

# Participant Guide

## Domestic Violence Advocacy: A Disaster Response



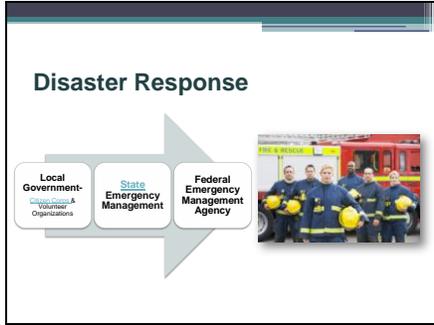








Slide 13



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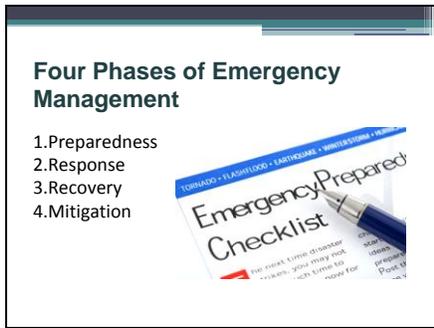
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Slide 15



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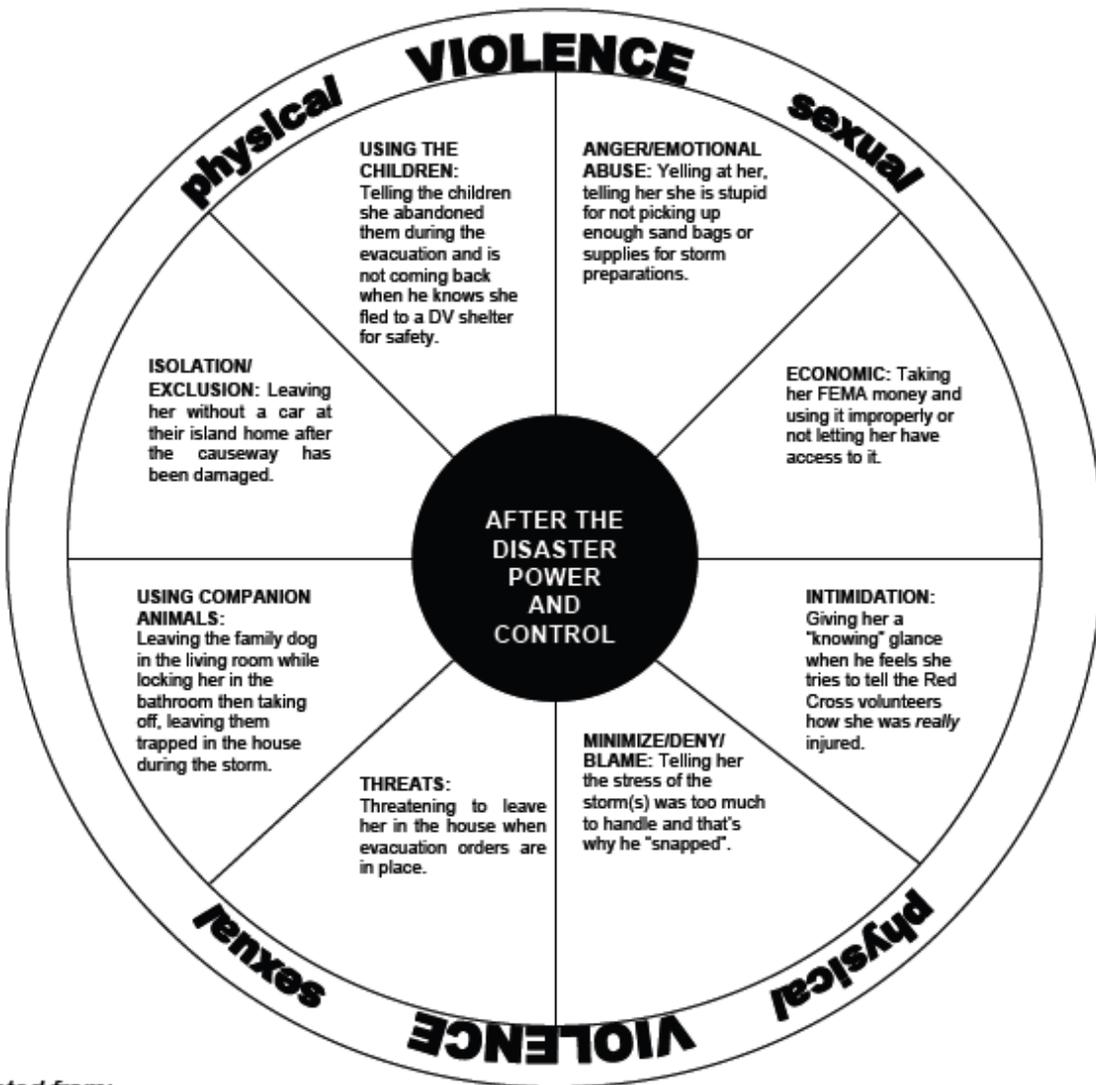






