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ADDRESSING VICTIM NEEDS IN DISASTER SITUATIONS
“HAPPINESS IS NOT THE ABSENCE OF PROBLEMS, BUT THE ABILITY TO DEAL WITH THEM”

Jackson Brown
THE THOUSAND YARD STARE

Another side of 9/11
Crossing the river: The trip they cannot recall

The beginning of a complicated response
impact of moon suits
impact on professionals
refining professional skills for which they were not trained
designing services for walk ins and patients
managing staff and services across three counties

NO ONE CONNECTED TO A TRAUMATIC EVEN IS UNAFFECTED BY IT
SOME SOCIAL PSYCHOLOGICAL CONSIDERATIONS

- Social/external
- Psychological/internal
  - 1. Conceptualizing the Landscape
  - 2. Tracking the Stages
  - 5. A Macro Game Plan
  - 6. Individual Issues
  - 7. Best Laid Plans
CONCEPTUALIZING THE LANDSCAPE

CAUSE
- Personal
- Impersonal

EFFECT
- Physical
- Psycho-social

SCOPE
- Limited
- Diffuse
Events follow relatively observable stages. These are often described as “felt” by service providers and incident command leadership.

The first 24-48 hours is the shock and reaction stage.

Second, the response changes in nature as information is collected. It is reflected in the nature of the media responses.

Stages present challenges to intervention design

- Local, midlevel, large scale events
- **Event**
- **Inventory Stage**
  - Low point vs. No Low point to turn it around.
    - Disparity between social and personal as the social definitions move forward
    - Gainesville multiple homicides and University Schedule
- **Rescue Stage**
  - Heroes for the moment – whether they want it or not
TRACKING THE STAGES

- Remedy/Mitigation
  + Euphoric
  + Disillusionment
  + Civil litigation
    - Heroes often become non-heroes as Monday morning quarterbacking begins
  + Media
  + Public policy responders
  + Adjustment Stage
REMEDIAND MITIGATION:

- Media coverage changes from the what to the who
- Immediate intervention shifts to inventory and strategic plans and activities
- With time communities move on and those most directly affected are forgotten until anniversaries.
- This is critical stage to set up the more complicated ongoing interventions. This is a stage where we can identify service erosion.
- Often caused by Mission Creep
  - 1. Incident becomes buried in larger issues
  - Or 2. sidetracked on incidental developments
Collective Trauma Phases

Ohio Dept. of Mental Health, University Linkages
Institutional dysfunction
- Jobs and employment destroyed or impacted
- Impact of relocation
  - BROAD: Entire neighborhoods/towns with their tangible and intangible supports
    - Hurricane Andrew: Florida City. Homestead
  - SPECIFIC: Columbine: rushed merger with competing high school/half day classes
- Impact on sheer numbers affected
  - Oklahoma City with direct impact felt by 500,000

Interveners will have to distinguish between stages of the social phases and individual phases
SOCIAL ISSUES

- Institutional Dysfunction
  - Transportation and communication are down
  - Community economic structures are down
    - Banks, ATMs -
      - E.g., staff member at Katrina and distribution of checks
    - Reduction of community participation and religious practices
    - Increase in cultural tension combined with period of anomie. E.g., recent riots in London and demographics
SOCIAL PSYCHOLOGICAL ISSUES

- Suspension or breakdown of social controls breeds fear and distrust for those who trusted the social fabric would not tear

- Care giving community collapses
  - Overwhelmed and affected
  - Over stretched
  - Intermittent/irregular/illogical help from formal aid structures
INDIVIDUAL TRAUMA PHASES

Disbelief Outcry Heroism

Rage Anger Blame

Anxiety Intrusions

Reconstructing A New Life

Reclaiming Life

Coming to Terms with New Realities

Shock Denial Disorientation

Sadness Despair Guilt

Isolation Loneliness Depression

Numbing Avoidance Hypervigilance Searching for Meaning

Event

0 to 7 Days TIME 2 to 5 Years

Ohio Dept. of Mental Health, University Linkages
INDIVIDUAL ISSUES

NATURE OF THE DISASTER

- Earth, Air, Water, Fire, Industrial, human
- Three variables present goal of individual needs
  - 1. Conceptual issues
  - 2. Sensorial issues
  - 3. Duration issues
  - E.g., Deliberate torture by fire:
    - Innate fear of burned flesh, smell/sight, length of time exposed.
  - Perceptions and experience present cognitions and resulting emotions interveners will need to identify and address
RESOURCES

