

After the Crisis Initiative: Healing from Trauma after Disasters

Resource Paper: Victims of Violence in Times of Disaster or Emergency

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¹ “Elaine” is a survivor of Hurricane Katrina who experienced sexual assault in the aftermath. Her real name is not used to protect her identity and to honor her wish to remain anonymous.

Issue Background

When the dust settles from an earthquake or the waters recede following a flood, communities pull together to rebuild and heal. The survivors must cope not just with the trauma of the disaster itself, but also with the ongoing upheaval in their lives. Understandably, they are concerned about what the future holds. The stress and trauma that survivors experience are played out in a number of ways (e.g., alcohol and substance use, sleep disturbance, aggression and short-temperedness, domestic violence), and post-traumatic stress disorder and depression make it difficult to feel hopeful amidst the destruction.

Hurricane Katrina reminds us that, despite the lessons learned from tragic events like the terrorist attack on September 11, 2001, Hurricane Hugo in 1989, and the Mount St. Helen's volcanic eruption of 1980, much progress remains to be made in applying those lessons to foster change and implement more responsive practices.

Sexual violence against women and children who become displaced is historically documented, with the collapse of societal supports, overall increased vulnerability, a lack of companion support, feelings of powerlessness and anger, and unsafe shelter being cited as contributing factors (New York City Alliance Against Sexual Assault, 2005). During the chaos that accompanies destructive natural or human-induced disasters, some see the opportunity to prey on those who are affected and vulnerable, perpetrating violent crime. We saw evidence of this in the aftermath of Hurricane Katrina, where survivors of the storm experienced muggings, identity theft, aggravated assault, sexual violence, and gang rape (unconfirmed claims of murder have also been reported).

What we know from examining the longer-term impact of disasters and times of emergency is that reported crime rates generally drop in every category except domestic violence, which can increase dramatically (Tucker, 2001). In fact, some communities have seen as much as a 50 percent increase in police reports of domestic violence after disaster (Norris, 2005). Many who have researched this phenomenon suggest that some survivors of natural disasters or other unexpected tragedies feel that life is so volatile and unpredictable that they inflict violence on family members in order to regain some sense of control. Others note that the increased strain on everyday life creates a breeding ground for family violence, which can be fueled by common unhealthy coping mechanisms like alcohol and substance use, self-injury, aggression, etc.

Hurricane Katrina highlighted a number of emergency preparedness problems as they relate to violent crime and trauma:

- Safety, security, and a process by which to report crimes were not established at shelters. Overcrowding, lawlessness, the breakdown of social and health services, and lack of law enforcement contributed to this problem.
- The lack of a national crime reporting system became evident following the storm, as victims were displaced from the jurisdiction in which the crime took place. This made it very difficult to report crime, and victims had no reliable way

- to have an investigation launched or access victim assistance and compensation services.
- Important evidence and data were lost in the flooding that accompanied Hurricane Katrina, leaving many pending criminal cases without the necessary documentation and evidence required for successful prosecution. This created a situation of re-victimization and re-traumatization for survivors who reported the crime and invested time, energy (physical and emotional), and resources to help facilitate the criminal justice process, only to see their efforts turn futile because the case was not preserved adequately. The fear of offender retribution is also an added and ongoing stressor for many of these survivors.
 - The whereabouts of sex offenders was unknown. There was no established tracking system to manage the relocation of registered sex offenders who were evacuated. Even though most registered offenders eventually reported their new residence, arrest warrants had to be issued for some. There was also concern that some sex offenders may have been inadvertently sheltered with women and children. In addition, because many sex crimes go unreported, the likelihood of some sexual predators being present in public shelters is high, making the need for public safety protocols even more urgent.
 - The experience of being a crime victim was secondary to the need to survive. Many victims had to consider the survival needs of their families before considering the implication and effects of the violence they had encountered.
 - Streamlined communications and services were not established to evacuate quickly, maintain law and order, and provide immediate post-crisis support to those who needed it.
 - Poor communication among federal and state government agencies, service providers, and others meant that volunteers, professionals, and resources were not utilized to the best of their capacity.

