

Spiritual Care in Disaster Response



Basic Trauma Information for Congregations

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DELAYED REACTIONS TO DISASTER AND TRAUMA

- The full emotional impact of disaster is often delayed three to ten months or more after survivors get a handle on practical matters and begin to realize the permanence of some of their losses. The knowledge sets in that the recovery and grieving process may be very long.
- While persons less directly affected by the trauma go on with normal routines, trauma survivors often report a sense of telescoped time, i.e., it feels as if the trauma occurred more recently or much longer ago than it actually occurred.
- As we experience new traumas, we frequently “re-visit” earlier traumas. “Trigger events” (such as future storms for storm survivors or news reports of violent crime for crime survivors) or seemingly insignificant triggers such as a familiar sight, sound, or smell can bring up earlier traumas for years to come.

AVOIDANCE and MINIMIZING

- Trauma survivors and those who emotionally support them (including pastors) may minimize and mask ongoing pain in the name of “busy-ness” and “doing.”
- In the stress of recovery, thinking may be clouded and persons may cut off from their normal support systems. This is especially important for congregations to understand.
- Survivors sometimes minimize their pain or the damage their families received. Common statements (which could be either honest positive coping or minimizing) include, “Others are so much worse off than we are” or “It could have been much worse.”

SHAME AT NEEDING HELP and FRUSTRATION WITH THE LOSS OF CONTROL

- Those who are displaying clear signs of depression and stress disorders are often hesitant to ask for help.
- Please remember that, in spite of our proclamations of grace and acknowledgment of human frailty, we often find it very difficult to admit we’re not doing fine.
- One of the most pronounced frustrations among trauma survivors relates to a loss of control. This is especially difficult and painful as persons who have prided themselves on their self-sufficiency find themselves needing help.

SECONDARY REACTION

- Trauma reactions are often contagious. Persons who did not directly experience trauma but who work(ed) closely with survivors can suffer from secondary traumatization or “compassion fatigue” which mimics posttraumatic stress symptoms.

AMPLIFIED PROBLEMS

- Trauma exacerbates difficult situations which were present before the trauma. Be aware that family, group dynamic, employment, and other personal difficulties may become more pronounced in the coming months. Churches most closely connected to this disaster may see increased stress related conflict.

THEOLOGY in DISASTER

- Religious statements that we might consider disturbing often surface. Compassion is more important than correcting theology. As persons struggle to make sense of this tragedy, religious themes tend to center around issues of the will of God, the degree of permission persons give themselves to be angry at God, and God's control over the events.
- Our culture has come to "honor" survivors of trauma or disaster. Although most survivors would not seek this honoring, it does seem to help survivors by legitimizing their experiences.

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How Can I Expect My Child to React in Disaster?

PRE-SCHOOL: AGES 1 TO 5

Children in this age group are particularly vulnerable to changes in their routine and disruption of their previously secure environments. They generally lack the verbal and conceptual skills necessary to cope effectively with sudden stress by themselves. They are particularly dependent on family members for comfort. In some cases they might be affected as much, or more, by the reactions of parents or other family members as they are by direct effects of the disaster. Responses might be geared toward reestablishing comforting routines, providing opportunity for nonverbal as well as verbal expression of the child’s feelings, and giving lots of reassurance. (Table 1)

TABLE 1. Reactions of Pre-School Children to Disaster

Regressive Reactions	Physiological Reactions	Emotional/behavioral reactions
<ul style="list-style-type: none"> ▪ Resumption of bedwetting ▪ Thumb sucking ▪ Fear of animals ▪ Fear of “monsters” ▪ Fear of strangers 	<ul style="list-style-type: none"> ▪ Loss of appetite ▪ Overeating ▪ Indigestion ▪ Vomiting ▪ Bowel or bladder problems (e.g. diarrhea, constipation, loss of sphincter control) ▪ Sleep disorders and nightmares 	<ul style="list-style-type: none"> ▪ Nervousness ▪ Irritability ▪ Disobedience ▪ Hyperactivity ▪ Tics ▪ Speech difficulties ▪ Anxiety about any separation from parents ▪ Shorter attention span ▪ Aggressive behavior ▪ Exaggeration or distortion of the disaster experience ▪ Repetitive talking about experiences
Possible Responses		
<ul style="list-style-type: none"> ▪ Give additional verbal assurance and ample physical comfort (e.g., holding and caressing). ▪ Give warm milk and provide comforting bedtime routines. ▪ Permit child to sleep in parents’ room temporarily. ▪ Provide opportunity and encouragement for expression of emotions through play activities such as drawing. ▪ “Play act” the disaster. ▪ Allow the child to explain or talk about the experience. ▪ Encourage healthy attempts to integrate the experience. 		

