

# Helping People after Emergencies: Key Principles and Practical Tips

This leaflet has been written by members of Disaster Action, survivors and bereaved people from 29 countries. These include the King's Cross fire, Lockerbie air crash, Hillsborough football stadium crush, *Marchioness* riverboat sinking, Dunblane shootings, Southall and Ladbroke Grove train crashes, the 11 September attacks, the Tsunami and the 7 July London bombings, and other more recent overseas attacks and transportation disasters. Our aim is to give a voice to those directly affected by emergencies. This leaflet should be read alongside the DA leaflet series 'When Disaster Strikes', for survivors and the bereaved, and our Guidance for Responders series, all freely available on our website. For real-life illustrations of the principles outlined in this leaflet, see *Collective Conviction The Story of Disaster Action* (reference below).

The leaflet is for those wishing to help individuals affected by emergencies, in the short, mid and long term. In particular we have in mind those developing and implementing arrangements for responding to the immediate needs of individuals in rest, reception and humanitarian assistance centres as well as those providing care, support and treatment, for example while individuals are going through complex investigation processes. This may include formal and informal 'helpers' such as members of the emergency service, support workers, volunteers, service providers, therapists, friends, colleague and family members.

We have drawn on five evidence-informed principles that have been found to be effective in promoting stress-resistant and resilient outcomes in individuals and communities. Fostering hope, safety, connection, efficacy, and calming have been identified by experts in the field as offering the most promising solutions for addressing the effects of extreme stress. These principles should be incorporated in emergency plans for response and recovery arrangements including the delivery of humanitarian assistance. We have linked these five principles to some of our direct experiences as survivors and bereaved and of the social and organisational responses after disaster. In identifying what helps and what doesn't we have included evidence from our own feelings as well as the reactions of others.

Key Principles:

## Promote a sense of safety

Experiencing an emergency can alter one's view of the world, of risk and personal vulnerability. Feeling 'safe' – physically, emotionally and psychologically - can help address what for many individuals can be an ongoing sense of vulnerability, overestimation of risk and associated feelings such as fear and distress.

### What helps

- Meeting physical needs such as for medical attention, food, water, heat and shelter
- Protection from further harm; secure and comforting environments
- Practical help, e.g. accessing a phone or help with travel
- Freedom of movement and choices
- A sense of order and control
- Access to private spaces, sanctuary and silence
- Being acknowledged and listened to
- Helpers using appropriate language and communication
- Prevention and control of rumours
- Protection from inaccurate information and sensationalist news
- Openness, sensitivity and empathy in every

### What doesn't help

- Feeling or being constrained, trapped or
- Pain – physical, emotional, psychological
- Exposure to others' extreme distress or
- A sense of chaos or disorder
- Loss of personal control and/or choices
- Ongoing and/or unexpected further situations of fear and uncertainty
- Rumour, inaccurate information and sensationalist stories
- Uncoordinated emergency response
- Being or feeling isolated from the support of others
- Distrust or unpredictability of response of other helpers
- An ongoing sense of helplessness, whether caused by circumstances or others.

interaction.

- Communication with friends and family
- Psychological first aid being offered

## Promote calm

Physical and psychological reactions to stress, such as hypervigilance, can be a natural and adaptive response to the kinds of distressing circumstances inherent in emergency situations. However, living in a heightened state of stress for extended periods of time is detrimental to individual health and wellbeing. Emotional and psychological first aid – including opportunities to express and understand stress-related reactions – can help to address and reduce stress and promote calm.

### What helps

- Ongoing psychosocial support, including a listening ear when needed
- Reassurance, e.g. knowing that you and those around you are safe and will be looked after
- Informed choices
- A sense of calm and order
- Predictability, e.g. being given a plan of action or timetable for information updates and further assistance
- Being clear about what is possible; opportunity to understand and evaluate expectations of self and others
- Openness, honesty, sensitivity, and empathy from others
- Environments offering time, space and patience
- Opportunities to relax, and for rest, quiet, sanctuary, sleep or distraction as appropriate
- Access to appropriate longer-term support and specialist services; e.g. trauma services.