These gaps in law, justice, victim service, and communications not only affected those who experienced the violence directly, but their families and communities as well. Survivors of violence during times of disaster or emergency often feel that by the time help is offered to them, it is too little, too late. Survivors need crisis assistance and support, as well as long-term help in working through the experienced trauma and in rebuilding a healthy and productive life.

Victim Assistance in the Aftermath

While the Salvation Army, Red Cross, and other organizations and agencies rally to respond to tragic events, their focus is generally on crisis response (i.e. how to satisfy basic and immediate human needs like food, water, and shelter). Similarly, crisis intervention—more personalized services offered when a crisis takes place and perhaps unhealthy coping mechanisms threaten individual or family functioning—can be enormously helpful in the aftermath of disaster or emergency. Both crisis response and crisis intervention can help to lay the foundation for reducing anxiety and educating survivors and their families on trauma, post-traumatic stress disorder, and common

disaster responses. It is clear, however, that longer-term trauma support is essential, especially for those with pre-existing trauma, substance abuse, or psychiatric histories.

History shows us that while many individuals will make a full psychological recovery within 12 to 24 months following a disaster; post-event stressors such as the disruption of basic needs, stressful life events (e.g., loss of a home or job, displacement), and loss of internal and external resources (e.g., a sense of control or social ties) can make healing even more difficult (Kilpatrick & Freedy, 1994). Even under the best of circumstances following a crisis, victims often need support far beyond crisis intervention, often for periods of two years or more.

We also know that every individual heals differently and at a personal pace. In order to minimize the social, cultural, familial, and personal impact of destructive events, we need to ensure that programs and services are available for a longer period of time and gain a deeper understanding of who may be at risk or have a more difficult time in the aftermath. The National Center for Post-Traumatic Stress Disorder provides the following mental health risk factor profile (Kilpatrick & Freedy, 1994):

- Lower income
- Increasing age
- Prior mental health problems
- Prior violent crime victimization
- Prior history of other traumatic events
- Pre-existing non-traumatic (but troubling) events
- Intense initial emotional reactions to disaster
- Perceived threat of serious injury or death (to self or family) during disaster
- Higher post-disaster rates of non-traumatic events
- A lack of necessary resources in the post-disaster period (e.g., family stability, stable employment, social support)
- Higher rates of unhealthy post-disaster coping behavior

For survivors who have experienced crime and may not have the knowledge, resources, access, or capacity to reach out for help, service providers within the criminal justice system and victim assistance communities need to be especially assertive and understanding to ensure that core victim rights are upheld and that services can be established for those in need. Other providers need to also consider that some of the individuals and families being served may have experienced violent crime, and it is therefore essential that they have an understanding of early signs of trauma, reporting protocols, and safety procedures. Good community connections and collaborations will help to bridge services from one community to the next so that all wounds—physical, emotional, and spiritual—can receive attention.

Violent crime survivors can have an especially difficult time coping in the aftermath of disaster. The shock, loss of safety, increased anxiety, fear, and absence of traditional supports can trigger feelings and reactions from earlier traumas. Because survivors may not understand the relationship between “what’s happening now” and “what happened

back then” regarding trauma, it is imperative that we foster greater public understanding of the nature and impact of trauma and the interrelation between trauma, substance abuse, and mental health concerns and how this experience can affect health, ability to focus, relationships, sleep, emotional state, and more. Service and healthcare providers, employers, community groups, families, and individuals all need to have a sense of how trauma may impact people and relationships.

Issues Impacting Crime Victims

When a disaster the magnitude of Hurricane Katrina or 9-11 occurs, resources are often stretched well beyond their means. With local facilities shut down due to building damage or to an insufficient workforce to carry out services, the few community resources that remain are overburdened. Massive evacuations disrupt established relationships with local service providers and other resources. For communities taking in evacuees, their systems become deluged and overburdened, with service quality compromised. When providers from other areas of the country mobilize to assist, the lack of coordination and cultural sensitivity can make resources less attractive to or inappropriate for the intended recipients. This overall lack of resources, coordination, and effective communication is a short- and long-term concern for survivors, with a direct impact on public health and community well being.