CHILDHOOD: AGES 5 TO 11

Regressive behaviors are especially common in this age group. Children may become more withdrawn, more aggressive—or both. They might be particularly affected by the loss of prized objects or pets. Verbalization and play enactment of their experiences should be encouraged. While routine expectations might be temporarily relaxed, the goal should be for the children to resume normal function as soon as possible. (Table 2)

TABLE 2. Reactions to Disaster Typical of Childhood

Regressive Reactions	Physiological Reactions	Emotional/behavioral reactions
<ul style="list-style-type: none">▪ Increased competition with younger siblings for parent's attention▪ Excessive clinging▪ Crying or whimpering▪ Wanting to be fed or dressed▪ Engaging in habits previously given up	<ul style="list-style-type: none">▪ Headaches▪ Complaints of visual or hearing problems▪ Persistent itching and scratching▪ Nausea▪ Sleep disturbance, nightmares, night terrors	<ul style="list-style-type: none">▪ School phobia▪ Withdrawal from play group and friends▪ Withdrawal from family contacts▪ Irritability and hyperactivity▪ Disobedience▪ Fear of wind, rain, etc.▪ Inability to concentrate and drop in level of school achievement▪ Aggressive behavior (e.g. fighting with friends and siblings)▪ Repetitive talking about experiences▪ Sadness over losses
Possible Responses		

- Give additional attention and consideration, as well as physical comforting.
- Provide gentle but firm insistence on more responsibility than can be expected of the younger child and positive reinforcement of child's age-appropriate behavior.
- Temporarily lessen requirements for optimum performance in school and home activities.
- Reassure the child that competency will return.
- Provide opportunity for structure but not demanding chores and responsibilities.
- Encourage physical activity.
- Encourage verbal and written expression of thoughts and feelings about the disaster.
- Provide play sessions with adults and peers.
- Rehearse safety measures to be taken in future disasters.
- Encourage attempts to integrate experiences.
- Encourage child to verbalize feelings of loss, to "grieve" loss of pets or toys.

Source: Spiritual and Emotional Care With Children Who Have Experienced Disaster Situations, Written and compiled by Virginia Miller and Barbara Weaver, Disaster Response Consultants and Child Care Workers, Members of the United Methodist Committee On Relief Catastrophic Disaster Response Team, General Board of Global Ministries, United Methodist Church. Tables used by permission of the National Institute of Mental Health.

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In addition to the AIST suggestions, consider asking the following questions to groups and individuals offering to provide disaster emotional & spiritual care:

What are the minimal training standards for your group?

What experience do you or members of your group have in actual disaster settings?

What accountability structures are in place regarding the behavior of your group members?

To what ethical and faith-sharing guidelines do you or your group subscribe and are all group members in agreement with these standards?

What follow-up do you provide for the well-being of those from your group who come to serve our community?

Have the individuals in your group undergone criminal background checks?

What privacy and confidentiality policies do you follow?

What standards do you have in place for team and individual interaction with children, youth and vulnerable adults?

How does your group relate to National Voluntary Organizations Active in Disaster, the national interfaith and interagency organization for coordinating disaster response?

What referral policies and procedures do you follow when encountering persons who need referral to other agencies?

Do you intend to use information about your experiences in our community or church for publication or research?

What is your policy regarding financial reimbursement or payment for your services to our community?

What is your theology regarding disasters and their causes?

IN TIME OF NATURAL DISASTER

O God, you divided the waters of chaos at creation.

In Christ you stilled storms, raised the dead, and vanquished demonic powers.

