

2014

Domestic Violence Advocacy: A Disaster Response



Facilitator Guide

National Domestic Violence Hotline

Acknowledgements

This curriculum was developed in collaboration with the National Domestic Violence Hotline, The Florida Coalition Against Domestic Violence, New Jersey Coalition for Battered Women and New York State Coalition Against Domestic Violence Coalition. The joint efforts by these organizations made it possible to create this comprehensive guide for professional staff who support victims of domestic violence and who need tools to enhance their disaster preparedness practices and protocols.

A special thanks to Julie Ann Rivers-Cochran from The Florida Coalition Against Domestic Violence for providing an excellent disaster-focused lens for this guide.

This guide also draws from the outstanding research conducted by organizations and independent scholars with on-the-ground experience in disaster response and emergency preparedness for vulnerable populations. Organizations such as the Women's Health Goulburn North East and the National Sexual Violence Resource Center offer excellent models of family and sexual violence intervention in disaster research, along with independent scholars and activists such as Elaine Enarson and Laura van Dernoot Lipsky. We are grateful to learn from their stellar work and share it here.

Authors:

Melissa Kaufmann, Volunteer and Training Manager - National Domestic Violence Hotline

Michelle Emery, Training Specialist - National Domestic Violence Hotline

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Introduction

The aftermath of Superstorm Sandy resulted in thousands of New Jersey and New York homes and businesses damaged or destroyed, over \$1 billion in property damage, and over 100 tragic deaths in the U.S. For many people, Superstorm Sandy exposed the underlying social disparities among vulnerable populations such as the elderly, poor or low income, single mothers, people with disabilities and victims of domestic violence. Specifically, we understand the barriers that victims of domestic violence experience in natural disaster situations. From disrupted legal systems and social services to , our social realities are impacted by natural disaster. As Elaine Enarson states, “disasters are not only powerful physical events but complex social experiences for individuals, households and communities” (Responding to Domestic Violence in Disaster, Word doc).

Domestic violence organizations and other local agencies are also faced with challenges to sustain the wellbeing and resilience of their staff. Having a protocol for disaster preparedness is one thing but developing practices geared towards response, recovery and mitigation poses another set of procedures that require plenty of practice, collaboration and relationship-building with local agencies. By providing awareness and best practices in emergency/disaster management in the context of domestic violence advocacy, this guide addresses the following questions:

- What is a natural disaster? What does gender-based violence look like in disaster?
- What are the specific barriers that victims of domestic violence experience in disaster?
- Who are first responders? What do they do?
- What are the steps to disaster relief in my area?
- What protocol can my agency follow to ensure residents, clients and staff are safe in the event of a disaster?
- How can I support a victim/resident who is experiencing domestic violence and disaster at the same time?
- How do I, as a staff person, get the support I need as a helper?

This curriculum aims to address these questions, among many others, as we examine the intersecting dynamics between domestic violence advocacy and disaster response and recovery. We’ve divided this training into four sections. **Section One** will focus on the nexus of domestic violence and natural disaster. We will explore the barriers and adverse impacts disasters have on victims of domestic violence. **Section Two** will offer step-by-step protocols for standard emergency preparedness and response. Advocates and staff members are welcomed to re-visit their agency’s disaster plan, or use the information in this section to develop their own. From best practices to considerations in the field, staff members will gain a deeper understanding of disaster response as it relates to their advocacy to survivors of domestic violence. We will then explore the impacts of critical stress incidents on workers in **Section Three**. This section will be particularly useful for organizations who want to develop a comprehensive debriefing process for their staff. **Section Four**, our final section of the curriculum, will outline the characteristics of compassion fatigue, the impact it has on our work as helpers and ways to sustain wellness and resilience in multiple areas of our lives.

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- Four Quadrants of Self Care (new)

Handouts:

- FCADV Disaster power and control wheel
- Disaster Response Structure
- Phases of Emergency Management
- Disaster phone line transfer process
- 8 phases of reaction to disaster
- Sign of Critical Incident Stress
- Critical Incident Debriefing
- Trauma Exposure Response
- Four Quadrants of Self-Care
- The Five Directions
- Post-Test
- Self- assessment

What this Guide Provides

1. **Awareness:** Through interactive activities, participants will gain a deeper understanding about the emergency preparedness and management in the event of a natural disaster. Participants 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 DV to inform our disaster responder 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:** Disaster preparedness planning, staff debriefing, and best practices in the field of emergency management and DV.

Who Should Facilitate this Guide

State agencies should select individuals who are skilled trainers and facilitators. These individuals should have extensive background in facilitating conversations about trauma and domestic violence. Though we provide suggested talking points and context for each section, this guide does not include information on basic facilitation skills (i.e. effective ways to deliver clear instructions, group conversations and dynamics, co-facilitating with a partner, etc).

Who this Guide is Geared Towards

This curriculum guide is geared towards professional staff who provide direct social services, manage residential shelters, and offer case management to victims of domestic violence.

Professional staff can include:

- advocates, staff of domestic violence centers and shelters
- board members
- executive director
- administrative team
- members of the state coalition against domestic violence
- shelter volunteers

How to Use This Guide – A Note to Trainers

Number of participants: This guide is designed for a group of 15-20 participants because of the experiential nature of the training. However, if training a larger group of 20-40 participants, facilitators will need to determine when to shorten discussion and talking points based on the knowledge base of the group.

Length of time: 8-hour duration, with a 45 minute lunch and a few small breaks included.

Webinar vs. In-person Training: Although this curriculum can be facilitated via webinar, it's highly suggested that this training be held in-person. Having the training done in person allows participants to ask in-depth questions, fully participate in the interactive exercises and strengthen the learning outcomes of the curriculum. If the group does not already know one another, we

suggest including time for people to introduce one another and ask opening questions that allow participants to get to know one another better.

Self Care and Trauma-Informed Training: To promote self-care during training, we suggest reserving a venue that gives participants space to move around and stretch, with natural light, and accessible to restaurants, coffee shops and other eateries. A trauma-informed approach to training in order to minimize triggered feelings of vicarious trauma.

Logistics: If the space is not located near restaurants, it's best to provide refreshments so that participants stay engaged. If you have a small budget for refreshments or let the participants know ahead of time to bring their own snack and drinks. If possible, this curriculum should be facilitated with a follow-up discussion on other agencies who serve the same communities.

Talking Points – do not read word for word. These notes are meant as a guide to the facilitation of each slide. Please read the talking points in advance and feel free to say it however you want.

Breaks – The training is split into four sections – feel free to facilitate the entire curriculum in one piece or split it up between two days, or simply one section entirely. If you choose to facilitate this curriculum in its entirety, we encourage taking a break between each section (a lunch break in between DV and Disaster and Assessment/Safety Planning) and also small breaks throughout each section. It's up to you to be able to pay attention to your audience/participants and decide when to take a break.

KEY CONCEPTS

Natural disaster: A disaster is a situation or event which overwhelms local capacity, necessitating a request to a national or international level for external assistance. Events caused by natural processes such as hurricane, earthquake, flood, volcanic eruption, tsunami, tornado, winter storm, heat wave, wildfire, drought, and mud slide. –Center for Research on the Epidemiology of Disasters

Hurricane: A hurricane is a type of tropical cyclone, which is a generic term for a low pressure system that generally forms in the tropics. The cyclone is accompanied by thunderstorms and, in the Northern Hemisphere, a counterclockwise circulation of winds near the earth's surface.

Characteristics of Hurricanes:

- May be tracked to some degree of certainty. All Atlantic and Gulf of Mexico coastal areas are subject to hurricanes.
- Atlantic Hurricane season: June 1 to November 30, peaks mid-August to late October
- A hurricane is a type of tropical cyclone or severe tropical storm that forms in the southern Atlantic Ocean, Caribbean Sea, Gulf of Mexico, and in the eastern Pacific Ocean.

Severe Weather Evacuation: Minimization of the potential for human injury and facility damage and promote the continuation of survivor services in the event of a forced shelter evacuation.

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.

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 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.

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.

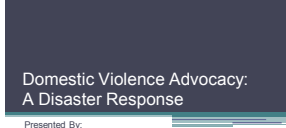

Crisis Communication: Crisis communication includes when the center is responding to a media inquiry or there is a situation in which they need to release information following an incident. Such incidents may include homicide of participants, violence as it relates to centers, staff or participants, or any legal proceeding related to centers, staff or participants.

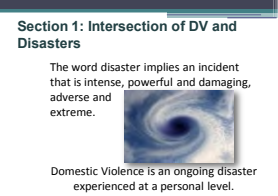

SECTION ONE: DV and Disaster

Natural disasters, such as floods, hurricanes, tornadoes, tsunamis and earthquakes are powerful events that are damaging, adverse events that have extreme impacts individuals, families and communities. In the event of a disaster, survivors of domestic violence are confronted with co-trauma impacts and barriers specific to natural disaster. Domestic violence is an “ongoing disaster” happening at an intimate level. Already isolated, financially dependant and with limited social networks, victims of domestic violence are even more vulnerable when a disaster occurs. Their environments become more dangerous, they are unable to connect with their social support and local services are overwhelmed, among several other challenges.

According to the World Health Organization, there is data and anecdotes, while not extensive, explaining the increase of domestic violence due to disasters. While domestic violence escalates during and after a disaster, so do the barriers to resources due to the devastation the community is faced with. Shelter, housing, counseling, protective order enforcement, increased stress, lack of social connections are all stressed during this time and posing challenges victims to receive the necessary support.

This section will examine the intersection of domestic violence and disasters and the impact it has on victims and survivors. We will also explore the ways in which abusive partners can use a disaster to continue controlling and abusing their partners as well as the additional challenges and barriers faced by victims. Seeking safety, support and resources are a daily challenge for victims of domestic violence and even more so when communities are devastated by natural or man-made forces.