# Natural Disasters: Power and Control Wheel

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

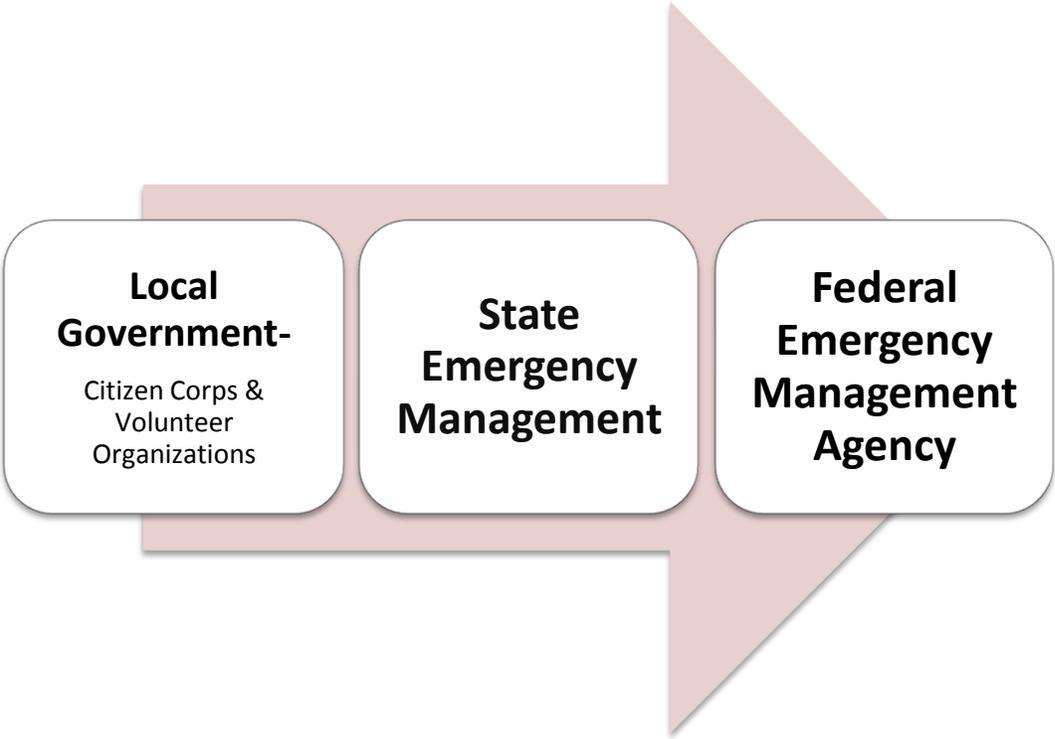


**Florida Coalition Against Domestic Violence: 1-800-555-1119**

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# Disaster Response Structure

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# Phases of Emergency Management

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

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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**

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#### *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**

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***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**

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***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**

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##### *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](mailto:enarsone@gmail.com)

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# Disaster Phone Line Transfer Process to NDVH

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

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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	

# Critical Incident Stress Debriefing

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**Critical Incident Stress Debriefing (CISD)** is a specific, 7-phase, small group, supportive crisis intervention process. It is 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.”

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**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.