Tame the earthquake, wind and fire, and all the forces that defy control or shock us by their fury.

Keep us from calling disaster your justice.

Help us, in good times and in distress, to trust your mercy and yield to your power, this day and for ever.

Amen.

#509 from *The United Methodist Book of Worship*, 1992
(Andy Langford, U.S.A., 20th Century) (Psalm 46)



Making Decisions About Emotional and Spiritual Care Following Disasters

Suggestions for United Methodist Conferences and Churches



*God is our refuge and strength,
a very present help in trouble.
Therefore we will not fear, though
the earth should change,
though the mountains shake in
the heart of the sea;
though its waters roar and foam,
though the mountains tremble
with its tumult.*

*God is in the midst of the city; it
shall not be moved;
God will help it when the
morning dawns.*

*The Lord of hosts is with us;
the God of Jacob is our refuge.
“Be still, and know that I am
God!”*

*I am exalted among the nations,
I am exalted in the earth.”*

PSALM 46:1-3, 5, 7, 10 NRSV

Spiritual and Emotional Care Needs

Spiritual and emotional care ministry is an integral component of disaster response because disasters disrupt trust, hope and faith. Following a disaster, local communities and congregations are uniquely gifted in providing healing care for their members. At times, however, overwhelming needs may require help from outside the community or congregation.

United Methodist congregations are often inundated with well-intentioned individuals and groups offering to provide disaster spiritual and emotional care. Some providers charge a fee; others do not. What follows is a guide to helping your community and congregation discern and receive the quality and ethical care they deserve.

AIST

The United Methodist Committee on Relief suggests that congregations and communities screen spiritual and emotional care providers entering from outside the community to follow UMCOR-endorsed ethical guidelines and AIST standards:

Spiritual and emotional care providers are:

Affiliated with and **Accountable** to an existing disaster response organization

Invited to a specific **Setting** with

specific **Training** in the general disaster system, long-term recovery and disaster traumatology and crisis intervention

Standards of Care

UMCOR endorses the Church World Service “Standard of Care for Disaster Spiritual Care Ministries.” These standards can be found at www.cwserp.org/uploads/congregation/87SpiritualCare.pdf

UMCOR’s Emotional and Spiritual Care Ministries

In the early days of a disaster, UMCOR specialists help annual conference decision makers design their spiritual and emotional care response along with other disaster recovery programs. Care recipients, timeline, settings, providers and training for services are all considered.

UMCOR offers the following well-established programs and training opportunities at no cost to United Methodist annual conferences:

Annual Conference “Care Teams”

UMCOR-trained Care Ministry Teams (Care Teams) are faith-based, ongoing teams with standardized training that provide spiritual and emotional care following disasters.

Working closely with their annual conference Disaster Response Team, Care Teams help survivors connect with spiritual, emotional and basic life resources.

Teams that follow the suggested UMCOR policies and procedures may be referred by UMCOR for deployment to other conferences.

Depending on training, experience and supervision Care Teams could:

- Lead “listening teams” in disaster areas to help assess disaster needs
- Work with disaster case management systems to find and refer cases
- Be trained in informal “defusing” and psychological first aid
- Provide crisis intervention “congregational meetings”
- Lead ongoing disaster recovery support groups within congregations
- Provide support to church staff, clergy, and other leaders

Calming After the Storm and The Ministry of Caring

These four- and six-hour workshops offer practical information and ideas to help those facing the unique emotional and spiritual challenges following disaster.

Children’s Workshop

This six-hour workshop is designed for caregivers of children and youth who have experienced disasters. Topics include:

- How can we expect children to respond to a disaster?
- How can we help care for the spiritual and emotional needs of children following a disaster?
- How can I know if a child needs professional help to work through a disaster event?

Spirit Check for Congregations

“Spirit Check” is designed for congregations who have the benefit of months or years to reflect on their long-term disaster experiences. In the context of a congregational meal, small group discussions and worship congregations review and evaluate their recovery while compiling collective advice that could be shared with other congregations that might have similar experiences in a future disaster.