Slides 1 & 2	Welcome, Introductions, and Objectives 15 minutes
 <p>Domestic Violence Advocacy: A Disaster Response</p> <p>Presented By: [redacted]</p>	<p style="text-align: center;">Welcome and Introductions</p> <p>Opening and Facilitator Introductions: Welcome everyone to everyone to the training and express gratitude for their participation. Facilitators should introduce themselves by sharing their names, organization affiliation, job title, and any other pertinent information for this training.</p> <p>Participant Introductions: Invite participants to introduce themselves by sharing their name, organization affiliation, job title and one thing they hope to get out of this training.</p> <p>Housekeeping: Once everyone has introduced themselves, review some quick housekeeping rules. Things such as bathrooms, refreshments, cell phones, taking breaks/taking care, schedule overview complete including lunch and training end time. Inform participants that a few small breaks are included, but they are welcome to step out or use the bathroom when they need.</p>
 <p>OBJECTIVES:</p> <ul style="list-style-type: none"> • 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. 	<p style="text-align: center;">Objectives</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • We're going to be covering a lot of information with you today. Before we review today's objectives, we want to emphasize that this training is highly interactive and conversation-based. Some of the topics we'll be covering today will be a refresher for some, and new to others. Please feel free to chime in and share your stories, knowledge and perspectives on the topics of the day. • With that said, we wanted to provide this training as a space to build skills in disaster relief for our organizations, fellow advocates and the clients/residents/survivors we serve. • We will take some time to reflect on the impacts of Hurricane Sandy - the success stories and moments of struggle. • Specifically, here are today's objectives: <ul style="list-style-type: none"> ○ We'll discuss the nexus of domestic violence and natural disaster. The barriers that are specific to victims of domestic violence during and post-disaster - and examine disaster through a gender-based violence lens. ○ Based on the extensive research from the Florida Coalition Against Domestic Violence and scholars such as Elaine Enarson, we'll share best practices for disaster preparedness for domestic violence organizations. ○ Finally, we will spend time talking about self care, wellness, and resilience as it relates to disaster relief and domestic violence advocacy. ○ As workers in the helping field we're exposed to a lot of

	<p>trauma and overtime that will have an effect on us. Its our responsibility as advocates/workers, that we learn about compassion fatigue, vicarious trauma, burnout and ways to develop resilience to lessen the impact that this work has on us.</p> <ul style="list-style-type: none"> For purposes of this training use “victim” and “survivor” interchangeably.
Slides 3-11	<p>PART ONE – Domestic Violence and Disaster 1 hour, 15 minutes</p>
	<p>Intersection of DV and Disasters</p> <p>Talking Points:</p> <p>It is not just that they are victims of violence, nor is it just that they are victims of disaster. It is at the intersection of these two sets of ongoing events where our understanding and knowledge is challenged. First, Katrina undermined regional capacity to respond and taxed national reserves as well (Quarentelli 2005). Second, and just as important, it is an <i>ongoing event</i>. The flood waters may be gone, but what remains are dislocated lives. Women who are victims of domestic violence are caught in this vortex and their Abilities to keep themselves and their children safe are increasingly challenged.</p> <p>Women living with the “daily disaster” of domestic violence are also highly vulnerable when disasters transform geographies, institutions, and relationships. In the vicious dynamic of power and control, battered women live in a world of increasingly narrow social networks, often isolated, unable to take or keep paid work, lacking transportation, and financially dependent. Like their physical and emotional health, their sense of self-worth and efficacy diminishes in the face of continued violence.</p>
	<p>Intersection of Domestic Violence and Disaster</p> <p>Talking Points</p> <ul style="list-style-type: none"> Even in disasters, victims can experience abuse in the most overt ways and even the most subtle ways as depicted in the quote. Domestic violence is a silent epidemic no one discusses because of the shame and secrecy associated with this issue. However, disasters often expose these hidden realities of ongoing abuse. After a disaster, domestic violence will continue and due to the devastation the community is faced with barriers and resources become an even larger challenge for victims of violence.

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; Matus, 2010

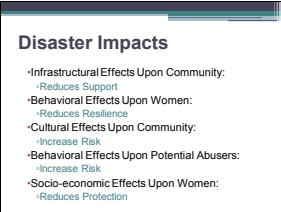
Disaster and Gender-Based Violence: Understanding the Nexus

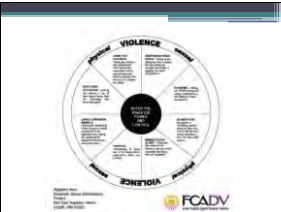
Talking Points:

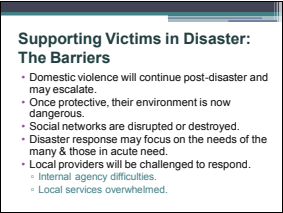
- Disasters disrupt the physical and social environments that shape health and health problems, including violence. There is not a wealth of research on the intersection of disaster and domestic violence but what has been determined is that disasters are likely to increase individuals, families and communities vulnerability to violence. The effects of disasters have an immediate and long-term impact on violence. (World Health Organization, 2005).
http://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf
- There is also not a wealth of research on a gender-based vulnerabilities to violence post disaster; however, what has been done reveals that all women, and women of color particularly, face disproportionate shares of negative impacts post disaster than men.
- Case in point, the experiences of Women and Girls in New Orleans pre and post Hurricane Katrina. The Newcomb College Center for Research on Women published, "Katrina and the Women of New Orleans" in 2008 which examines the disparities women and girls specifically face post-disasters such as Katrina. The following points were drawn from this report which is available in its entirety online at: <http://newcomb.tulane.edu/nccrow>.
- As disasters have revealed time and time again, individuals who are "socially and economically disadvantaged before a disaster are the ones who will experience a disproportionate share of the negative impacts after the disaster."
 - "In New Orleans, as in most of the South, a history of discrimination has linked race and gender with poverty." Note: this is not a phenomenon reserved for the United States' Deep South, many parts of the U.S. as well as the World, currently and historically faced gender- and race-based discrimination that often manifests itself in many forms of gender-based violence.
 - For example, Hurricane Katrina illuminated the effects of New Orleans' race and gender-segregated labor force. In 2006, the earnings of full-time, year round women workers were on average just 61.8 percent of the earnings of men. The earnings gap closed somewhat in 2007 (to 71 percent) but remained considerably greater than pre-Katrina (81.6 percent). The 2007 wage gap in earnings between White women and Black/African American women was equal to the wage gap between women pre-Katrina (60-61 percent). Rather than reduce or eliminate wage inequities, Katrina served to widen and perpetuate an earnings divide between women and men, and between White women and women of color."
 - For example, "The hurricane season of 2005 had the overall

	<p>effect of worsening the earnings and employment opportunities of New Orleans women.</p> <ul style="list-style-type: none"> • Women's incomes on average increased by just 3.7 percent from 2005 to 2007 (from \$28,950 in 2005 to \$30,029), while men's incomes increased by 19 percent on average (from \$35,470 to \$42,271). At the extremes, the incomes of White males increased by 30 percent while the incomes of White women declined by 5.2 percent." • "The lack of affordable housing, and obstacles to renting, buying, and renovating a home post-Katrina, have contributed to women's vulnerability to housing discrimination, forced evictions, and displacement, and also to the disruption of social support networks. As this report has shown, women are concentrated in lower paying occupations that pay the same or less in 2007 than they did in 2005. As a result, women are disproportionately in need of low-income housing, yet because of the rental housing shortage, rents have increased by 46 percent since the storm. While the lack of access to safe, affordable, and adequate housing impacts all members of the community, women bear a disproportionate amount of housing related poverty, violence, discrimination, and displacement as a result of housing policies that ignore the high number of women who live alone or are single mothers. An inflation rate of 6.1 percent in the same period diminished any gains women might have made."
	<p style="text-align: center;">The Nexus Continued</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • A fact sheet compiled in 2006 by Elaine Enarson also sheds light on the reality of violence against women in disasters and demonstrates the vulnerability that is present due to a disaster. <ul style="list-style-type: none"> ○ The national Canadian press reported domestic violence increasing during the massive 1998 ice storm in Quebec and Ontario. A Montreal Urban Community Police Chief reported that one in four calls he had received the past week came from women about abuse. Crisis calls were not up at the local shelter but the hot line had been closed by the storm for two days. (<i>Globe and Mail</i> January 14, 1998: A6). ○ The director of a Santa Cruz battered women's shelter reported requests for temporary restraining orders rose 50% after the Loma Prieta quake. Reported sexual assault also rose by 300%. (Commission for the Prevention of Violence Against Women. 1989. <i>Violence Against Women in the Aftermath of the October 17, 1989 Earthquake: A Report to</i>

	<p><i>the Mayor and City Council of the City of Santa Cruz)</i></p> <ul style="list-style-type: none"> ○ After Hurricane Andrew in Miami, spousal abuse calls to the local community helpline increased by 50% and over one-third of 1400 surveyed residents reported that someone in their home had lost verbal or physical control in the two months since the hurricane. (Laudisio, Gigi. 1993. "Disaster Aftermath: Redefining Response—Hurricane Andrew's Impact on I & R." <i>Alliance of Information and Referral Systems</i> 15: 13-32. Centers for Disease Control. 1992. <i>Post-Hurricane Andrew Assessment of Health Care Needs and Access to Health Care in Dade County, Florida</i>. EPI-AID 93-09. Miami: Florida Department of Health and Rehabilitative Services.) ○ Four New Orleans shelters and 2 nonresidential programs were closed by Hurricane Katrina in 2005 and advocates reporting "women are being battered by their partners in the emergency shelters." In the first four months after the US Gulf Coast hurricanes, 38 rape cases were reported to women's services that initiated documentation projects to capture sexual assaults of disaster-displaced women. (Reported by Lin Chew and Kavita Ramdas in the Global Fund For Women report "Caught in the Storm: The Impact of Natural Disasters on Women," December 2005: http://www.globalfundforwomen.org/work/programs/natural-disasters.html) ○ In the six month period after Hurricane Floyd hit North Carolina, USA, the rate of inflicted Traumatic Brain injury in children under two showed a fivefold increase in counties severely affected by the hurricane, while in counties less affected or not affected, there was no increase in the rate. (World Health Organization (WHO). (2005) Violence and Disasters retrieved from: http://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf).
	<p style="text-align: center;">Voices from Hurricane Katrina</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Let's take a closer look at personal accounts from survivors of Katrina who were also experiencing domestic violence: <ul style="list-style-type: none"> • <i>I had no roof over my head, no place to live, so I put up with it for 9 months. I left for a few days because of physical and verbal abuse, would go to friend's house or to ex-husband's house where my children live, saw it was upsetting the children. I made a choice that I was going to leave for good after too many times going back.</i> • <i>My closest friends are struggling because of the condition of the city. I was staying with a friend, but her roof caved in. I</i>

