intense, powerful and damaging, adverse and extreme.



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

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Intersection of 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/dark"
-Advocate from NJ

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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, 21%.
- After the 1993 Missouri floods, turn-away rate of domestic violence survivors from shelters rose 111%.

-Jenkins & Phillips, 2008; Mabius, 2010

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Disasters and Gender-based Violence: Understanding the Nexus

- 1998 ice storm - Canada
- Loma Prieta earthquake - CA
- Hurricane Andrew
- Hurricane Katrina
- Hurricane Floyd



(Enanson, 2006)

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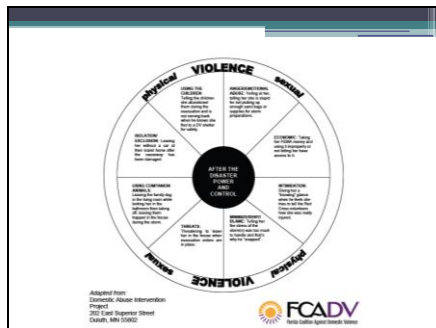


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Disaster Impacts

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

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Supporting Victims in Disaster: The Barriers


- Domestic violence will continue post-disaster and may escalate.
- Once protective, their environment is now dangerous.
- Social networks are disrupted or destroyed.
- Disaster response may focus on the needs of the many & those in acute need.
- Local providers will be challenged to respond.
 - Internal agency difficulties.
 - Local services overwhelmed.

(Jenkins and Phillips, 2008)

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Supporting Victims in Disaster: The Barriers

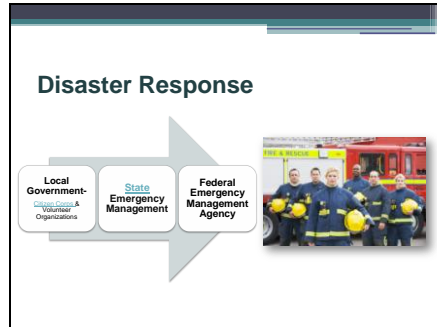
- Lack of privacy to talk
- Maintaining confidentiality
- Communication lines to other supporting agencies are down
- Custodial parent attempt to regain custody
- Protective Orders
- Lack of trauma counselors
- Housing
- Childcare
- Translators
- Pets



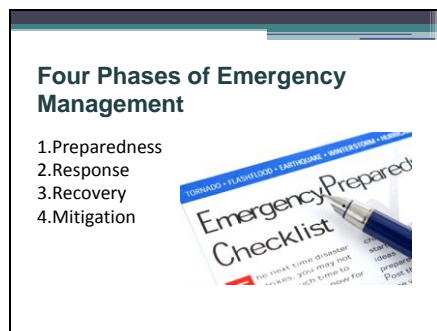
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Section 2: Disaster Response

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PREPAREDNESS

Each domestic violence program needs:

1. A staff disaster specialist or team depending upon the size of the center.
2. An all-hazards plan
 - ✓ protocols for all types of potential disasters
3. A committee to review the initial plan and review it annually
4. A yearly budget for start-up and replacement supplies
5. PRACTICE, PRACTICE, PRACTICE

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

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PREPAREDNESS: Protocols

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



(FCADV ; Enarson, 1998)

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PREPAREDNESS: Facility preparation

- Shore-up building: loose parts, windows, doors
- Secure grounds
- Assure internal safety: safe room
- Assure internal comfort: bedding, food, water
- Assure emergency domestic violence services
- Maintain telephone/electricity
- Emergency evacuation & secure empty facility
- Attention to survivors with additional needs: elder, mobility needs, dietary needs, medical care, medication, etc.



(FCADV : Enerson,1999)

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RESPONSE

- Support the choices of residents during the emergency



- Evacuations
 - Nearest DV program
 - Emergency Shelter
- Continue program services if possible
- Rolling Hotlines

(FCADV ; Emerson, 1996)

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RESPONSE: Disaster Transfer

The National Domestic Violence

HOTLINE

- Contact the National Domestic Violence Hotline
- Provide details of the transfer (dates, times, approx. duration of transfer, available local contact)
- Contact your local phone service to transfer your lines
- NDVH will be able to identify transferred calls (see Handout on process)

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Disaster-Specific Safety Planning