For victims of violence who report crime and agree to work with the criminal justice system, victim assistance and compensation are typically offered. Victim assistance includes counseling, support groups, and assistance in court and during other proceedings. Victim compensation is determined at the state level and generally caps at \$10,000 per survivor to help cover medical, mental health, lost wages, and other expenses directly related to the crime. But the valuation of what is commonly referred to as the “victim compensation award” can actually cause further wounding of survivors. For instance, following the bombings in Oklahoma City, survivors were dispensed an average of \$100,000 in victim compensation. In contrast, after the 9-11 attacks, officials feared that liability claims would create further damage to the economy, so compensation settlements were dispensed at an average of \$1.65 million for each survivor. While this greater rate of compensation may have been determined and justified by a higher level of damage, economic risk, and national public awareness, the perception in the minds of at least some Oklahoma City survivors was that a life lost in the World Trade Center was granted a greater value than one lost in the Alfred P. Murrah building. Indeed, after the 9-11 compensation awards were announced, numerous news reports highlighted how the Oklahoma City survivors felt ignored and minimized and questioned the equity and fairness of compensation. These feelings are even more profound for survivors who receive little or no compensation or recognition and validation for the experienced losses associated with violent crime.

The news media has an important role in publicizing large-scale disasters or emergencies—a role that may have both positive and negative outcomes. After 9-11, while a large portion of funds distributed to survivors came from the federal government, significant funds were also raised by charities, with the help (and even direct solicitation)

of the news media and national broadcasters (Longley, 2005). In contrast to their helpful role in encouraging contributions, the news media, by repeatedly broadcasting the attacks on the World Trade Center, created added stress, anxiety, and trauma for survivors and people throughout the United States. Many networks acknowledged this and ceased playing that particular footage.

The news media's coverage of Hurricane Katrina fell under criticism as initial reports by Mayor Nagin and local law enforcement of mass violence and murders in New Orleans appeared to be unfounded. And later, despite many credible reports of violence, the public seemed to remain quite skeptical. In all likelihood, this contributed to some degree of underreporting and unusual delays in reporting as the news media attempted to check the validity of the reports. In any event, the news media brought very little attention to the mental health and crime victim issues posed by the storm. The media did spotlight the failures of government at the local, state, and federal levels, as well as the interlocking dynamics of race and class of those left behind—dynamics that are often mirrored in statistics of those who fell victim to violent crime.

Given the influence that the news media can have economically, politically, and socially, this industry arguably has a legitimate interest, if not responsibility, to disseminate credible information, to tell many sides of a story (including those of violence victims), and to do so in a sensitive and trauma-informed way.

Emergency Preparedness As It Relates to Crime Victims

There are a number of emergency preparedness issues that remain of great concern:

- How we determine warning signs of a disaster or threat.
- How and when we notify people of potential problems.
- How we ensure public safety and order.
- How we respond to crime victims in a disaster when normal response systems are in chaos.
- Where we evacuate and shelter evacuees.
- How we keep people safe in emergency shelters.
- How we help people rebuild their lives.
- How we rebuild healthy communities.
- What we provide in the long term to help individuals and families heal.

The processes of planning, communication, resource sharing, execution, mid-course correction, and evaluation of the overall response to a disaster or emergency needs to be well thought-out long before these events occur. We clearly are not yet at a point where we have mastered the planning and response needed for effective emergency preparedness, but each experience and problem also presents an opportunity from which we can learn. The challenge that faces us as individuals, organizations, and systems of government is to take the information gleaned from historical experiences with disaster and emergency and use it to forge a national, integrated response system that meets the needs of victims and upholds and bolsters local programs and services.

Prior to Hurricane Katrina, crime victimization was not widely considered a primary emergency preparedness issue, but now we see the great need for attention in this area. While the U.S. Department of Homeland Security and the U.S. Department of Justice examine the establishment of a national crime reporting process, training is needed to ensure that first-responders, victim service providers, and law enforcement officials are aware of it and other crime victim protocols.

Even under “normal” conditions, more than one in three adults and nearly 70 percent of adolescents are estimated to fall victim to violent crime in their lifetime in the United States (Menard, 2002). Since fewer than half of all violent victimizations are ever reported to the police (Catalano, 2004), and because survivors must report crimes to become eligible for state-administered victim assistance and compensation, many survivors go without the help and support they need. Even when survivors can access services, they are faced with the fact that the nature and scope of services can vary drastically from one community to another, with trauma-informed services especially hard to find.