	<p><i>felt like a puppy on the side of the highway, it's rainy and cold and I have no place to go.</i></p> <ul style="list-style-type: none"> • <i>A domestic violence victim evacuated to Houston with her children and received a FEMA voucher to house her and her children. At that time there were, and still are, two open criminal cases against the husband in New Orleans. They had been living apart and she had not yet received her divorce. He initially evacuated to Lafayette. He was able to find her, and he moved into her apartment in Houston and won't leave as he argued that the voucher is meant for him also. Her divorce attorney told her she cannot get the divorce until they are living apart. She now has the choice to move out with nothing or live there hoping the police can come should the continuing verbal abuse escalate.</i> <p>Katrina stories obtained from: Jenkins, P., Phillips, B. (2008) Battered Women, Catastrophe, and the context of Safety after Hurricane Katrina. <i>NWSA Journal</i>, 20(3), 49-68. Doi 10.1353/nwsa.0.0047</p> <p>**Ask Advocates if they interacted with a victim of domestic violence during a disaster and what challenges they may have faced in providing them support/referrals.</p>
	<p style="text-align: center;">Disaster Impacts</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Infrastructural Effects upon Community: Reduces Support <ul style="list-style-type: none"> ○ Disasters impact women directly—and the systems that support them in government and civil society, including community women's social networks, rape crisis centers, women's shelters, health systems, and systems for the provision of law and order. • Behavioral Effects Upon Women: Reduces Resilience <ul style="list-style-type: none"> ○ As noted previously, individuals react to disasters differently, unique to their history with trauma; protective factors such as resilience; and access to resources post-disaster, just to name a few. In some individuals, disasters may impact their mental health significantly. <ul style="list-style-type: none"> ○ "Studies of psychological stress following Hurricane Katrina indicate that the effects can be quite serious, particularly for women and children. A post-Katrina study of 1,043 adults found women to be 2.7 times more likely than men to have Posttraumatic Stress Disorder and 1.3 to 2 times more likely than men to have an anxiety or mood disorder other than PTSD. Another study of 576 caregivers found that 46.5 percent of female caregivers reported clinically significant psychological distress compared to 37.5

	<p>percent of male caregivers.” (Newcomb College Center for Research on Women’s “Katrina and the Women of New Orleans”, 2008)</p> <p>(Norris, et al., 2002; North, et al., 1999; De la Fuente, 1990; Overstreet & Burch, 2008)</p> <ul style="list-style-type: none"> • Cultural Effects Upon Community: Increases Risk <ul style="list-style-type: none"> ○ There is both research and anecdotal 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 whatever may locally be understood as 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: Increases Risk <ul style="list-style-type: none"> ○ Factors Escalating Abuser Behaviors <ul style="list-style-type: none"> ▪ Increased psychological stress ▪ Experiences of powerlessness ▪ Environmental stimuli to rage response ▪ Increased contact hours with partner and family ○ Common Abuser Actions Post-Disaster <ul style="list-style-type: none"> ▪ Threats of harm based on disaster environment hazards ▪ Isolation or exclusion ▪ Use of children and pets ▪ Minimization of blame for own behavior ▪ Economic abuse in relief environment <p>(Florida Coalition Against Domestic Violence, 2010)</p> <ul style="list-style-type: none"> • Socio-economic Effects Upon Women: Reduces Protection (Protective Factors) <ul style="list-style-type: none"> ○ 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 corresponding loss of protective factors from GBV.
	<p style="text-align: center;">Power and Control Wheel: Disasters</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • This Power and Control Wheel is specific to those affected by disasters and was created by the Florida Coalition Against Domestic Violence. This diagram represents all the ways someone can use these tactics during a disaster to continue to maintain their control and power over their partner. • ASK a participant to read out loud one of the pieces of the wheel and

	<p>then ASK all participants to think of other examples.</p> <ul style="list-style-type: none"> ○ For example: Economic- Post disaster- the husband took the insurance money to “do the work himself,” and forced the family to live in an uncompleted house without doing any repairs. <p>Participant Handout: FCADV Disaster Power and Control Wheel</p>
 <p>Supporting Victims in Disaster: The Barriers</p> <ul style="list-style-type: none"> • 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. 	<p>Supporting Victims in Disaster: The Barriers</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Domestic violence will continue post-disaster and may escalate. <ul style="list-style-type: none"> ○ 53% increase in family violence after Christchurch, NZ earthquake. ○ Four-fold increase in family violence after Hurricane Katrina ○ Increase in family violence after Exxon Valdez oil spill (http://www.whealth.com.au/documents/work/family_violence_disaster/Facilitator_Manual.pdf) • Once protective, their environment is now dangerous. <ul style="list-style-type: none"> ○ Must stay in the same house with abusive partner or the abusive partners family ○ Everyone has left the neighborhood so no one is there to help. ○ Due to disaster cannot go to work to escape abuse for a few hours. • Social networks are disrupted or destroyed. <ul style="list-style-type: none"> ○ Due to evacuations, people are separated. ○ Lack of access to internet or no phone lines. • Disaster response may focus on the needs of the many & those in acute need. <ul style="list-style-type: none"> ○ Many disaster responders are trained to help those in acute danger or seriously hurt first. ○ May not have the time or capacity to assess for domestic violence. • Local providers will be challenged to respond. <ul style="list-style-type: none"> ○ Internal agency difficulties- Those working at the local level may be displaced by the disaster as well. They may also be experiencing primary trauma and find it difficult to help those in need. ○ Local services overwhelmed- Services may be closed or damaged. Influx of those in need of shelter. Staff may also need to be housed there. <p>Jenkins, P., Phillips, B. (2008) Battered Women, Catastrophe, and the context of Safety after Hurricane Katrina. <i>NWSA Journal</i>, 20(3), 49-68. Doi 10.1353/nwsa.0.0047</p>

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



Supporting Victims in Disasters: The Barriers

Talking Points:

Some additional considerations that exist due to the intersection of domestic violence and disasters include but are not limited to:

- Lack of privacy to talk- Support services may be offered in a large auditorium setting without much privacy. Staying in an emergency shelter is communal living and may expose people's lives they do not want to share.
- Confidentiality- Disaster responders may know the victim or those staying at the same shelter. Confidentiality is extremely important in these situations to ensure the victim's safety but also to preserve their right to privacy and self-disclosure.
- Communication to other programs is down- Collaboration between programs will be difficult, especially if they are housing victims that need services from sister programs.
- Protective Orders- They may not be able to be obtained because the courts are closed/damaged. If they already have a protective order, law enforcement may be unable to enforce it because their services are taxed.
- Trauma counselors- Disaster is a traumatic event as is Domestic Violence. Access to medical services for the uninsured may not be available or damaged due to disaster.
- Custodial parent attempt to regain custody- The abusive partner may try to obtain custody by demonstrating the other partner is unfit because they lost their house in the disaster. They may keep the child during visitation and not attempt to reunite the child with the custodial parent.
- Housing- 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- No longer able to leave their child in daycare or with family to go to a job.
- Translators- Lack of access to translators may cause individuals to rely on their partners

or children as interpreters reducing the likelihood they will be open about what is happening and receive the help they need.

Pets- People may not leave during an evacuation, go to a shelter or stay with friends because they have pets they need to care for

****ASK the group for additional considerations from their experiences in the field that may pose as a barrier or challenge to someone getting help.**

SECTION TWO: DISASTER RESPONSE

Disaster response and management is a complex set of protocols and procedures facilitated by a number of response teams and individuals. Due to the everyday advocacy, support and hard work of domestic violence agencies, we are not afforded the time to create protocols for disaster recovery and relief. As Elaine Enarson states:

Disaster planning is not often a priority in battered women's shelters or transition homes, where your work focuses on daily survival issues. But your shelter is the only home women in crisis have, and it will be directly or indirectly impacted should a major disaster hit your neighborhood. Working through worst-case scenarios to assess risks, vulnerabilities, and resources will help your program respond when shelter residents need you more than ever. Staff, volunteers, and board members will also benefit as potential disaster victims and as emergency responders to shelter residents and clients.