### What doesn't help

- Feeling alone and dependent on one's own devices
- Not feeling heard or understood
- Feeling mad and fearing for one's wellbeing and/or survival
- Not having feelings and reactions made sense of and, for example, normalised
- Environments of unforeseen and sudden changes
- Being around responders who seem helpless and/or needy themselves
- Inappropriate or unwelcome advice or ill-advised problem-solving
- Feeling judged, disrespected, or unable to connect with others around you
- Exposure to untrained or inappropriate 'counsellors', befrienders or other personnel
- Lack of access to accurate information and support, including trauma support.

## Promote connectedness

Feeling connected with others and able to access social support is a powerful protective factor for individuals following exposure to traumatic situations. Reinforcing 'natural' social support networks, including family members, can be especially helpful. Both actual received support, as well as perceived support, can have positive effects, so active outreach, ensuring support is offered, available and accessible, regardless of take-up, is also highlighted here.

### What helps

- Being able to make contact with family/friends, e.g. access to a phone and/or internet
- Physical reconciliation and other opportunities to be in touch with others
- Sensitivity, informed choices and early opportunities for the bereaved to view the body

### What doesn't help

- Feeling isolated, alone and/or abandoned
- Circumstances of ambiguous or complex situations
- Lack of communication or contact with others
- Survivors being dispersed to many locations
- Relatives and friends feeling helpless or unsupported
- Emotional hierarchies of worth or entitlement

- and around the return of personal effects
- Regular updates and provision of accurate information by authorities
- Authorities actively addressing needs for community reassurance and engagement
- Opportunity to visit, ritualise and commemorate at disaster-related sites
- Being included, along with others involved in disaster, in opportunities to tell one's story and share common experiences and concerns
- Help with making connections, e.g. through family/survivor support groups, civic/community groups, safe online discussion forums, faith-based organisations, etc.
- Ongoing consistent, effective two-way channels of communication with responding authorities over time
- Clear pathways and access to networks of specialist services and sources of support.
- Disenfranchisement from community services or rituals
- Lack of understanding or support from social networks, e.g. work or family
- Unhelpful employer and press interference/pressure
- Negative media coverage of incidents affects those affected
- Political or social agendas that foster division and difference at the expense of promoting opportunities for connectedness and support
- Over time, lack of contact points or access to specialist help and service providers
- investigators and investigative processes
- family and/or survivor support groups
- opportunities to commemorate, in culturally appropriate ways.

## Promote self-efficacy and community efficacy

'Efficacy' refers to individuals and communities believing they have some control in changing a situation for the positive. Helpful responses after disaster are those that empower individuals and communities with a sense of "can do" amidst situations where they have not had, or have lost, control and their sense of efficacy has been compromised. Such responses can promote a sense of self-worth and capability, as well as the perception that others are available to provide support. Being put in touch with others connected by their own or similar experience can be especially helpful.

### What helps

- Help and support based on the principles of resilience, empowerment and self-help
- Offering a range of community-based activities, e.g. information meetings, agenda-setting consultations, community clear-up initiatives, religious gatherings
- Informed choices and feeling included in decisions and actions for making sense of experiences
- Individual and social opportunities to make sense of loss and to grieve in one's own way
- Being linked into mutual support networks and understanding from others with similar disaster-related experiences
- Early and ongoing opportunities for trauma-related information, support and treatment
- Proactive outreach and information about and by community support and (other) service providers
- Approaches to resilience that balance assumptions about capability/coping with

### What doesn't help

- Being unable to understand or identify personal or social strategies for fostering resilience
- Unrealistic expectations and approaches over-simplify or over-emphasise notions of either resilience/coping or vulnerability/incapability
- Disempowering assistance - too much being done 'to' rather than 'for' or 'with'
- Over-focus on clinical interventions rather than a balance of broader, community-based initiatives
- Decisions, actions or messages, either intended or unintended, that diminish individuals and communities' sense of value and self-worth
- Negative judgement of trauma or grief reactions and strategies which actually undermine coping and resilience (e.g. being seen as vengeful)
- Unavailability of care and support for family members, friends and other helpers impacted by and dealing with ripple effects of events