HOW TO SCHEDULE TRAININGS

Contact
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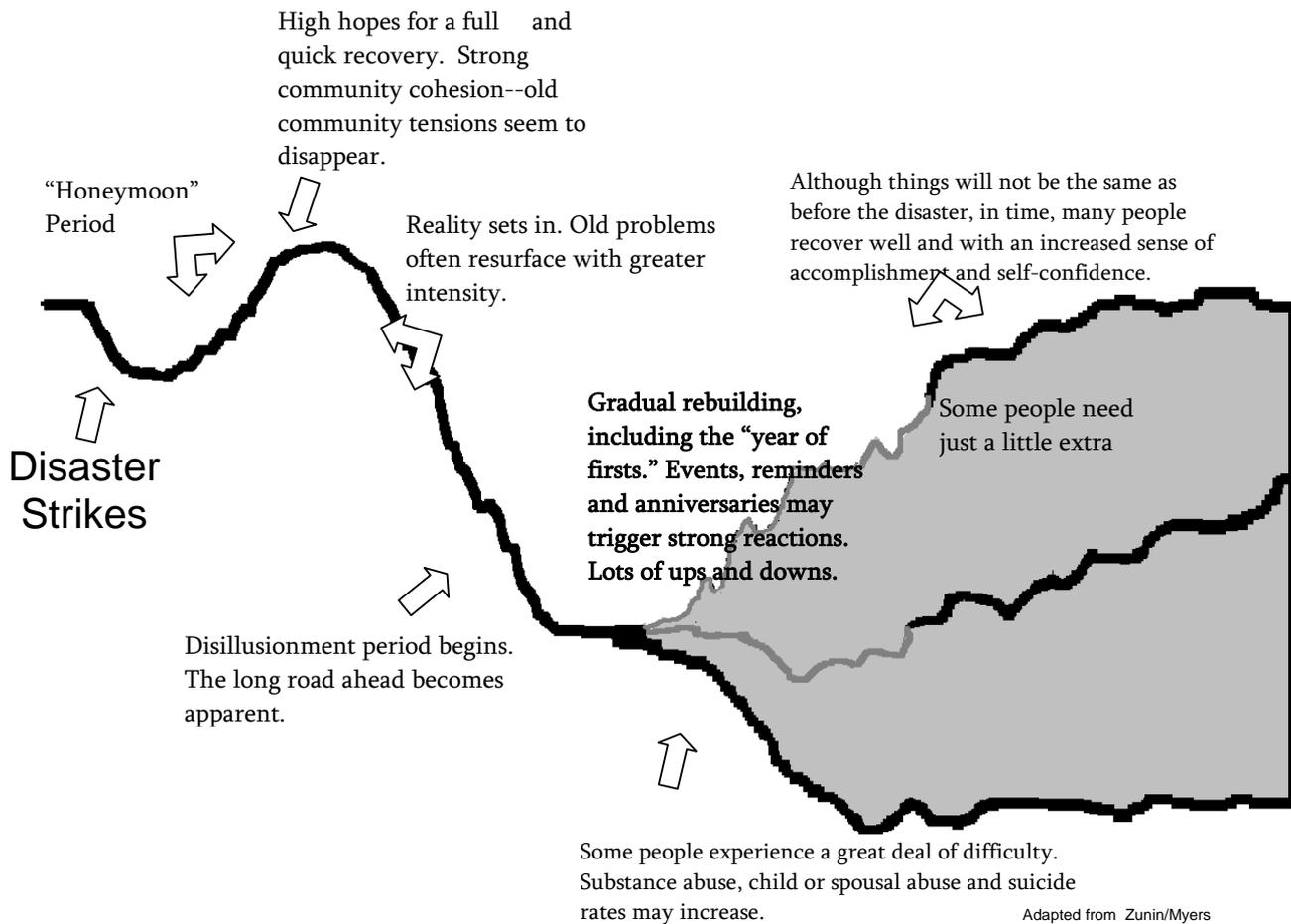
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Spiritual Care in Disaster Response



Where Are You Along the Road to Recovery?

The television cameras leave. Early relief centers close.
But for those directly impacted by disaster, it just may not be that easy.



“It seems like everyone around me is tired of hearing about disasters, so I just don’t say anything. I keep it all inside, then I get depressed and angry.”