DISASTER PLANNING FOR SHELTERS:


Guidelines for Staff, Volunteers, and Boards

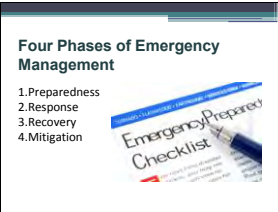
<http://www.emforum.org/vlibrary/appendxa.htm>


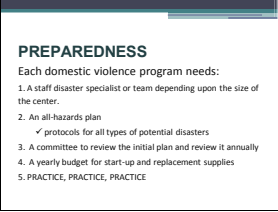
Based on the many lessons learned from Hurricane Sandy, we've been able to compile research, best practices and protocols that can be used in disaster situations. In this section, we'll answer the following questions:


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


Slides 12- 31	PART TWO – Disaster Response 1 hour, 15 minutes
	<p>Disaster Response Introduction</p> <p>Talking Points:</p> <ul style="list-style-type: none">• This next section will provide Coalitions and local programs with the necessary tools to develop an effective plan to prepare their programs for emergencies.• Emergencies can often come on suddenly as depicted in this PSA. A well thought out plan ahead of time can maximize safety and ensure programs have the necessary resources available to survive the emergency. <p>Click on the image to launch the video. An internet site will pop up and play the PSA.</p> <p>https://www.fema.gov/media-library/assets/videos/82016</p>

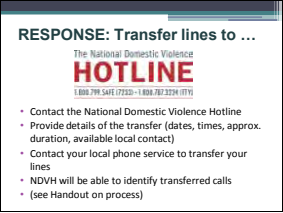

 <p>The diagram, titled 'Disaster Response', shows a flow from 'Local Government' to 'State Emergency Management' and then to 'Federal Emergency Management Agency'. To the right of the flow is a small image of emergency responders in a vehicle.</p>	<p style="text-align: center;">Disaster Response Structure</p> <p>Participant Handout: Disaster Response Structure</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • The structure for disaster response is the following: (Facilitator note: Go through each point and then you will play videos after the description). <ul style="list-style-type: none"> ○ National Weather Service or National Hurricane Center will notify the county/city local government of the impending storm/disaster possibly heading their way. The local government then enacts their emergency plan and will deploy local entities (law enforcement, firefighters, EMS and other para-professionals). <p>Other volunteer groups are deployed as needed, such as: CERT -Community Emergency Response Teams (a Citizen Corps program focused on disaster preparedness and disaster response skills and are utilized to provide emergency support when disaster overwhelms the conventional emergency services). The Red Cross (chartered by Congress to coordinate disaster response services, including typically being the lead or largest agency handling sheltering, feeding , emotional health services and basic human needs), Salvation Army, and other charitable or faith based programs.</p> <ul style="list-style-type: none"> ○ If the local government feels the disaster will be further reaching or their resources become overwhelmed they will notify the State Emergency Management Team to assist ○ Federal Emergency Management Agency (FEMA)-is the lead federal agency for emergency management and supports, but does not override, state authority. FEMA is contacted by the state governor if the state resources become overwhelmed and is in need of federal disaster assistance. A request must be submitted to the federal government and the President will grant or deny the request. <ul style="list-style-type: none"> • The following videos are to demonstrate the amount of coordination that goes on on the local and state level and the importance of programs being a part of that response. <ul style="list-style-type: none"> ○ Once you have read each step of the process, now play the CERT video. This video describes the role of the team in the context of a disaster. They are highly trained community members and provide response assistance when local authorities are overwhelmed.

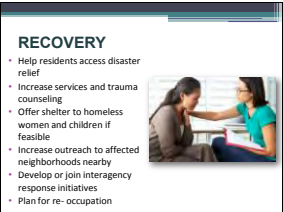

	<p>(http://www.youtube.com/watch?v=Cih4_vpRXdY#t=49)</p> <ul style="list-style-type: none"> ○ To give participants context of what happens at a state level play the video on Texas Emergency Management. (http://www.kvue.com/news/Disaster-response-center-gets-major-upgrade-232574941.html) • It is important 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). • Be sure to visit FEMA’s website to find your state Emergency Management Agency http://www.fema.gov/state-offices-and-agencies-emergency-management <ul style="list-style-type: none"> ○ New Jersey Office of Emergency Management- www.ready.nj.gov ○ New York State Emergency Management Office- www.semo.state.ny.us/
	<p style="text-align: center;">Four Phases of Emergency Management</p> <p>**Participant Handout: Phases of Emergency Management</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Start this slide by clicking on the image in the slide and watching a PSA created by FEMA on emergency planning: http://www.fema.gov/media-library/assets/videos/83288 <p>This video represents the importance of not “winging” your plans. Planning for emergencies is essential to ensuring safety and successfully surviving an emergency.</p> <ul style="list-style-type: none"> • Review the definition of each of the four phases of emergency management listed on the slide. <p>1.Preparedness is taking action before an event to ensure your are ready for the emergency. These actions include developing your plan, training your employees and pulling together your disaster supplies.</p> <p>2.Response is the action that you take immediately in response to the threat, primarily to ensure everyone’s safety.</p> <p>3.Recovery is the work of restoring your center operations damaged or interrupted by the disaster.</p> <p>4.Mitigation involves taking the steps to prevent or lessen the effects of an emergency or disaster or, at least to reduce your risk.</p> <ul style="list-style-type: none"> ○ Communities fortunate enough to have not experienced a major disaster, often focus their attention on the first three phases without consideration of Mitigation. • Now, consider the following examples. ○ “Increasingly, research demonstrates that role-conditioned gender differences occur at all stages of disaster response.” (Newcomb College Center for Research on Women’s “Katrina and the Women of



	<p>New Orleans”, 2008)</p> <ul style="list-style-type: none"> ○ “Women’s and men’s ideas about their work and family responsibilities have major consequences for their risk perception, preparedness, and evacuation. Women tend to be more risk-averse and more likely to respond to hazard warnings. While this might suggest that women and children will consider protective actions and seek safety, their plans may well conflict with those of the men with whom they are interdependent. The result might not lead to safety.” (Newcomb College Center for Research on Women’s “Katrina and the Women of New Orleans”, 2008) • As organizations plan for disasters, priority must be placed on identifying opportunities to support women during every phase. Consider examples on the following slides that support this point.
	<p style="text-align: center;">Planning Priorities</p> <p>Talking Points: [JA has reached out to Jonathan White to provide additional talking points for this slide.]</p> <ul style="list-style-type: none"> • When developing organizational plans on the four phases of emergency management, it is critical to build capacity to recognize the roles and opportunities for agencies to supporting women at every phase. <p>Activity #1 : PHASES OF EMERGENCY MANAGEMENT</p> <ul style="list-style-type: none"> • (Potential Activity) Ask participants to brainstorm to identify examples of how to create plans for each phase of emergency management using the following four areas of consideration: <ol style="list-style-type: none"> 1)Resilience: Individual Women 2)Prioritization of Women’s Needs 3)Resilience: Service Systems 4)Alignment Response/Relief Systems
	<p style="text-align: center;">Preparedness</p> <p>Talking Points:</p> <p>When preparing for disasters, domestic violence programs need the following:</p> <ol style="list-style-type: none"> 1.A staff disaster specialist or team depending upon the size of the center. 2. An all-hazards plan <ul style="list-style-type: none"> • protocols for all types of potential emergencies- Floods, wildfires, death of staff or resident, Intruders, Tornado, Hurricane, Fire, Chemical Emergency, Bomb Threats, etc... <ul style="list-style-type: none"> ○ Consider developing checklists for each of these potential emergencies. ○ One protocol for each disaster type (some overlap may occur) ○ Each protocol should include a time-line. ○ Each protocol should outline specific staff instructions - Staff roles should be clearly defined with clear instructions pre-, during and post-diaster. 3. A committee to review the initial plan and review it annually 4. A yearly budget for start-up and replacement supplies

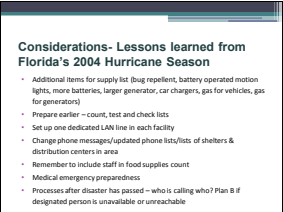

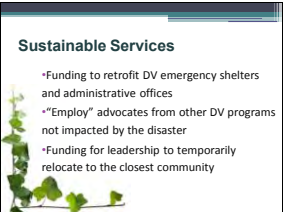
	<p>5. PRACTICE, PRACTICE, PRACTICE- Understand that the best laid plans will have flaws in any crisis, disaster or emergency. Planning and practice is helpful to generate confidence to make decisions in the face of uncertainties. http://www.fema.gov/media-library-data/20130726-1511-20490-6446/bizindst.pdf</p>
	<p style="text-align: center;">Preparedness: Protocol</p> <p>**Participant Handout: Emergency Preparedness Check-list</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • At minimum, disaster protocols should include everything listed on the slide. • All staff must be made aware of any changes and policies should be disseminated annually. • Attempt to update policies after each disaster as new information will always emerge to help in preparing for the next disaster. • Assign staff to research literature published after major disasters, no matter where occurred. Government and other disaster-related organizations will update their websites with new tip sheets following disasters with helpful information gleaned from the event. Academic publications will not be released immediately following, so keep a look out a year or more after the disaster. • No matter how dire an exercise, brainstorming, and then creating tangible steps for worst-case scenarios is an important process. • It is the responsibility of leadership to never become apathetic about disasters. Often, especially in geographical areas where natural disasters often occur, the community becomes apathetic and does not heed disaster watches or warnings. Stories of how a family member survived the “worst storm in history” pass on from generation to generation which can provide a false sense of safety as a storm approaches. For example, community members along the Gulf Coast of Mississippi did not heed the evacuation warnings because their ancestors survived 1969’s Hurricane Camille which was the second of only three Category 5 Hurricanes to make landfall in the 20th Century. Many people were swept away by the unprecedented storm surge despite official warnings and 235 people died. In New Orleans, approximately 1,464 died, but the failure of the levees must be taken in consideration when discussing those that died in New Orleans as opposed to the magnitude of the storm itself.