- Prioritize emotional safety planning
- Confirm security measures at shelter
- During evacuation- try not to separate children from survivor, especially if they are the custodial parent.
- Safety plan with pets



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RECOVERY

- Help residents access disaster relief
- Increase services and trauma counseling
- Offer shelter to homeless women and children if feasible
- Increase outreach to affected neighborhoods nearby
- Develop or join interagency response initiatives
- Plan for re- occupation



(FCADV : Enarson,1998)

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MITIGATION

- Join emergency response networks
- Disaster awareness training
- Identify needs and file plan with local disaster managers
- Assess the needs of vulnerable groups
- Cross train staff
- Recruit from disaster response groups

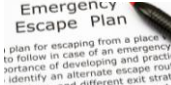



(FCADV : Enarson,1998)

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ADDITIONAL COALITION TECHNICAL SUPPORT

- On-site pre-disaster planning
- Disaster crisis management assistance
- Critical incident staff de-briefing
- Re-occupation assistance
- Emergency staffing
- Site assessments



(FCADV : Enarson,1998)

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What about Staff?

Staff must have time to deal with their emergency too

- Hold an all staff meeting leading up to the disaster when possible. Run through plan and 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.



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Considerations- Lessons learned from Florida's 2004 Hurricane Season

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

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Considerations- Lessons learned from Superstorm Sandy- NJ

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



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Sustainable Services

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

(FCADV)

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[illegible]

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Is your program on anyone's priority list?

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


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

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

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Section 3: Critical Incidents

- Natural Disaster
- Other Type of Disaster
- Homicide of a shelter participant
- Death of a participant other than homicide
- Death of a center advocate/volunteer/other staff member



<https://www.osha.gov/SLT/centeremergencypreparedness/guides/critical.html>

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Eights Phases of Reaction to Disaster

The diagram illustrates the eight phases of reaction to disaster over time. The phases are represented by a series of connected points and lines on a light blue background. The phases are:

- Predisaster**
- Threat**
- Warning**
- Impact**
- Inventory** (indicated by a double-headed arrow between Impact and Inventory)
- Mourning/Grief (Crying to Tears)** (indicated by a double-headed arrow between Inventory and Mourning/Grief)
- Working Through Grief (Coming to Terms)**
- Reestablished Order (A New Beginning)**

The timeline is marked with a horizontal line at the bottom, divided into three periods:

- 1 to 3 days.....**
- 1 to 3 weeks.....**
- 1 to 3 years.....**

The phases are distributed across these periods as follows:

- 1 to 3 days:** Predisaster, Threat, Warning, Impact, Inventory.
- 1 to 3 weeks:** Mourning/Grief (Crying to Tears), Working Through Grief (Coming to Terms).
- 1 to 3 years:** Reestablished Order (A New Beginning).

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

<https://www.csha.gov/SLC/emergencyresponseguides/indicators>

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Critical Incident Stress Management

- Critical Incident Stress Management (CISM) is a system of education, prevention and mitigation of the effects from exposure to highly stressful critical incidents.

- It is handled most effectively by **specially trained individuals**, such as crisis intervention specialists.

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

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Critical Incident 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.

When structured, the process usually (but not always) consists of the following seven steps:

- 1)Introduction
- 2)Fact Phase
- 3)Thought Phase
- 4)Reaction Phase
- 5)Symptom Phase
- 6)Teaching Phase
- 7)Re-entry Phase




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

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Workplace Tragedies/Emergencies: Benefits of Debriefing


- Minimizes propensity for staff implosion.
 - Helps manage staff judgments of one another
 - Helps staff maintain their ability to work effectively with survivors of DV.
 - Helps identify staff that need additional assistance coping.



<http://www.dsp.wa.gov/EAP/Supervisors/Pages/WIEAPhelpthreesacrificalscenario.aspx>

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What did you need?



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Workplace Tragedies/Emergencies: What can be done immediately?

- 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.




<https://www.osha.gov/SLTC/emergency-preparedness-guides/critical.html>

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Workplace Tragedies/Emergencies: Who do you call?

Specially trained in CISM-CID


- Employee Assistance Program
- On-site/Contract licensed counselor
- Trained colleague from nearby program
- Coalition staff member



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Considerations:

- Timeframe
- Roll hotline and administrative lines to coalition or pre-determined partner agency.
- If event occurred in the shelter, offer residents alternative location.
- Contact staff not on-site immediately
- Do not accept new residents
- Participation in debriefing is voluntary



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- Call in volunteers to help



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

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Once on-site

- Initial Information session
- Identify staff needing immediate crisis intervention
- Food and water
- Conduct one-on-one and group interventions or debriefs (based on CISM model).
- Provide literature about natural reactions as days/weeks progress.