“Everyone else seems to be doing so well. Why don’t I feel better?”

“I keep telling myself it was *only stuff* we lost. Why do I feel so bad?”

“My least favorite four words are “JUST GET OVER IT.”

Sound familiar? Your United Methodist Friends understands recovery can take a long time. We can help.

THE PHASES OF DISASTER¹

Rescue Phase

This stage begins at impact. It continues until all persons are found and in temporary shelter. Local and state law enforcement, plus government emergency management authorities are responsible for protection of life and property—the “official” responders.

Relief Phase

This fast-paced phase is the “M.A.S.H. unit” of disaster response, designed to temporarily patch things together for survivors, buying time until longer-term survivor recovery strategies can be set.

Recovery Phase

Many secular disaster response agencies will have completed their work. This leaves the various church organizations to do the hard work of long-term recovery. Rarely is recovery work completed within a year.

Disillusionment Phase

As the frenetic pace slows and everyone catches their breath, traffic lights start blinking again, the tree limbs are gone and with soggy debris mostly shoveled up, the enormity of it crashes in. In the midst of almost mind-numbing exhaustion, comes the dawning realization that an overwhelming amount of work remains. Feeling hopeless, powerless and helpless, survivors may now have even more difficulty sleeping, concentrating or remembering than they did immediately after the disaster. Survivors now ask, “Why me? What did I do to deserve this?” They say, “If only I had...” “How come we came through this okay, but my friends didn’t?” Questions and self-imposed guilt hangs heavy over them.

Grieving people must perform four tasks to achieve recovery.

Accept the reality of what has happened.

Experience the pain.

Adjust to a new situation.

Withdraw emotional energy from the past and invest it in the new.

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¹ From *A Ministry of Caring: Spiritual and Emotional Care in Disaster Response*, the United Methodist Committee on Relief (UMCOR), 2004 and *Recommendations for Developing a Disaster Response Plan for Your Annual Conference*, the United Methodist Committee on Relief (UMCOR), 1999.

Should I seek professional counseling for my child or teenager?

Most children will show some emotional symptoms and behavior changes in the wake of trauma, but not all children who have experienced a catastrophe or trauma will need psychotherapy. Here are descriptions of some potential symptoms, both mild and more serious forms. Children who show the more serious forms of these symptoms should be referred to a therapist for evaluation and treatment.

- Sleep disturbances** Traumatized children may experience trouble falling asleep. During sleep they may experience troubling nightmares which may or may not include scenes from the trauma. In addition they may experience “night terrors.” In a night terror the child may begin crying or screaming hysterically. His or her eyes may be open, but it is not possible to communicate with him or her. The child may even speak a few words, but does not respond to questions or commands. The next day the child will not remember the experience. Any sleep disturbance which persists for more than a few instances or for more than two weeks should be considered a reason to seek treatment.
- Separation anxiety or clinging behavior** Young children will typically show signs of insecurity following a traumatic incident. However, after a few days behavior should return to normal. In more serious cases children may become hysterical when separated from caretakers and may refuse to return to normal activities such as school.
- Phobias about distressing stimuli** Children may develop extreme fear of or avoidance responses to sights, sounds, or places that remind them of the traumatic incident. If these phobias persist for more than a week or two, a referral for professional help is in order.
- Conduct disturbances** These include tantrums, fighting, defiance, etc. Such symptoms are likely to develop later, as a secondary reaction to the trauma. They are, however, a response to the trauma and should be considered a reason to seek help if they persist.
- Withdrawal, limited expression of emotion** Traumatized children may sometimes become very withdrawn and show few emotional responses such as delight, anger, or sadness. If this persists, the child should be referred for treatment.

¹ From [Spiritual and Emotional Care With Children Who Have Experienced Disaster Situations](#), Written and compiled by Virginia Miller and Barbara Weaver, Disaster Response Consultants and Child Care Workers, Members of the United Methodist Committee On Relief Catastrophic Disaster Response Team, General Board of Global Ministries, United Methodist Church. Adapted from a referral sheet by Catherine L. Meeks, Ph.D., Counseling Psychologist at the Children’s Advocacy Center, Jackson, Mississippi. Used with permission.