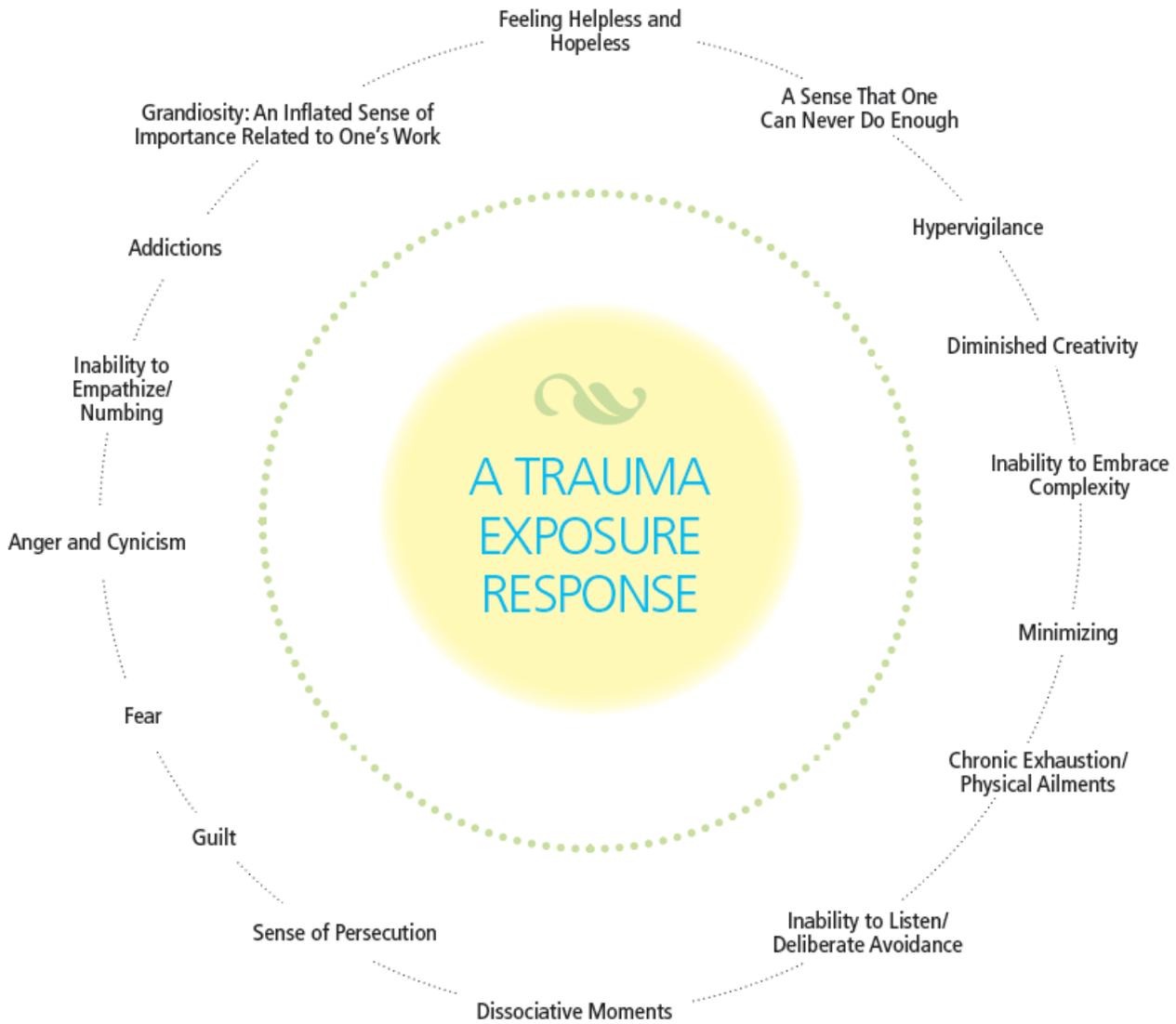
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Adapted from Critical Incident Debriefing by Jeffrey T. Mitchell