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Media Response

- Prepare a Media Toolkit to respond to all media inquiries.




- Ask the coalition to assist with developing a response to media about the incident.
- Coalition to respond on behalf of the program.

(PCADV - WCADV)

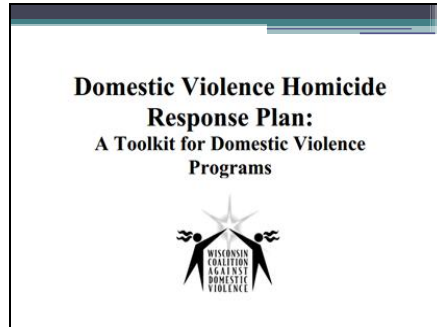
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Media Response

- Choose spokesperson
- Consult with attorney
- Acknowledge the impact
- Speak in general terms- do not speak about the specific situation
- Focus on how the community can prevent future tragedies.
- Script for hotline & admin staff

(PCADV - WCADV)

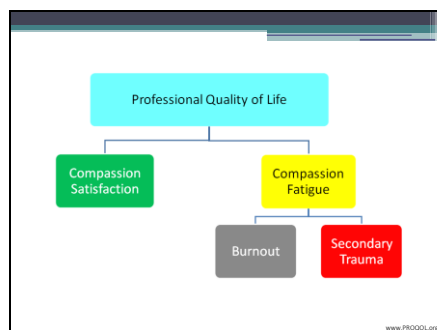
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Symptoms of Compassion Fatigue

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



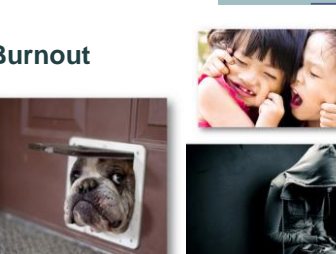
(Hearkening Institute, www.PROOOL.org)

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Burnout



The collage consists of three images. The top-left image shows a bulldog's face pressed against a small, white, rectangular doghouse opening in a brown door. The top-right image shows two young children, a boy and a girl, crying and holding their faces. The bottom image shows a person wearing a dark hoodie and jeans, sitting on the ground with their head buried in their hands, suggesting despair or exhaustion.

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Who's at Risk

- ✓ Lack of support outside of work
- ✓ Strong feelings of empathy
- ✓ Pre-existing Anxiety or Mood Disorder
- ✓ Personal trauma history
- ✓ Suppresses emotions
- ✓ Distances from people
- ✓ Lack of support at work
- ✓ Excessive life demands

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BE Resilience!

Resilience is a state of being and a process.