<div data-bbox="191 226 467 436" data-label="Complex-Block"> <p>PREPAREDNESS: Facility preparation</p> <ul style="list-style-type: none"> 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. </div>	<p style="text-align: center;">Preparedness: Facilitation preparation</p> <p>Talking Points:</p> <ul style="list-style-type: none"> When developing plans consider the list on the slide. Coalitions can support through fundraising, contingency plans for non-interrupted service, disaster planning for member programs, review own plan.(Enarson, 1998)
<div data-bbox="191 525 467 735" data-label="Complex-Block"> <p>RESPONSE</p> <ul style="list-style-type: none"> Support the choices of residents during the emergency <div data-bbox="203 619 349 724">  </div> <ul style="list-style-type: none"> Evacuations <ul style="list-style-type: none"> Nearest DV program Emergency Shelter Continue program services if possible Rolling hotlines </div>	<p style="text-align: center;">Response</p> <p>Talking Points:</p> <ul style="list-style-type: none"> During the emergency it is important to support the choice of the survivor whether they choose to evacuate with the residents or return to their family and even their abusive partner. Evacuations- Appoint someone in charge of evacuation, another in charge of services (hotlines, counseling, court) to ensure cancellations and transfers are properly communicated and someone in charge of supplies they need to bring with them (diapers, formula, food, water, toiletries, medications etc...). If possible evacuate to nearest DV shelter if not identify the closest emergency shelter out of harms way. 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. Be sure the person relocating to sustain operations has updated information, including alternative numbers, on all center participants and staff. Evacuation to an Emergency Shelter: Assess appropriateness of shelter with each resident- batterers proximity Create safety plans with survivors around staying at the shelter, returning to partner or staying with relatives Rotate shelter staff so there is someone there 24 hours. Introduce yourself to guards at the shelter & notify them right away if a batterer or a batterers ally is seen at the shelter Anticipate emotional reactions Offer continuous services- If at all possible, continue providing emotional support through counseling and group support. 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. Rolling Hotline- If possible roll program Hotline to sister programs,


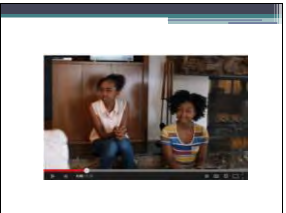

	<p>state hotline (if available) or National Domestic Violence Hotline. List adapted from FCADV and Enarson, E. (1998). Women, Disaster, and Domestic Violence: Planning Guidelines For Programs, Coalitions, And Disaster Practitioners.</p>
	<p style="text-align: center;">Response: Transfer lines to NDVH</p> <p>**Participant Handout: Disaster Phone Line Transfer Process to NDVH</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • If the area is compromised and it is not possible to transfer calls to sister agencies, the National Domestic Violence is available for transfers. • When calls are made from affected areas, NDVH phones will notify advocates it is a transfer and they will be able to assist callers according to instructions you provide. • The Hotline gathers information your program wants relayed to clients calling in for assistance in the affected area and if there is a contact person you would like the call transferred to.
	<p style="text-align: center;">Disaster-Specific Safety Planning</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • With safety planning, we brainstorm solutions with the survivor starting with the people and resources closest to them. We'll 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, etc), faith-based organizations (fellow church-goers, clergy, pastor, etc), after-school programs (a coach, staff, tutor, etc.) • Try to consider all the possible safety nets that this person could have. • Advocates are encouraged to initiate the safety planning process with victims by asking exploratory questions (empowerment/strengths-based). 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. <p>Some Examples:</p> <ul style="list-style-type: none"> • 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 she feels responsible for other people and/or dependants (i.e. children, elders, other community members, neighbors, etc). • Ensure the referred shelter or emergency location has adequate

	<p>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?</p> <ul style="list-style-type: none"> • During evacuation- try not to separate children and custodial parent as that could undo years of trying to regain custody. • Safety Plan with pets - abusive partners can threaten to take away or hurt a victim's pet to maintain power and control. Neglecting to provide safety planning for a pet may mean the difference between the victim getting the support she needs, and staying in a dangerous situation. <p>Safety plan outside of shelter (visiting friends, going to see a doctor, etc...)</p>
 <p>RECOVERY</p> <ul style="list-style-type: none"> • 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 	<p style="text-align: center;">Recovery</p> <p>Talking Points: These points on Recovery are from Disaster Planning For Shelters: Guidelines For Staff, Volunteers, and Boards (Enarson, 1998)</p> <ul style="list-style-type: none"> • Help residents access all forms of available disaster relief & advocate for clients through recovery process, e.g. temporary housing, insurance, medical services • Increase children's services and counseling for impacted residents- trauma counseling • Use shelter resources to house homeless women and children as feasible • 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 • 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?
 <p>MITIGATION</p> <ul style="list-style-type: none"> • 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 	<p style="text-align: center;">Mitigation</p> <p>Talking Points: These points on Mitigation are from Disaster Planning For Shelters: Guidelines For Staff, Volunteers, and Boards (Enarson, 1998)</p> <ul style="list-style-type: none"> • These suggestions are for Shelters: staff, volunteers, and board members: <ul style="list-style-type: none"> • Develop or join emergency response networks for nonprofits and social service providers and participate in area emergency drills. • Include disaster contexts in public education on domestic violence- for shelter residents, public and staff • Use media outlets to publicize domestic violence resources in disaster

	<p>contexts</p> <ul style="list-style-type: none"> Identify shelter needs and capacities for local disaster managers Assess needs of vulnerable groups of women in shelter, e.g. undocumented women, disabled 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 <ul style="list-style-type: none"> Additional considerations for Mitigation that Coalitions can participate in include: <ul style="list-style-type: none"> Integrate disaster crisis issues into other coalition projects Add gender and disaster materials to resource library Provide public education on violence in disaster Integrate disaster issues into domestic violence training materials Provide domestic violence training/materials for state, provincial, and local disaster responders
	<p style="text-align: center;">Additional Coalition Technical Support</p> <p>Talking Points: Here are some additional ideas from FCADV for support coalitions can assist with:</p> <ul style="list-style-type: none"> On-site pre-disaster planning- Conduct own planning for emergencies at Coalition offices. Disaster Crisis Management Assistance- Assign one or two members of your staff to serve as liaisons between Coalition and local programs and assist with plans. Critical Incident Staff Debriefing- Offer CID, either trained Coalition staff or contracted individual(s) Re-Occupation Assistance- Set aside funds, time, support to aid in cleaning-up facilities, assisting with transportation etc... Emergency Staffing- Coalition staff to serve as respite staff. Take over the hotlines. Site Assessments- Conduct site visits and run through emergency plans together. <p>Facilitator Note: Take a break if time permits</p>
	<p style="text-align: center;">What about Staff?</p> <p>Talking Points:</p> <ul style="list-style-type: none"> Staff needs and concerns must be taken into account during all phases of the disaster in order to not only support staff because it is the right thing to do, but also to help the center to successfully sustain services despite the crisis. Allow time for participants to discuss additional examples of ways their center can support staff and bring back this ideas to their respective programs when disaster planning.

 <p>Considerations- Lessons learned from Florida's 2004 Hurricane Season</p> <ul style="list-style-type: none"> 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 LME 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 Procedures after disaster has passed – who is calling who? Plan B if designated person is unavailable or unreachable 	<p style="text-align: center;">Considerations:</p> <p style="text-align: center;">Lessons learned from Florida’s 2004 Hurricane Season</p> <p>Talking Points:</p> <ul style="list-style-type: none"> This slide lists lessons learned and the improvements made as a result lessons learned after Florida’s 2004 Hurricane season where four hurricanes made Florida landfall from August 1st to September 25th.
 <p>Considerations- Lessons learned from Superstorm Sandy- NJ</p> <ul style="list-style-type: none"> Generator- <ul style="list-style-type: none"> On site or at evacuation site Extra Gas for generator Generator strong enough to run fridge, heaters etc... Food - <ul style="list-style-type: none"> Extra resources Reduce spoilage 	<p style="text-align: center;">Considerations :</p> <p style="text-align: center;">Lessons learned from Superstorm Sandy – New Jersey</p> <p>Talking Points:</p> <ul style="list-style-type: none"> From the feedback we received from New Jersey these were commonly shared as considerations for their future preparation plan. Generators are not only costly to purchase, but also to install and maintain. When creating estimates to purchase generators, be sure to include costs associated with the generator itself; a generator large enough to service the size of the building (one size does not fit all); installation; and, maintenance. Discuss local regulations regarding generator installation. For example, conduit, wire, and circuit protective device sizes must conform to applicable local and national codes and regulations. <p>Are there any others you want to share?</p>
 <p>Sustainable Services</p> <ul style="list-style-type: none"> 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 	<p style="text-align: center;">Sustainable Services</p> <p>Talking Points:</p> <p>These points from FCADV’s experiences with disasters and emergencies.</p> <ul style="list-style-type: none"> The following considerations of future funding needs are indeed costly. They are listed to serve as examples of “pie in the sky” needs that have emerged from DV advocates nationwide as a result of lessons learned from their own experiences and those of survivors. Some local communities and state coalitions have been able to secure some of the resources listed based on extensive time and energy building relationships with key stakeholders. The importance of relationship building is explored further in proceeding slides. <ul style="list-style-type: none"> <u>Funding to retrofit DV emergency shelters and administrative offices to the same standards as disaster emergency shelters to withstand a disaster so survivors of domestic violence are not required to evacuate which increases the risk of the abuser finding her/him and</u>