- understanding of vulnerability/needs
- Individuals' and community engagement in addressing community resilience plans, impact assessments and response needs
- Community consultation and participation around longer-term recovery and commemorative strategies
- Appropriate balance between continuity, transition and withdrawal of support services, and effective exiting strategies.
- Lack of opportunities and choices around (re)focussing, evaluating and reassessing experiences (and priorities) over time
- Failure to understand or respect the independence, choice and self-determination of individuals
- People who need to be needed as 'helped' at the expense of the self-determination and resilience of others
- Imposed notions of 'closure', 'letting go' or 'moving on' in relation to complicated or complex psychosocial trauma.

## Promote hope

Hope is an emotional state which promotes belief in a good outcome related to events and circumstances. While hope cannot be imposed by others, a positive and future-oriented perspective (having hope in something better) amidst unexpected change can help individuals and communities take adaptive steps towards achieving future goals and outcomes. For some people this may include spiritual and/or faith-based symbolism and ritual.

### What helps

- Experiencing simple acts of kindness, compassion and other humanitarian good-will during and after emergency
- Rights-based approaches and respect for individual differences in outlook
- Access to faith/spiritual ritual and expression for those who want it
- Feeling consulted and having access, advice and support around inquests, inquiries and other investigative processes
- Understanding and acceptance during times of hopelessness and worthlessness
- Being able to activate for change and see lessons implemented around safety, disaster prevention and support
- Recognition by others of the link between addressing social, legal, political and cultural aspects of disaster and hopefulness and the positive potential of advocating for change
- Acceptance that time and timetables for hope after disaster may take generations rather than years
- Having a full, truthful account and understanding of disaster-related events as a pre-condition for adapting to the present and future
- Being able to give new meaning and make sense of memories, subsequent anniversaries and memorials as well as other significant life events
- Being able to choose to or give oneself

### What doesn't help

- Imposed hope and/or feeling marginalised from the hopefulness of others
- Imposed and unwelcome faith-based forms of expression
- False or broken promises, a repeat of unlearned lessons and /or failure to implement recommendations after disaster
- Disproportionate guilt and/or blame (by self/others)
- Lack of control over lengthy judicial and political processes that revisit painful experiences and emotions at the same time as the hopeful prospect of resolution
- People not understanding that for some people being able to be hopeful about the future and the present involves dealing with the past
- Tarnished sense of faith or trust in people or belief in a safe, just and fair world and in systems of justice and accountability
- Other people's failure to understand or acknowledge the links between social, legal, political and cultural milestones and the need to be hopeful
- Social agendas or psychological therapies that fail to address the above points
- Inability to see or believe in a future or place in it, including suicidal contemplation
- Imposed agendas of forgiveness, reconciliation and/or 'moving on'/'letting go'.

permission to place less concentration, time and emotions on disaster experiences and more on other aspects of one's (daily) life.

## References

Fran H. Norris and Susan P. Stevens (2007) 'Community Resilience and the Principles of Mass Trauma Intervention', *Psychiatry* 70(4) Winter 2007

J. Gunderson, F. Crepeau-Hobson and C. Drennen, (2012) 'Research to practice: a disaster behaviour framework', *Disaster Prevention and Management: An International Journal*, Vol. 21 Iss 5 pp. 572 -

S. E. Hobfoll et al (2007) 'Five essential elements of immediate and mid-term mass trauma intervention: empirical evidence', *Psychiatry* 70 (4):283-315 Winter 2007

## Further Reading

Disaster Action - <http://www.disasteraction.org.uk>

Disaster Action's website offers support and information for the bereaved and survivors of major disasters that occur in the UK and overseas. Those who have been affected by a disaster may find our series of leaflets useful. Our website also includes guidance leaflets aimed at those planning and responding to the needs of people affected by disaster and working with them.

A. Eyre and P. Dix (2014) *Collective Conviction: The Story of Disaster Action*, Liverpool University Press, Liverpool

A. Eyre (2006) *Identifying People's Needs in Major Emergencies and Best Practice in Humanitarian Response* - Independent report commissioned by the Department for Culture Media & Sport, Contract Number: D3/621, October 2006

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