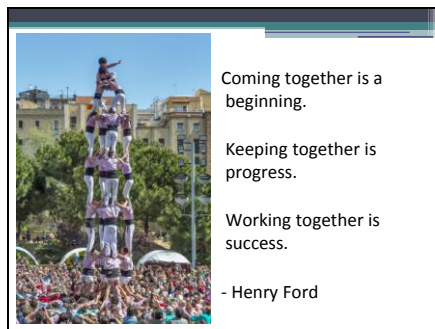
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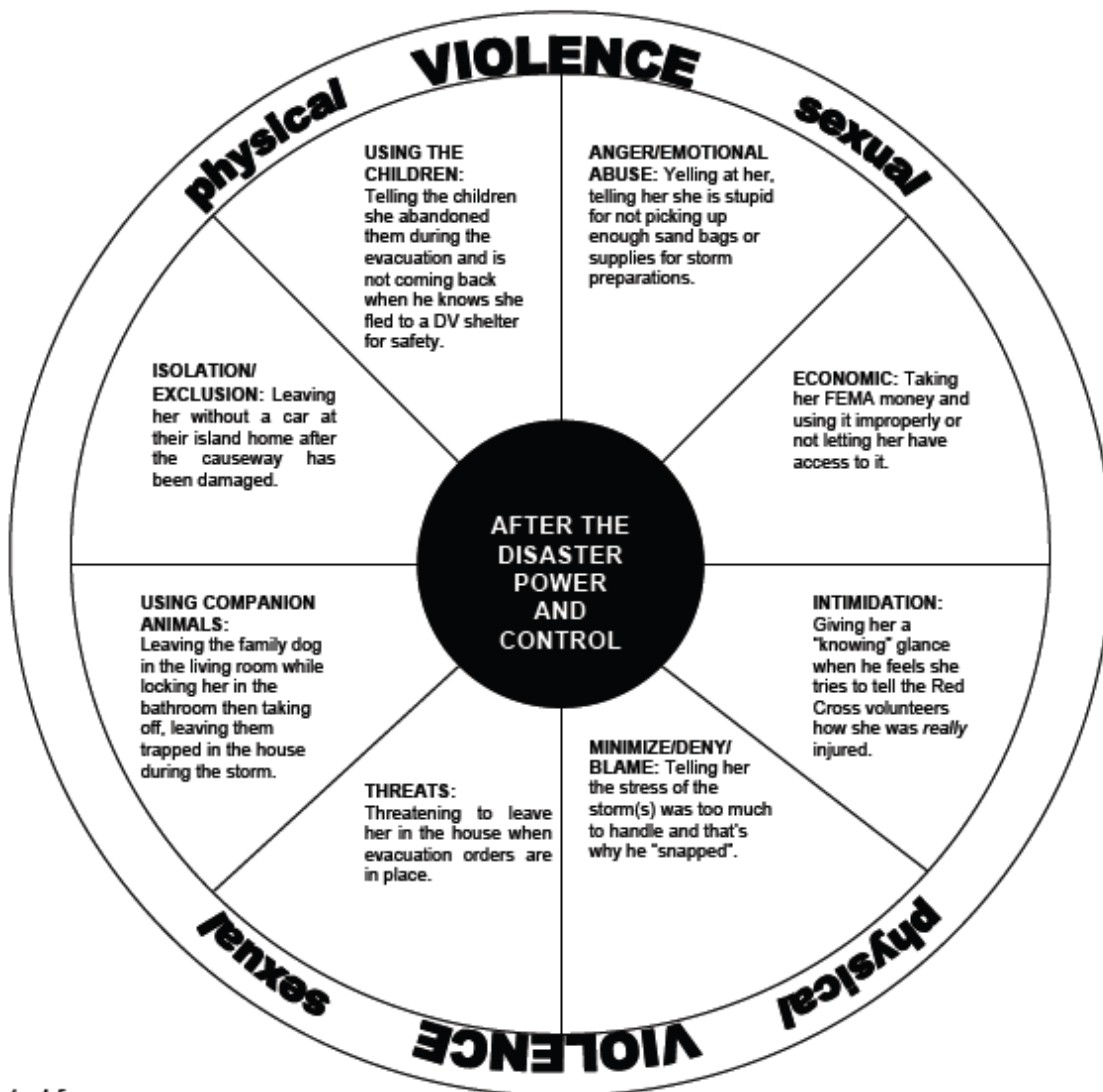
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Natural Disasters: Power and Control Wheel

