

Effects of Violence in a Community during a Disaster—Recommendations to Strengthen Forensic Services

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Introduction: The response of nurses to disasters is documented in several areas including trauma, public health, and education. There is a lack of evaluative literature pertaining to sexual violence and interpersonal violence. This presentation will inform attendees about the effects of disasters on victims of sexual violence, and prepare Sexual Assault Nurse Examiner teams and emergency department nurses to incorporate forensic evidence collections services to victims of violence in prevention efforts during disaster planning.

Methods: A systematic review of the literature was conducted to study the effects of disasters on sexual violence in a community. Collaboration among rape victim advocacy, law enforcement, emergency medicine, and prosecution identified the need for a multidisciplinary approach to the prevention of and treatment for victims of sexual assault and interpersonal violence.

Results: The search strategy captured the following topics: domestic violence, sexual assault, and rape. Documents were screened and professionals in the field were contacted in order to augment the findings.

Conclusions: Disasters create widespread destruction to community infrastructure. The effects increase the risk of violence and pose difficult situations for individuals residing in disaster-stricken areas. The lack of services in the aftermath necessitates improved planning and preparedness for communities to screen for victims of violence, establish access to healthcare records, preserve forensic healthcare documentation and evidence, and coordinate services for victims of violence.

Keywords: community; disaster; disaster health; disaster management; forensic; multidisciplinary; prevention; sexual violence

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Partnering with Faith-Based Organizations during Disasters

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Introduction: There is a long history of faith-based organizations (FBOs) responding to disasters around the world. Their services supplement governmental and non-governmental services including basic public health needs of food, water, shelter, and clothing. After hurricanes Katrina and Rita in the United States, FBOs provided essential services (sometimes the only services) received by victims of the storms.

Methods: This was a mixed methods design. Qualitative methods included ethnography (where the researcher became a member of a FBO volunteer team for one week in New Orleans) and phenomenology (interviews with staff, volunteers, and those receiving FBO assistance). Quantitative methods included administration of the

Impact of Event-Revised Scale (IES-R), the Herth Hope Index (HHI), and the Hope Visual Analogue Scale (HVAS). **Results:** Results were consistent across participant groups. The need to offer or receive assistance was perceived as divinely led and the first step in FBO disaster response. Participants experienced loss and emotional pain. They came together as strangers and left as family. In the process, their lives were changed. They mentored and were mentored, viewed themselves as being blessed, and desired to express their gratitude. They wondered about each other and the future. The IES-R scores indicated significant post-event stress; the HHI and the HVAS demonstrated the presence of hope.

Conclusions: Individuals and communities were impacted by FBO services. Relationships were based on mutual respect, dignity and trust. Clinicians likely will interact with FBO staff and volunteers. Primary, secondary, and tertiary prevention can be initiated when FBO disaster response is understood.

Keywords: disaster response; faith-based disaster response; Hurricane Katrina; non-government organization disaster response, partnerships

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Management of the Dead during Disasters—Role of First Responders in South Asia

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The effective intervention of government agencies to manage casualties in the immediate aftermath of a disaster often is restricted by many technical and circumstantial factors. However, during the last decade, it was observed that during any type of disaster, volunteers from the affected and surrounding communities form a huge supportive force to perform the most urgent tasks, including managing the dead. This was witnessed in the countries affected by the 2004 tsunami. Currently, these non-skilled first responders play a vital role in managing mass casualties during the immediate post-disaster phase of major disasters occurring in south Asia.

The management of the dead during disasters is a time-consuming, multi-disciplinary, multi-stage task. It is a medico-legal emergency that should be commenced during the immediate post-disaster period. First responders comprise an easily accessible, readily available task force for managing the dead, especially by recovering and transporting the bodies.

The first attempt to regulate the first responder's role in disasters was made in 2005 and was based on the post-tsunami experience through a joint effort of many international organizations. Since then, south Asian countries are more concerned about developing the capacity of first responders via community-based disaster management schemes. India already has prepared its own guidelines for first responders involved in managing the dead during disasters.