- Organize responders
  + Community, institutions, outside assistance
  + Identify and connect/refer

- What do you already have in place
  + Emergency responders,
  + victim services,
  + Communications, membership, liaisons with local emergency services system?
  + Authorization/ID for inclusion

- Who will you connect with that you currently do not have?
RESPONDING TO EMOTIONAL AFTERMATH

Some typical issues:

WE ONLY HAVE FOUR BASIC EMOTIONS
  - Mad
  - Sad
  - Glad
  - Afraid

Specifically:
KEY TARGETS FOR EARLY INTERVENTION

- P Physical
- C Cognitive
- E Emotional
- B Behavioral
- S Spiritual

  - A meltdown of one’s core value system is one of the predominant predictors of PTSD

- All the major intervention models insinuate
  - Safety/Security, Normalization (vent and validate) and Predict/Prepare
SPECIAL ISSUES – FIRST 72 HOURS

FEAR:
- Expressed by continued impending doom
- Foreshortened future and expectations
- Gaps between supports and survivors increases
- Loss of connection with life
- Fears of judgment, being alone, feeling spirits
ISSUES

- **ANGER**
  + Is this driven by the fears and/or something else
  + Anger can be a dynamic motivator when properly aimed

- **GUILT**
  + Life can become less complicated for some
  + Sorting thru the good and bad of loved one
    - E.g., workplace survivors who detested the victim but now are conflicted
  + Survivor
  + Last moments/interactions
ISSUES

- SHAME
  - How and where they died
  - Over relief of caretaking, etc.
  - Circumstances that evolve during or after event
RESPONDING TO INDIVIDUAL ISSUES

FEAR, ANGER, GUILT, SHAME

Remember: Traumatic events add layers to normal experience of these emotions

- Complicates process, delays normal grief,
  - Loss to loser; sad to humiliation
THE BIGGEST ISSUE: LONG TERM IMPACT

- Most of us are aimed at the first 72 hours. BUT WHAT HAPPENS AFTER THAT?

- BIGGEST CHALLENGE: Resource deficiency and cost
  + E.g., Summit – PTSD and long term impact is estimated at 7%.

- Disaster in Akron would need services for 14,000
  + Over time – we are not set up for that
  + Professional fees?

- What’s the population of your city/county?

- Eyes in the sky?”
  - Community education and information
  - Epidemiology of school attendance
  - Hospital observation
  - Law Enforcement – arrests and pink slips
  - Mental health facilities

- State and federal linkages if it’s big enough to garner scarce resources
BEST LAID PLANS...

- Requirements/challenges are often more complex than level of planned responses
  - E.g., Katrina – people had to go more than an hour to get numbers and then come back the next day for checks they could not cash
  - Bred anger for volunteer behavioral/mental health interveners who defected and assisted outside that framework.
THE BEST LAID PLANS...

- Ignorance courts high expectations of service institutions
  - Political scapegoating for not meeting those expectations
  - Hero’s today; blamed tomorrow by Monday morning quarterbacks
  - Organizational public relations is now confronted with limitations
  - Immediate resource collection directed to subsequent needs looks crooked: Red Cross/United Way

- Convergence of well meaning and not so well meaning
“WATSON, WHAT DO YOU SEE?”

- **NO ONE CONNECTED TO A TRAUMATIC EVENT IS UNAFFECTED BY IT**

- **IT INCLUDES YOU...**
  - **THE ROLE OF COMPASSION FATIGUE AND VICARIOUS TRAUMA**
“I wanted the perfect ending, now I have learned the hard way, that some poems don’t rhyme, and some stories don’t have a clear beginning, middle and end. It is about not knowing, having to change, taking the moment and making the best of it, without knowing what’s going to happen next”

Gilda Radner