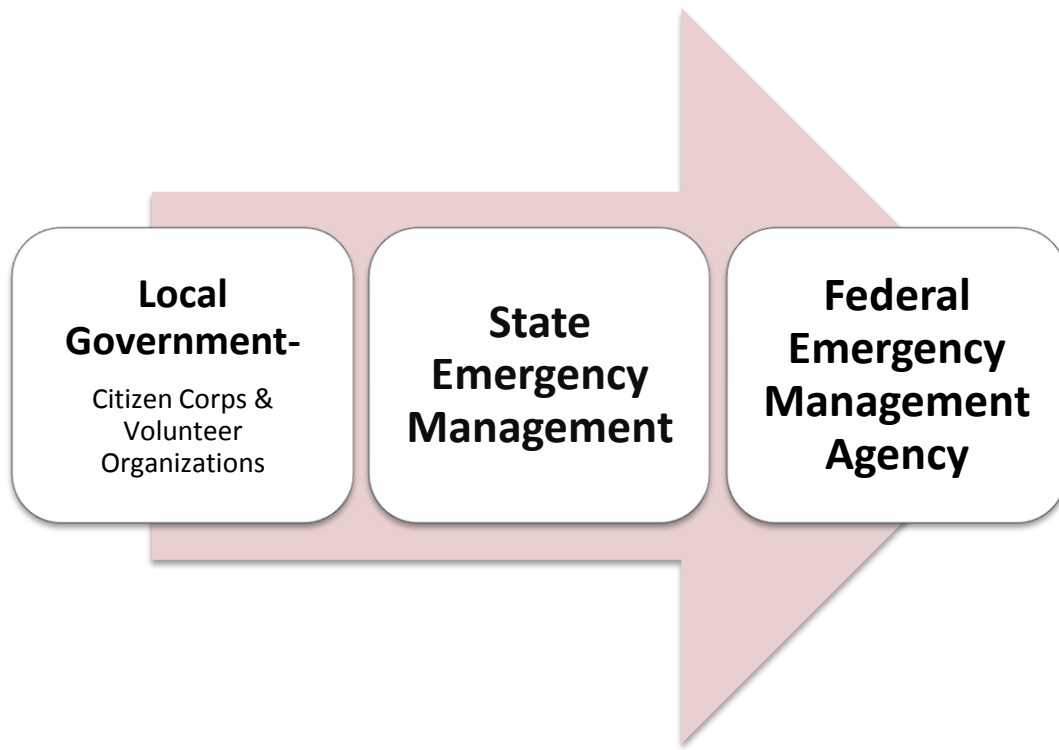


Adapted from:
Domestic Abuse Intervention
Project
202 East Superior Street
Duluth, MN 55802



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

Disaster Response Structure



Phases of Emergency Management

WOMEN, DISASTER, AND DOMESTIC VIOLENCE: Planning Guidelines for Programs, Coalitions, and Disaster Practitioners

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

A. PREPAREDNESS

Shelters: staff, volunteers, and board members

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

Coalitions: state/provincial association staff and board members

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

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

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

B. EMERGENCY RESPONSE

Shelters: staff, volunteers, and board members

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

Coalitions: state/provincial association staff and board members

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

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

- If necessary, assist with resident evacuation to established or alternate sites
- Provide transportation assistance for critical shelter staff needed on site
- Establish emergency communications with shelters on a priority basis
- Contact shelter manager to use extra shelter space, if feasible and safe
- Access trained domestic violence staff as stand-by responders

C. RECOVERY

Shelters: staff, volunteers, and board members

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

Coalitions: state/provincial association staff and board members

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

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

- Consult shelter staff on continuing needs of impacted women through recovery
- Respect the anonymity of shelter residents applying for relief

- Include battered women in assessments of long-term recovery process
- Provide shelter information and resource materials in disaster relief centers