Federal and state government agencies, service providers, nonprofit organizations, victims’ family and friends, faith communities, and others need to understand the issues facing crime survivors and how best to assist them in healing from trauma.

Implications for Survivors, the Criminal Justice System, and Communities

What we know now is that natural and man-made disasters can greatly impact the health and well being of crime victims and the response they receive.

- **For survivors**, the chaos brought about by disaster creates even more obstacles to reporting crimes, pursuing justice, and receiving support or assistance.
- **For the criminal justice system**, disasters can result in many crimes going unreported, thus prohibiting any chance of prosecution and accountability. Also, when survivors of violence are displaced, it is especially difficult to collect evidence and pursue justice through the courts. Furthermore, when evidence from pending pre-disaster cases is not protected from destruction, its loss can reduce the chances of prosecution under the criminal justice system and can thereby re-traumatize survivors.
- **For communities**, the trauma of a disaster can affect friends, family, co-workers, employers, students, healthcare providers, and more, weakening or eliminating traditional support systems. Safety at shelters is of great concern. And with the absence of a viable national crime reporting process, violent perpetrators may remain unaccountable and free to victimize again.

Core survivor needs as they relate to victimization in times of disaster are:

- Ability to report the crime and receive crisis and trauma services and compensation.
- Availability of appropriate medical and forensic care and examination.

- Awareness of how to report crime (even when displaced and relocated to another jurisdiction).
- Availability of safe shelter.
- Understanding of the nature and impact of trauma (including common unhealthy coping strategies that can impede the healing process).
- Awareness that the criminal justice process requires long-term commitment, is not fail-safe, and can often be re-traumatizing, but that it also can be validating and facilitate the healing process.
- Access to trauma-informed victim services, no matter where the survivor may be relocated or when the survivor may be ready to pursue the healing process.
- A sense of how to advocate for services and support, even when they may not be readily available.

Moving Forward with Positive Change and Practical Programs

The following are some key recommendations to begin addressing gaps in victim services and effective communications:

- Advocate for an established, uniform, well-known and understood protocol for crime reporting during times of disaster or emergency. This needs to originate from the U.S. Department of Justice and should be communicated clearly to victim service providers, local law enforcement and justice officials, and other emergency response providers.
- Create a data and evidence preservation toolkit that will help communities protect the legal integrity of cases that impact crime victims and public safety. The toolkit will also aim to raise awareness of data and evidence requirements as they relate to disasters, so that communities can consider their importance in preparedness plans.
- Advocate for a National Trauma Education and Awareness Campaign, supported by federal, state, and local governments and understood as a primary public health concern, so that survivors of trauma have the best opportunity to receive support in the aftermath, understand coping strategies (healthy and unhealthy), and foster healing.
- Establish culturally competent peer-support systems on disaster response teams and within victim service systems, providing a means for survivors to receive meaningful support, while lessening some of the culturally imposed stigma associated with reporting violent crimes.
- Advocate for funding (from federal, state, foundation, corporate, and faith-based sources) to be directed to peer-support and trauma-informed models that support the long-term trauma needs of individuals, families, and communities.
- Create a central national disaster response database, sponsored by federal agencies (including the U.S. Department of Health and Human Services, the U.S. Department of Justice, and the U.S. Department of Homeland Security), that will serve as a platform for service providers (government, nonprofit, faith-based, and others) to share their organization's profile, the services they have available to respond to disasters, and their needs for volunteers or materials in disaster

situations. Each organization would self-manage their content. The database would serve as a central repository of critical information for disaster response, and the Web platform could be used to disseminate up-to-date information and protocols, and could also be used to provide online training.

- Educate the news media on the trauma-related implications of reporting (e.g., what can be re-traumatizing, what will help inform and empower, and what impact repeating violent images can have).

In conclusion, to ensure that survivors heal and have the best support possible in the aftermath of disasters, we need to focus on collaboration, education, communication, and sustained trauma-informed support. Together we can bring about positive change so that future times of disaster will be managed with greater sensitivity, response, and coordination.

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