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

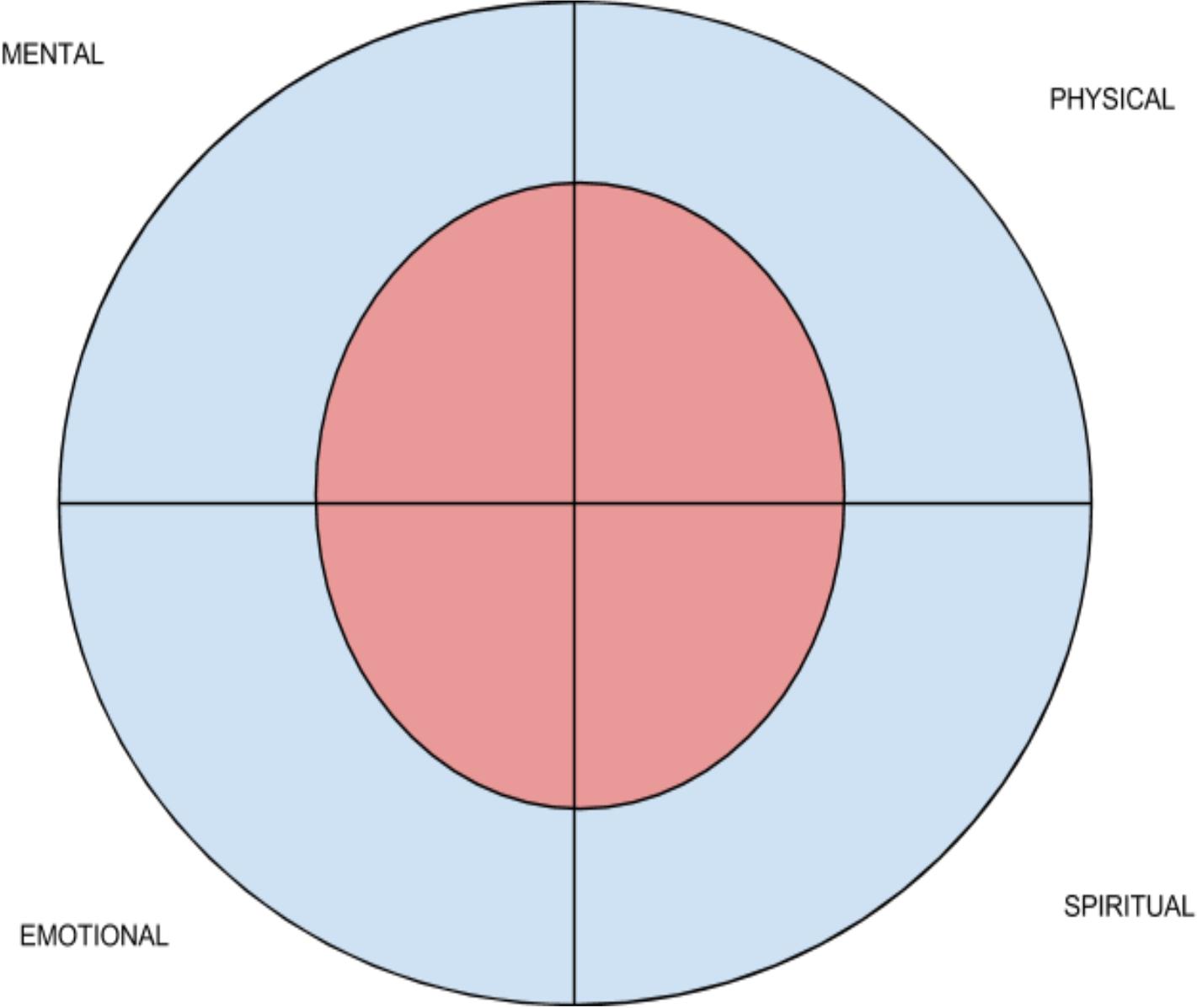
# Trauma Exposure Response

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

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# The Five Directions



## Trauma Stewardship

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

# POST TEST- Domestic Violence Advocacy: A Disaster Response

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Please circle YES or NO for your response.

1. My knowledge of how victims of domestic violence are impacted by disasters has increased.	YES or NO
2. My knowledge of 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?