	<p>increases the risk for further violence.</p> <ul style="list-style-type: none"> ○ “Employ” advocates from other DV programs not impacted by the disaster to assist with sustaining services for survivors -A critical element to sustaining domestic violence services post-disaster is having enough trained personnel to cover shifts, transport survivors, maintain administrative needs, etc. <ul style="list-style-type: none"> ▪ Staff may have also been directly impacted by the storm so must attend to personal needs such as damage to their property; child care if schools are not yet open; taking longer to get to work than usual because of damaged roads and bridges. ▪ Having sister center staff prepared and on alert pre-disaster will help the center recover. This does not only include direct service staff. Consider administrative staff – contract managers, fiscal personnel. ▪ Important to note: The center must prepare to add out of town advocates to it’s insurance policy. At minimum, to be sure they can use the agency’s van to transport survivors. Talk with the center’s insurance agent well in advance so the process is seamless. The insurance company will likely be too busy dealing with disaster-related needs post-disaster to return your call about adding an out of town advocate. ▪ Connect with the State’s DV Coalition regarding training their staff to fill in as necessary in addition to sister-center staff. ▪ Connect with other states that have recently experienced disasters to enlist ideas of how to recruit well trained volunteers to assist post-disaster. ○ Funding for leadership to temporarily relocate to the closest community not impacted by the disaster - In a worst case scenario, the emergency shelter and administrative offices will be destroyed and lives may be lost. Leadership must plan for this possibility. <ul style="list-style-type: none"> ▪ In advance of the storm, especially a storm that is likely to produce a mandatory evacuation, prepare to relocate operations in a community out of the projected path of the storm (when a hurricane or other somewhat predictable storm). Decide who will evacuate immediately to get ahead of the traffic.
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	<p>Activity # 2 : DISASTER SAFETY PLANNING</p> <ul style="list-style-type: none"> • Activity: Provide scenarios described on the DV/Disasters Power and Control Wheel. Ask participants to break up into groups to discuss potential safety issues identified in the wheel. Then, ask participants to safety plan around those issues identified.
	<p>Emergency Plans: FEMA video</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • This video from FEMA highlights the importance of discussing emergency plans with everyone involved. • In the context of our programs it is important to coordinate our plans with local and state emergency groups. <p>http://www.youtube.com/watch?v=8Q4lFpP_zc</p>
	<p>Is your program on anyone's priority list?</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • As participants if their program is on anyone's priority list? This question is posed to have the participants think about the importance of collaborating with their local disaster response organizations. • Have you filed your emergency plan with your local emergency manager? If so, according to Enarson (1998) it's essential to include your programs specific needs as well as resources your program may be able to offer others. • The following quotes were from New Jersey DV programs & their collaboration with other programs.

SECTION THREE: CRITICAL INCIDENT DEBRIEFING

Everyone who is impacted by a critical incident, such as a natural disaster, is in need of emotional support and a space to process the direct impacts of disaster as well as their roles as helping professionals who support others in crisis. As domestic violence advocates, we need to be able to support our residents and clients who are experiencing domestic violence in disaster, while also debrief and process the impacts of disaster on our agencies, capacities, leadership and our working relationships with one another. In this section, we'll discuss the impacts of critical incident stress and outline the benefits of Critical Incident Stress Debriefing (CISD). We emphasize the importance of recruiting a professional who is already trained in CISD and who is preferably a consultant from an external agency. Hiring/working with an outside consultant facilitate the debriefing (provided the necessary funding and resources are available) may ensure that all staff members are able to process the impacts of trauma and critical stress - and without having to also support and facilitate debriefing with co-workers.

What is critical incident stress?

Workers responding to emergency events and or disasters will see and experience events that will strain their ability to function. These events, which include having to witness or experience tragedy, death, serious injuries and threatening situations are called "Critical Incidents." The physical and psychological well-being of those experiencing this stress, as well as their future ability to function through a prolonged response, will depend upon how they manage this stress. Post Traumatic Stress Disorder differs from critical incident stress by lasting longer than four weeks after the event triggering the emotional, mental or physical response. Most instances of critical incident stress last between two days and four weeks.

Individuals express stress in different ways and therefore manifest different reactions. Here are some general signs and symptoms of critical incident stress:

Physical: fatigue, chills, unusual thirst, chest pain, headaches, dizziness.

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

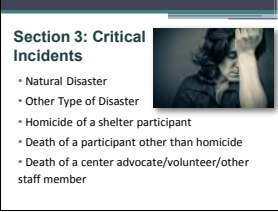

Emotional: grief, fear, guilt, intense anger, irritability, chronic anxiety.

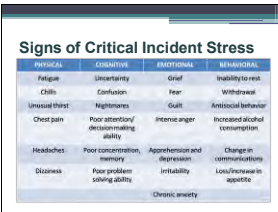
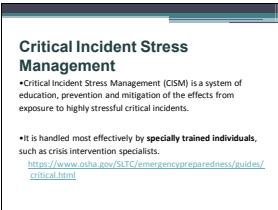
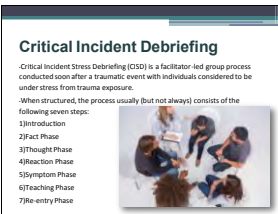
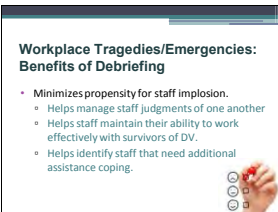
Behavioral: inability to rest, withdrawal, antisocial behavior, increased alcohol consumption, change in communications, loss/increase in appetite.

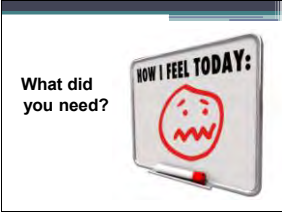
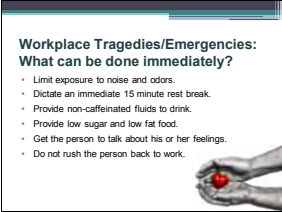
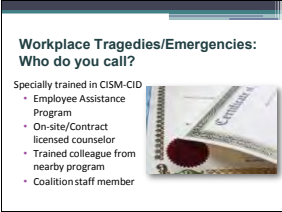
What is Critical Incident Stress Debriefing (CISD)?

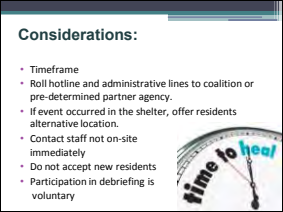
Critical Incident Stress Debriefing is a facilitator-led group process conducted soon after a traumatic event with individuals considered to be under stress from trauma exposure. During the group process, participants are encouraged to describe their experience of the incident and its aftermath, followed by a presentation on common stress reactions and stress management. This early intervention process supports recovery by providing group support and linking advocates to further counseling and treatment services if they become necessary.



CISD also minimizes the propensity for staff implosion. By addressing the feelings that are at the root of trauma, the CISD process allows staff to manage their judgments of one another and maintain their ability to work effectively with victims of domestic violence. This section will highlight

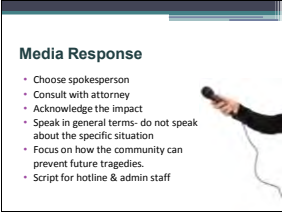
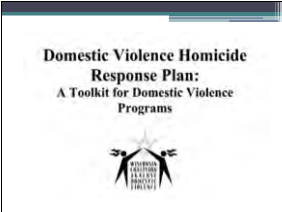
Slides 32 - 46	PART THREE – Critical Incidents 1 hour, 15 minutes
 <p>Section 3: Critical Incidents</p> <ul style="list-style-type: none"> • Natural Disaster • Other Type of Disaster • Homicide of a shelter participant • Death of a participant other than homicide • Death of a center advocate/volunteer/other staff member 	<p style="text-align: center;">Disaster Response Introduction</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Workers responding to emergency events and or disasters will see and experience events that will strain their ability to function. These events, which include having to witness or experience tragedy, death, serious injuries and threatening situations are called "Critical Incidents." • The physical and psychological well-being of those experiencing this stress, as well as their future ability to function through a prolonged response, will depend upon how they manage this stress. Post Traumatic Stress Disorder differs from critical incident stress by lasting longer than four weeks after the event triggering the emotional, mental or physical response. Most instances of critical incident stress last between two days and four weeks. <p>https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html</p>
 <p>Eight Phases of Reaction to Disaster</p>	<p style="text-align: center;">Eight Phases of Reaction to Disaster</p> <p>**Participant Handout: Eight Phases of Reaction to Disaster by Charles Figley</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • This chart explains the phases of reaction when someone experiences a crisis, emergency or disaster. We understand in the context of your programs you are exposed to other tragedies that will need to address the emotional needs of the staff and residents. • Wave I: Coping and Stabilization (Days 1-10 following the disaster) • Focused on securing basic Needs, Stabilization, Safety • Wave II (Days 5-15): Stress Management • Arousal reduction strategies, facilitating coping with current and future life circumstances, Maslow's Hierarchy (physiological, safety, love & belonging, self-esteem, self-actualization, meaning. Maslow, 1962) • Wave III (Days 10-20): Grief and Trauma Resolution • Victim Questions, Debriefing Protocols, Arousal containment/self-soothing, Restoration of pre- morbid functioning • Wave III & Wave IV (Days 15-40): Loss Accommodation (instead of grieving) • Stabilize emotions and behaviors as numbing wears off and losses become apparent, Rando's • Six Loss Accommodation Functions*, Clinical Traumatology

	<h2>Signs of Critical Incident Stress</h2> <h3>**Participant Handout: Signs of Critical Incident Stress</h3> <h4>Talking Points:</h4> <ul style="list-style-type: none">The signs and symptoms of critical incident stress can be physical, emotional, cognitive, or behavioral.Individuals express stress in different ways and therefore manifest different reactions.This list is not exhaustive but will help supervisors to identify workers who are exhibiting stress reactions. <p>Melissa to add language from CISM course handout</p> <p>https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html</p>
	<h2>Critical Incident Stress Management</h2> <h4>Talking Points:</h4> <ul style="list-style-type: none">Critical Incident Stress Management (CISM) is a system of education, prevention and mitigation of the effects from exposure to highly stressful critical incidents.Individuals must be trained and certified in CISM to provide group or individual Critical Incident Debriefing.
	<h2>Critical Incident Debriefing</h2> <h4>Talking Points:</h4> <ul style="list-style-type: none">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.<ul style="list-style-type: none">This early intervention process supports recovery by providing group support and linking advocates to further counseling and treatment services if they become necessary. <p>https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html</p> <ul style="list-style-type: none">Conduct CISD with staff when necessaryTrain staff on the fundamentals of CISDHave outside assistance if not possible internally (need to be trained on DV)
	<h2>Workplace Tragedies/Emergencies: Benefits of Debriefing</h2> <h4>Talking Points:</h4> <ul style="list-style-type: none">CISD Minimizes propensity for staff implosion<ul style="list-style-type: none">Helps manage staff judgments of one anotherHelps staff maintain their ability to work effectively with survivors of DVHelps identify staff that need additional assistance coping <p>Must be voluntary!- no one should be forced to debrief. It could have harmful effects if they debrief or feel forced into a situation that will cause them added distress.</p> <p>Everyone deals with trauma in different ways. some want to debrief individually and others in a group. That individual should be able to choose what they want.</p>