- **Regressive behaviors** Children who have been traumatized will frequently appear to “go backwards” in development. Children who were previously potty-trained may begin to wet their pants. Wetting the bed is another common reaction. Also, children may return to more immature forms of play or language. If this persists, the child should be referred.

- **Reenactment of the trauma** Children attempt to gain understanding and mastery of their world through their play. It is normal for children to play “pretend” games which mimic their life experiences. Traumatized children tend to reenact the trauma in their play. This is not serious unless the play is dangerous, or unless it continues for several weeks in a compulsive manner.

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How Can I Expect My Teen to React in Disaster?

YOUTH: AGES 11 TO 14

Peer reactions are often very important to this age group. The children need acceptance from their friends and to feel that their feelings and fears are normal. Anxiety and tensions might manifest in a number of ways including aggression, rebellion, withdrawal, or attention-seeking behavior. “Survivor’s guilt” might emerge in children of this age. Group discussion with peers and adults is effective in reducing the sense of isolation and in normalizing the child’s feelings. Resumption of group activities, routines, and involvement in physical activity that might relieve tension is also helpful. (Table 1)

TABLE 1. Reactions to Disaster Typical of Youth Aged 11 to 14

Regressive Reactions	Physiological Reactions	Emotional/behavioral reactions
<ul style="list-style-type: none"> ▪ Competing with younger siblings for attention ▪ Failure to perform chores or fulfill normal responsibilities 	<ul style="list-style-type: none"> ▪ Headaches ▪ Complaints of vague aches and pains ▪ Overeating or loss of appetite ▪ Bowel problems ▪ Skin disorders ▪ Sleep disorders (including sleeping excessively) 	<ul style="list-style-type: none"> ▪ Loss of interest in peer activities ▪ Drop in level of school performance ▪ Disruptive behavior ▪ Loss of interest in hobbies and recreation ▪ Resistance to authority ▪ Increased difficulty relating to siblings and parents ▪ Sadness or depression ▪ Antisocial behavior (e.g., stealing or lying)

Possible Responses

- Give additional attention and consideration.
- Reassure the youngster that ability to concentrate, etc., will return.
- Temporarily lower expectations of performance at school and home.
- Encourage verbal and written expression of feelings.
- Provide structured but undemanding responsibilities.
- Encourage taking part in home or community recovery efforts.
- Rehearse safety measures to be taken in future disasters.
- Encourage physical activity.
- Encourage play or contact with friends.

YOUTH: AGES 14 TO 18

Most of the activities and interests of the adolescent are focused on the peer group. Fear that feelings or reactions are unusual or unacceptable might push the adolescent toward withdrawal or depression. Psychosomatic reactions are common. The adolescent might tend to resent the disruption of social activities and contacts and be frustrated by not having full adult responsibilities in community efforts. Frustrations, anger or guilt might manifest in irresponsible even delinquent behavior. Adolescents should be encouraged to maintain contacts with friends and to resume athletic and social activities. Group discussions are helpful in normalizing their feelings. They should be encouraged to participate in community rehabilitation efforts. (Table 2)

TABLE 2. Reactions to Disaster Typical of Youth Aged 14 to 18

Regressive Reactions	Physiological Reactions	Emotional/behavioral reactions
<ul style="list-style-type: none">▪ Resumption of earlier behaviors and attitudes.▪ Decline in previous responsible behavior▪ Decline in emancipatory struggles over parental control▪ Decline in social interest and activities	<ul style="list-style-type: none">▪ Bowel and bladder complaints▪ Headaches▪ Skin rash▪ Sleep disorders▪ Disorders of digestion▪ Vague physical complaints or exaggerated fears of physical problems▪ Painful menses or cessation of menses	<ul style="list-style-type: none">▪ Marked increase or decrease in physical activity level▪ Expression of feelings of inadequacy and helplessness▪ Delinquent behavior (e.g., stealing, vandalism)▪ Increased difficulty in concentration on planned activities▪ Depression▪ Isolation; withdrawal from family and peers

Possible Responses

- Encourage discussion of disaster experiences with peers and significant others.
- Encourage involvement in rehabilitation and recovery efforts in the community.
- Temporarily reduce expectations for level of school and home performance.
- Encourage resumption of social activities, athletics, etc.