D. MITIGATION

Shelters: staff, volunteers, and board members

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

Coalitions: state/provincial association staff and board members

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

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

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

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

Feedback: enarsone@gmail.com

Disaster Phone Line Transfer Process to NDVH

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

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

Name of your agency _____

Contact person name, cell number _____

Alternate contact person name and cell number _____

Estimated time lines will be forwarded? _____

Estimated time and date the transfer will happen? _____

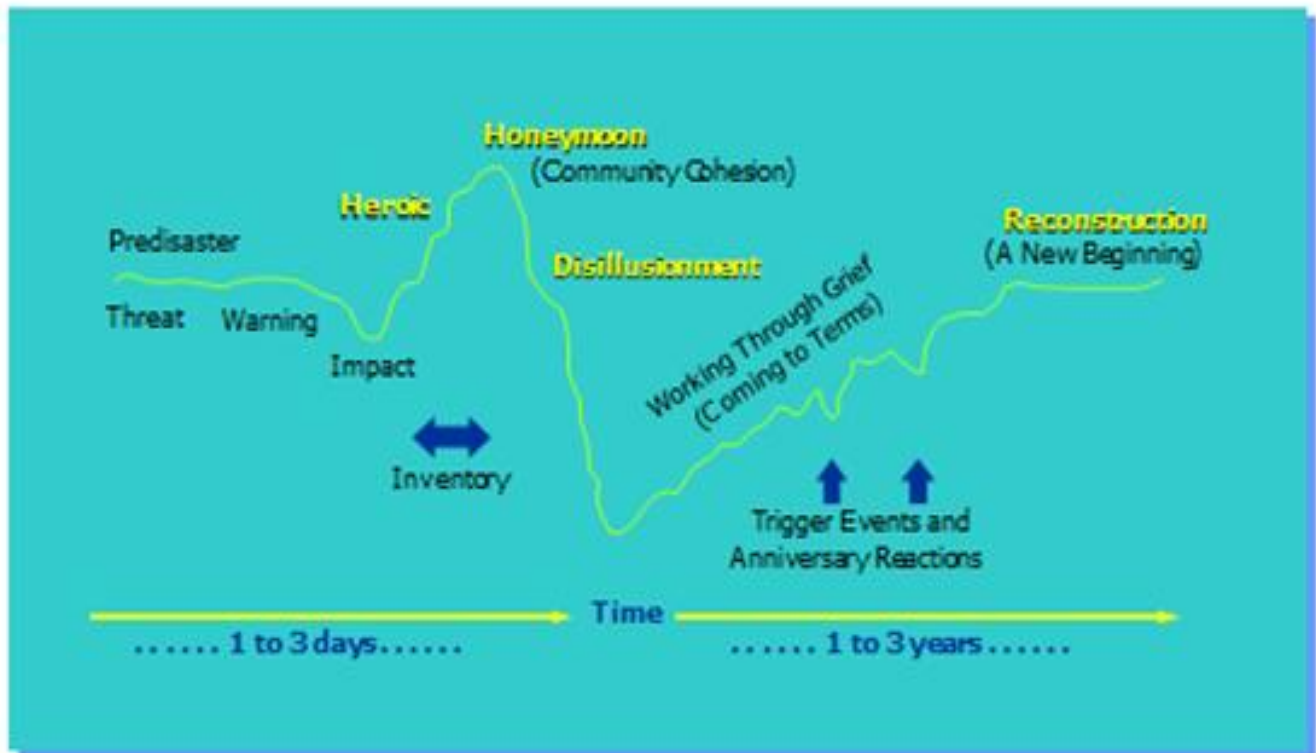
Estimated time and date the lines will be taken back? _____

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

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

Comments/Information: _____

Eight Phases of Reaction to Disaster



Created By: Charles Figley

Signs of Critical Incident StressThe

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

Critical Incident Stress Debriefing

Critical Incident Stress Debriefing (CISD) is a specific, 7-phase, small group, supportive crisis intervention process. It is just one of the many crisis intervention techniques which are included under the umbrella of a Critical Incident Stress Management (CISM) program. The CISD process does not constitute any form of psychotherapy and it should never be utilized as a substitute for psychotherapy. It is simply 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, homogeneous 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. They are: 1) the mitigation of the impact of a traumatic incident, 2) the 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 CISD functions as 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 (about 20 people) must be homogeneous, not heterogeneous. 2) The group members must not be currently involved in the situation. Their involvement is either complete or the situation has moved past the most acute stages. 3) Group members should have had about the same level of exposure to the experience. 4) The group should be 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 they motivate the participants to engage actively in the process. Participation in the discussion 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 - Only extremely brief overviews of the facts are requested. Excessive detail is discouraged. This phase helps the participants to begin talking. It is easier to speak of what happened before they describe how the event impacted them. The fact phase, however, is not the essence of the CISD. More important parts are yet to come. But giving the group members an opportunity to contribute a small amount to the discussion is enormously important in lowering

anxiety and letting the group know that they have control of the discussion. The usual question used to start the fact phase is “Can you give our team a brief overview or ‘thumbnail sketch’ 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 what one’s 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 your most prominent thought once you realized you were thinking?”

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 trigger 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. When the group runs out of issues or concerns that they wish to express the team moves the discussion into the next transition phase, the symptoms phase, which will lead the group from the affective domain toward the cognitive domain.

Phase 5 – Symptoms-Team members ask, “How has this tragic experience shown up in your life?” or “What cognitive, physical, emotional, or behavioral symptoms have you been dealing with since this event?” The team members listen carefully for common symptoms associated with exposure to traumatic events. The CISM team will use the signs and symptoms of distress presented by the participants as a kicking off point for the teaching phase.

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.