	<p>http://www.dop.wa.gov/EAP/Supervisors/Pages/WillEAPhelpifthereisacriticalincidentimpactingouremploy.aspx</p> <p>http://www.lhsfna.org/files/TSR_Prog_entire.pdf</p> <p>http://www.cope-inc.com/org_manager/pma/eedeath.shtml</p>
	<p>Activity #3 : What did you need?</p>
	<p>Workplace Tragedies/Emergencies: What can be done immediately?</p> <p>Talking Points:</p> <p>During the emergency phase of the response, monitoring of employees by simple conversation and observation may help to identify early signs for some responders.</p> <p>The following steps can help to reduce significant stress detected early in the response:</p> <ul style="list-style-type: none"> • 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. <p>https://www.osha.gov/SLTC/emergencypreparedness/guides/critical.html</p>
	<p>Workplace Tragedies/Emergencies: Who do you call?</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • If you have an Employee Assistance Program, contact them and 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 at a reasonable amount. • Identify if this is a position you can hire or contract for your agency to provide ongoing support for staff who may be experiencing vicarious trauma or burnout and also be trained to offer CID. • Identify if there is a partner agency that already has someone in this position that can be shared with your program. • Coalition staff can also be trained to offer this to local programs as part of their membership.

	<p>** Important to note: Examine whether hiring someone externally is beneficial for your program or if someone on-site or from the coalition is appropriate. Important to consider hierarchy, confidentiality, any conflicts of interest. Debriefing is voluntary so any conflicts could deter staff from participating.</p>
 <p>Considerations:</p> <ul style="list-style-type: none"> • 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 <p><i>time to heal</i></p>	<p style="text-align: center;">Considerations</p> <p>Talking Points:</p> <p>Additional consideration and steps to take during this process include:</p> <ul style="list-style-type: none"> • 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 coalition staff arriving onsite, etc.) • Offer to roll the center’s hotlines and administrative lines to the coalition or pre-determined partner agency hotline so they are not interrupted when they are providing CID for staff and residents. • Assess how many beds are available and how many residents are in shelter. If the death occurred in shelter, offer to house residents at a safe, alternative location for the night/next few nights. <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ Let them know that they may decide they need to leave mid-shift and they will not be penalized for it. • Do not accept new residents immediately following the incident. Either refer to a partner agency or provide a hotel voucher. <ul style="list-style-type: none"> ○ The affected program ED should notify the partner agency ED’s that they may be receiving a spike in calls from survivor’s needing shelter from the county where the incident occurred. ○ Partner agency may provide additional support – staff, etc. • Debriefing, whether one-on-one or in a group should be voluntary. Debriefing about what happened and their feelings can be harmful for some who need time to process through their feelings before talking about it. Sometimes people need to process immediately and other need days even weeks.

<div data-bbox="191 226 474 436" data-label="Complex-Block"> <p>Call in volunteers to help</p> <ul style="list-style-type: none"> • Call in volunteers to help  <ul style="list-style-type: none"> • Reschedule events and meetings • Updates and check-ins with staff & residents • Explore support for friends and family </div>	<p style="text-align: center;">Call in volunteers to help</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Call in volunteers to help answer the hotline or the admin phones. If you have respite staff 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. • Instruct the ED to provide step by step instructions to staff. The more facts they are allowed to have (confidentiality), the better. <ul style="list-style-type: none"> ○ Suggest she/he update staff regularly and let staff know when they will expect the next update. Recommend she/he stick to what she/he tells them 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. She/he may lose the confidence of your staff. ○ Important for the ED to not emote with the staff but perhaps with the person debriefing instead. • Explore support for friends and family . Can the counselor or trained staff person debrief with the family and friends as well? CID with family and friends should be separate from staff.
<div data-bbox="191 976 474 1186" data-label="Complex-Block"> <p>Once on-site</p> <ul style="list-style-type: none"> • 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. </div>	<p style="text-align: center;">Once on Site</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Person providing CISD will meet with the ED/CEO/President alone so they may debrief the last few hours/overnight (time from when first learned of the incident to when coalition staff arrived onsite) • Ask about staff who witnessed the event, found the resident. Be sure they are being offered crisis intervention. • If possible, bring food and water with you. Often staff will go hours without food or water after a critical incident. They may forget other essentials and may insist they do not need it or sleep. • All staff should be offered one on one after the initial group intervention. • Not only discuss during group and one on one interventions, leave literature about natural reactions they may be having as the day(s)/weeks progress.
<div data-bbox="191 1522 474 1732" data-label="Complex-Block"> <p>Media Response</p> <ul style="list-style-type: none"> • Prepare a Media Toolkit to respond to all media inquiries.  <ul style="list-style-type: none"> • Ask the coalition to assist with developing a response to media about the incident. • Coalition to respond on behalf of the program. </div>	<p style="text-align: center;">Media Response</p> <p>Talking Points:</p> <p>From: FCADV & WCADV</p> <p>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.</p> <p>Such incidents may include:</p> <ul style="list-style-type: none"> • Homicide of participant(s) • Suicide of participant(s) • Attempted suicide of participant(s)

	<ul style="list-style-type: none"> • Violence as it relates to centers, staff, or participants • Any legal proceeding related to centers, staff or participants.
 <p>Media Response</p> <ul style="list-style-type: none"> • 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 	<p style="text-align: center;">Media Response</p> <p>Talking Points: From: FCDV and WCADV</p> <ul style="list-style-type: none"> • Choose spokesperson- Program ED or Coalition • 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
 <p>Domestic Violence Homicide Response Plan: A Toolkit for Domestic Violence Programs</p>	<p>http://wcadv.org/sites/default/files/resources/FINAL%20-%204-12%20Homicide_Response%20.pdf</p>

SECTION FOUR: COMPASSION FATIGUE AND FOSTERING RESILIENCE

The responsibility of supporting victims who are experiencing co-trauma from domestic violence and disaster can weigh heavily on the worker as an individual. Their own communities, homes and loved ones have been impacted by these disasters. Because of this, domestic violence advocates are susceptible to experiencing compassion fatigue, vicarious trauma and burnout. Feelings such as sadness, lack of empathy towards clients and also feelings of guilt over not being able to help them enough are very common among workers in helping professional fields.

In this section we will define compassion fatigue, vicarious trauma and burnout and explore their symptoms and who is susceptible to this common hazard in the helping profession. We will explore the importance of resilience in our daily lives and ways to focus on key areas such as our emotional, spiritual, physical, cognitive and social well-being.

What is Compassion Fatigue?

Compassion fatigue is characterized by deep emotional and physical exhaustion and by a shift in a helping professional's sense of hope and optimism about the future and the value of their work. It has been called "a disorder that affects those who do their work well" (Figley 1995). Compassion Fatigue is derived from the negative aspects of helping and may be related to: not feeling a sense of satisfaction from helping someone, stressful work environment, conflict with colleagues, feeling helpless and ineffective, questioning regard or devotion of the welfare of others.

What is Vicarious Trauma?

Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being. (Hedington Institute)

Researchers have made the case that there is a strong connection between the helping professions and Vicarious Trauma. There is a high incidence of suicide rates, high job turnover, high rates of burnout in social service workers all which create disruptive symptoms on our personal lives. This is why it is very important that we learn about the consequences of doing this type of work as well as what we can do to make sure we do not get to a point of compassion fatigue.

What is Burnout?

Burnout is associated with feeling of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. (ProQOL.org)

The stress of being exposed to another person's trauma has negative effects similar to those of post-traumatic stress disorder (PTSD) and can include:

- Intrusion symptoms: disturbing dreams, reliving others trauma, psychological distress, and physiological reactions
- Avoidance symptoms: avoidance of people, places, and things; diminished activity level; emotional numbing.


- Arousal symptoms: difficulty sleeping, irritability, hypervigilance, easily startled.

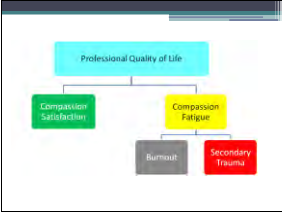
If left untreated, compassion fatigue can lead to physical disorders, drug and alcohol dependence, strains on interpersonal relationships and burnout.

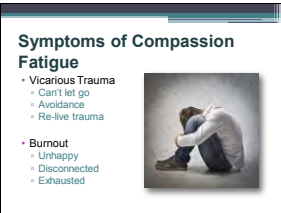
While compassion fatigue can be debilitating and potentially career ending it is also something that can be healed and prevented. We believe in the resiliency of all helpers who are on the frontlines of disaster relief and advocacy. Resilience incorporates the whole person and is based on the understanding 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.” (Masten, 2001; Masten, 2009; Masten & Wright, 2009).