Source: Spiritual and Emotional Care With Children Who Have Experienced Disaster Situations, Written and compiled by Virginia Miller and Barbara Weaver, Disaster Response Consultants and Child Care Workers, Members of the United Methodist Committee On Relief Catastrophic Disaster Response Team, General Board of Global Ministries, United Methodist Church. Tables used by permission of the National Institute of Mental Health.

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Helpful Web Resources for Parents, Children And Teens



<http://www.fema.gov/kids/>

FEMA website with interactive games and quizzes and art resources, preparation tips, descriptions about what kids might be experiencing.



http://www.nssl.noaa.gov/edu/bm/bm_main.html

Weather coloring books for children from the NOAA (National Oceanic and Atmospheric Administration) National Severe storms Laboratory



“National Child Traumatic Stress Network”

http://www.nctsnet.org/nccts/nav.do?pid=hom_main

“Family Preparedness: Thinking Ahead” resource

http://www.nctsnet.org/nctsn_assets/pdfs/edu_materials/9-11%20Card%20Material%20-%20NRC-sw.pdf



NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER Emotional and Spiritual Care Committee Disaster Spiritual Care Points of Consensus

In 2006 the National Voluntary Organizations Active in Disaster's Emotional and Spiritual Care Committee published Light Our Way to inform, encourage and affirm those who respond to disasters and to encourage standards insuring those affected by disaster receive appropriate and respectful spiritual care services. As a natural next step following the publication of Light Our Way and in the spirit of the National VOAD "Four C's" (cooperation, communication, coordination and collaboration), the Emotional and Spiritual Care Committee then began working to define more specific standards for disaster spiritual care providers. The following ten "points of consensus" set a foundation for that continuing work.

1. **Basic concepts of disaster spiritual care**¹

Spirituality is an essential part of humanity. Disaster significantly disrupts people's spiritual lives. Nurturing people's spiritual needs contributes to holistic healing. Every person can benefit from spiritual care in time of disaster.

2. **Types of disaster spiritual care**²

Spiritual care in disaster includes many kinds of caring gestures. Spiritual care providers are from diverse backgrounds. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately.

3. **Local community resources**

As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD - cooperation, coordination, communication and collaboration - are essential to the delivery of disaster spiritual care.

4. **Disaster emotional care and its relationship to disaster spiritual care**³

Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa.

5. **Disaster spiritual care in response and recovery**⁴

Spiritual care has an important role in all phases of a disaster, including short-term response through long-term recovery. Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities of hope and resilience. Specific strategies for spiritual care during the various phases can bolster these strengths.

6. **Disaster emotional and spiritual care for the care giver**

Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster.⁵ Post-care processes for spiritual and emotional care providers are essential.

¹ See Light Our Way pp. 52-54.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

7. Planning, preparedness, training and mitigation as spiritual care components⁶

Faith community leaders have an important role in planning and mitigation efforts. By preparing their congregations and themselves for disaster they contribute toward building resilient communities. Training for the role of disaster spiritual care provider is essential before disaster strikes.

8. Disaster spiritual care in diversity

Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:

- refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
- respect the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.⁷
- respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.

9. Disaster, trauma and vulnerability

People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain.

Disaster response will not be used to further a particular political or religious perspective or cause – response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.⁸

10. Ethics and Standards of Care

National VOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points in addition to the following:

- Standards for personal and professional integrity
- Accountability structures regarding the behavior of individuals and groups
- Concern for honoring confidentiality*
- Description of professional boundaries that guarantee safety of clients* including standards regarding interaction with children, youth and vulnerable adults
- Policies regarding criminal background checks for service providers
- Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds*
- Strong adherence to standards rejecting violence against particular groups
- Policies when encountering persons needing referral to other agencies or services
- Guidelines regarding financial remuneration for services provided

⁶ Ibid.

⁷ Church World Service "Standard of Care For Disaster Spiritual Care Ministries"

⁸ Church World Service "Common Standards and Principles for Disaster Response"

* See Light Our Way p. 16