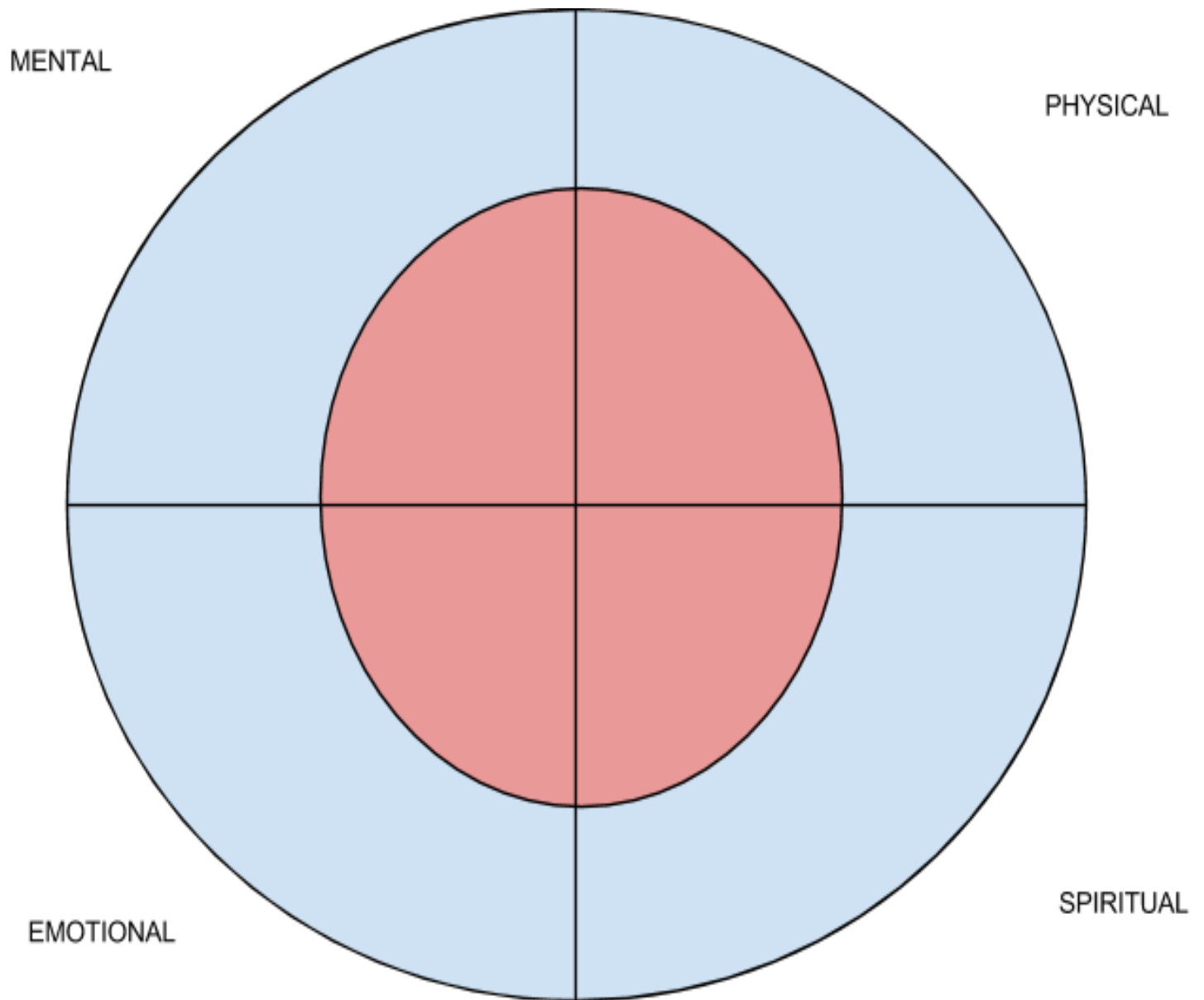
Phase 7 – Re-entry-The participants may ask questions or make final statements. The CISD team summarizes what has been discussed in the CISD. Final explanations, information, action directives, guidance, and thoughts are presented to the group. Handouts may be distributed.

Follow-up - The Critical Incident Stress Debriefing is usually followed by refreshments to facilitate the beginning of follow-up services. One-on-one sessions are frequent after the CISD ends. Other follow-up services include telephone calls, visits to work sites and contacts with family members of the participants if that is 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.

Trauma Exposure Response



Four Quadrants of Self-Care (Activity #5)



The Five Directions



Trauma Stewardship

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

POST TEST- Domestic Violence Advocacy: A Disaster Response

Please circle YES or NO for your response.

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

8. What are the most important things you learned 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?