Helpful resources for this section include:

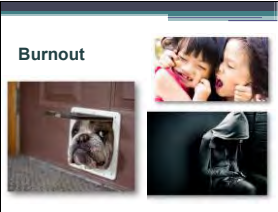
- Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others by Laura vanDernoot Lipsky
- Professional Quality of Life www.proqol.org
- Headington Institute www.headington-institute.net (focus on Resilience) and www.headington-institute.org (focus on Vicarious Trauma)

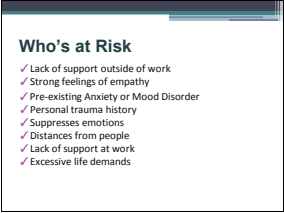
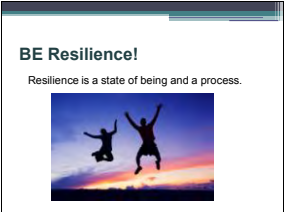
Slides 47 - 56	PART FOUR – Compassion Fatigue 1 hour, 15 minutes
	<p style="text-align: center;">Compassion Fatigue</p> <p>Ask participants to think to themselves if these statements resonate with them as you read them aloud:</p> <ul style="list-style-type: none"> • There have been times when I thought 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. <p>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 feeling because over time, they can become harmful and lead us to maladaptive coping.</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • “That which is to give light must endure burning” What this means is that 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


	<p>connection between the helping professions and Compassion Fatigue, it is necessary that we understand what it is and how to safeguard against it.</p>
 <pre> graph TD PQOL[Professional Quality of Life] --> CS[Compassion Satisfaction] PQOL --> CF[Compassion Fatigue] CF --> B[Burnout] CF --> ST[Secondary Trauma] </pre>	<p style="text-align: center;">Professional Quality of Life</p> <p>Image from www.proqol.org</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Let's first look at Compassion Satisfaction, which is derived from the positive aspects of helping. • May be related to: satisfaction derived from helping someone, enjoying working with your colleagues, feeling good about one's ability to do good work, overall sense of altruism (unselfish regard for or devotion to the welfare of others) • On the other hand, Compassion Fatigue is derived from the negative aspects of helping. • 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:


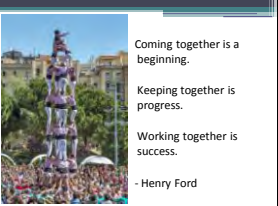
	<ul style="list-style-type: none"> • Joe was a case manager for clients with AIDS in the 80's. His job was to help clients find health resources, visit them at home and help them with chores, meals, bring them medication, visit them in the hospital as they were dying, notify family members their loved ones dying wishes, among many other duties. He was being exposed daily to the trauma of watching people he cared for become increasingly sick or die during a time when no cure was really available. He also had an extremely high case load and he worked 7 days a week since the epidemic was rampant at this time. 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 and crying 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 the TV 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. • The good news is that research indicates that knowing the warning signs of Compassion Fatigue can help prevent or minimize the effects. Also engaging in healthy coping and self-care can minimize the effect it has on those working in the trauma/crisis/disaster field.
 <p>Symptoms of Compassion Fatigue</p> <ul style="list-style-type: none"> • Vicarious Trauma <ul style="list-style-type: none"> • Can't let go • Avoidance • Re-live trauma • Burnout <ul style="list-style-type: none"> • Unhappy • Disconnected • Exhausted 	<p style="text-align: center;">Symptoms of Compassion Fatigue</p> <p>Talking Points:</p> <ul style="list-style-type: none"> ✓ Prolonged exposure to trauma and stressful or non-supportive work environments can lead to Compassion Fatigue. <p>The difference between the two is that Vicarious Trauma is about being afraid and Burnout is about being worn out.</p> <ul style="list-style-type: none"> ✓ Vicarious trauma is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in your psychological, physical, and spiritual well-being. (Headington Institute) <ul style="list-style-type: none"> ▪ Can't let go- constantly thinking about disasters & people suffering ▪ Avoidance- avoiding spending time with others because you think they can't understand ▪ Re-live trauma- nightmares and intrusive thoughts ✓ Researchers have made the case that there is a strong connection between the helping professions and Vicarious Trauma. There is a high incidence of suicide rates, high job turnover, high rates of burnout in social service workers all which create disruptive symptoms on our personal lives. This is why it is very important that we learn about the

	<p>consequences of doing this type of work as well as what we can do to make sure we do not get to a point of compassion fatigue.</p> <ul style="list-style-type: none"> ✓ Burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment (ProQOL.org) <ul style="list-style-type: none"> ▪ Unhappy- Frustrated because of the lack of support at work ▪ Disconnected- Avoiding everyone at work because you feel your job may be threatened <p>Exhausted- Feeling physically and emotionally drained and calling in sick all the time</p>
	<p style="text-align: center;">Trauma Exposure</p> <p>Image is from Trauma Stewardship by Laura vanDernoot Lipsky.</p> <p>Participant Handout: Trauma Exposure Response</p> <p>Talking Points:</p> <ul style="list-style-type: none"> → This image is a helpful tool to recognize symptoms of vicarious trauma in ourselves and others. <p>Go through the symptoms on the slide one by one as detailed below: (Facilitator note: If time permits you can cover all the different symptoms or pick 5-7 depending on how much time you can spend on this slide. Let participants know these symptoms are also covered in detail in the book Trauma Stewardship)</p> <ul style="list-style-type: none"> • 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

	<p>stress can also cause constant headaches, aches and pains and even diseases.</p> <ul style="list-style-type: none"> • 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 loses. • 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".
	<p style="text-align: center;">Burnout</p> <p>Talking Points:</p> <ul style="list-style-type: none"> ✓ Burnout leads to: <ul style="list-style-type: none"> • Conflict w/ co-workers • Withdrawal • Feelings of inefficacy • Most often we are able to notice these in others before we notice them in ourselves. <ul style="list-style-type: none"> ○ Perhaps you notice your co-worker seems distant and doesn't go to lunch with the group anymore. ○ The call in sick all the time and they also 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.

	<ul style="list-style-type: none"> It's common to have feeling of dissatisfaction at our jobs but when these behaviors are constant then they have become maladaptive and can interfere with our sense of well-being and health.
 <p>Who's at Risk</p> <ul style="list-style-type: none"> ✓ 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 	<p style="text-align: center;">Who's at Risk?</p> <p>Talking Points:</p> <ul style="list-style-type: none"> 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. Anyone can develop Compassion Fatigue, but those at higher risk: <ul style="list-style-type: none"> Lack of support outside of work- Lack of social circle, family, group Have strong feelings of empathy Have a pre-existing Anxiety or Mood Disorder Have personal trauma history that has not been treated Typically suppress their emotions Tend to distance themselves from people when they are feeling sad or worried Do not have sufficient support at work- poor supervision, lack of support from colleagues Have excessive life demands- child or partner that is dealing with an illness, financial problems
 <p>BE Resilience!</p> <p>Resilience is a state of being and a process.</p>	<p style="text-align: center;">Be Resilience!</p> <p>Talking Points:</p> <ul style="list-style-type: none"> The Merriam Webster definition 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. <ul style="list-style-type: none"> Resilience becomes a state of balance but must be maintained through daily practice. When we live a resilient life, we are more likely to put trauma, even severe life altering trauma, our body can then heal itself and bring it back to a steady state.) Watch this video on resilience if time permits & discuss with participants: http://headington-institute.net/wp/?p=1599 or http://www.youtube.com/watch?v=t2B69KjD2wk <p>(Facilitator Note: Prior to training on the topic of resilience, read through</p>

	<p>this article from the Headington Institute on “The Brain Body and Resilience” http://headington-institute.net/wp/?p=75</p>
	<p style="text-align: center;">Resilience</p> <p>Talking points:</p> <ul style="list-style-type: none"> • 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 these areas of our lives it is necessary to strengthen them with daily/regular practice. • Notice the Occupational piece of the pie is only one component of the 7 we should be tending to, yet somehow we manage to put all of our time and energy into work and hope the rest will be fine. <ul style="list-style-type: none"> ○ Occupational Resilience- seek out supportive supervision, try to balance the amount of trauma related assignment with lesser traumatic ones, try 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 from your faith/spiritual community to reach out to when feeling this way. Seek out ways to incorporate your practice into your daily life. ○ Environmental Resilience- There is much research about the positive benefits of being in nature and around green spaces. Go outside and look at the flowers and leaves, feel the wind on your skin, take off your shoes and stand in the grass... this also helps ground you. ○ Physical Resilience- Try doing a small exercise everyday. Yoga, walking, lifting weights- high intensity or low. Whatever you chose as long as you engage your body in some physical activity to reduce stress and increase wellbeing. ○ Social Resilience- Make time everyday to connect with a loved one. You can call someone on your way home from work and catch-up or make plans for a card game on the weekend. ○ Intellectual Resilience- Engage your mind in topics other than domestic violence related. Play games that challenge your

	memory and exercise those neurons!
	<p style="text-align: center;">Five Directions from Trauma Stewardship</p> <p>Participant Handout: The Five Directions from Trauma Stewardship</p> <p>Talking Points:</p> <p>Since resilience is an everyday practice, this image is a great way to remind ourselves of our intentions and to help center ourselves daily.</p> <ul style="list-style-type: none"> • Creating Space for Inquiry (Water)- Why did you chose 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 everyday to off-load stress? have fun? be active? What am I grateful for? • Daily Practice of Centering Myself- What is one thing I can do to center myself daily? Meditation? Prayer? Reflection? <p>Participant Handout: Self- Care Assessment</p> <p>Have participants take the Self- Care Assessment if you still have time before closing for the day. If you do not have any time left, remind participants to take this inventory at home. (Takes about 15-20 minutes to complete)</p>
 <p>Coming together is a beginning. Keeping together is progress. Working together is success. - Henry Ford</p>	<p style="text-align: center;">Closing</p> <p>Participant Handout: Post Test</p> <p>Talking Points:</p> <ul style="list-style-type: none"> • Closing Activity- "What will you take a way from this training?" • Post Test Completion & return to trainers