

### American Red Cross – Capital Area & Eastern NE

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#### **Disaster Preparedness, Response and Recovery**

A tragic fire claimed the life of an adult and left three others homeless. Fires are always devastating, but adding the fatality ; the fact that it happened a day after Christmas compounded the grief. The fiancé of the person who died missed a week of while at the hospital and then planning/having the funeral. Unfortunately, she did not have paid time off. Now, the death of a partner and the loss of their home, belongings (no insurance coverage), and a week's salary seemed to be too much. Red Cross was there to provide emotional and mental health support and help identify helpful resources in the community. To help the affected individuals start the recovery process, Red Cross provided them with financial resources for food and clothing. While they had a temporary place to stay, Red Cross paid the first month's rent of a new apartment. Red Cross continues to be in contact to assist and support as needed.

### CASA for Lancaster County

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#### **CASA for Lancaster County-Court Appointed Special Advocates for Children**

Susan and Holly are siblings who have grown up in a very chaotic home. Their mother, Wendy, experienced a myriad of problems including homelessness, unemployment, drug addiction, and domestic violence. The girls came to the attention of authorities when their older sibling was physically abused with a belt. The children were removed from their home to keep them safe. As the case unfolded, it became apparent that there were additional problems in the home. A CASA volunteer was appointed to the case over four years ago. The CASA volunteer spent time with the children and got to know their personalities and their needs. The volunteer recommended a variety of services and advocated for early childhood evaluations for both children. Initially, the mother worked her case plan and the physical placement of the children returned to the mother. Unfortunately, Wendy's drug addiction increased and resulted in the children's safety being at risk and their subsequent removal from their mother's home for a second time. The CASA volunteer attended many team meetings, met with Wendy and the children in the home and observed some of the in-home services provided by HHS/KVC. She provided the judge with first-hand information as to what she observed during these visits. She established very good rapport with the girls and their mother. These children had multiple case workers and service coordinators during their time in the system but only one CASA volunteer. When it became apparent that the girls could not be safely reunited with their mother, the CASA volunteer was the first to recommend that these children needed and deserved permanency and that parental rights should be terminated. The children were in a loving foster home that ultimately adopted the girls despite some behavioral and developmental issues that are on-going. The CASA volunteer was able to provide continuity for the other professionals involved in the case and continue to be a stable presence to these two girls who know how much she cares about them. The CASA volunteer was also able to reassure Wendy that she was doing the right thing for her children when she relinquished her parental rights. Susan and Holly now have the stability they craved and are in a very loving home that is open to the girls having periodic contact with Wendy. The CASA volunteer focused on the best interests of the children and their need for permanency.

### Catholic Social Services

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#### **St. Gianna's Transitional Shelter**

A woman named Cheryl stopped in to Catholic Social Services with her aunt. She was requesting food from the pantry but wanted to talk to someone. It turns out she and her three kids were living with her aunt in a two-bedroom trailer home in Lincoln. She had recently moved to Lincoln from Kansas and was not able to get into Friendship Home because they did not have space. She could not wait for space to open up because the situation in Kansas was getting too violent. She had not worked for three years because her abuser was controlling her and she did not have legal custody of her children.

Cheryl moved in to St. Gianna's six months ago and has been working on her past relationship issues in counseling. She has also obtained full custody of her children. She was about ready to move out when she developed diabetes. She is now staying with us a couple more months so that she can get her diabetes under control. She has been hospitalized twice. St. Gianna's staff have arranged for numerous appointments with doctors and dieticians to help her manage her disease. She is now job hunting and will be moving out soon.

As a result of this program, Cheryl is now able to communicate effectively in relationships. She no longer believes that she is worthless and is becoming a better parent to her children. What Cheryl needed was a safe place to live so she could address the problems in her life caused by abuse, and now she is moving forward to raise her family and develop a career.

Anna came to Catholic Social Services via Voices of Hope needing to escape a particularly troubling domestic violence incident. Her husband was causing harm to her in front of their three year old son. To make matters worse, she moved to Lincoln with her husband and son from the Caribbean and was completely isolated from any support system. Her husband did not allow to leave the home and warned her by keeping a gun under his pillow at night in case she tried to leave.

One night, Anna was able to pack a few belongings, grabbed her son and got away. She went to seek help from Catholic Social Services and was immediately placed in a safe hotel room while they worked to get her placed in St. Gianna's Home. Although Anna had her permanent resident card, she was never allowed to apply for work authorization by her husband, and was financially dependent on him.

Catholic Social Services provided shelter for Anna and her son for eight months. During this time, she received counseling, case management and immigration services so that when she left, she was able to move into a safe and stable apartment. Anna now works full time and has her son enrolled in a Head Start program and is finally connected with people in Lincoln who are from her home country. Anna went from being terrorized by the only person she knew in Lincoln, to now living as a woman who is a positive, active member of the Lincoln community.

## CEDARS Youth Services

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### Healthy Families America Parent Support Program (HFA)

Abby came to Healthy Families America (HFA) shortly after her son was born seeking support and guidance in raising her child. She grew up in the foster care system without a lot of positive support in her life, and was not confident in her ability to care for her child or support his development appropriately.

A HFA home visitor was assigned to help assist Abby with her growing needs and concerns in dealing with her son, Connor. Without knowing any better, Abby had been putting cereal in Connor's bottle to help him cope and feeding more than the recommended amount. After her HFA home visitor gave Abby information on the benefits and drawbacks of this, Abby started feeding Connor baby food and cereal from a spoon, as well as paying more attention to Connor's cues. She now looks forward to their set routine and has implemented a schedule for Connor and looks forward to the consistency of their day.

Thanks to CEDARS Healthy Families America Program, Abby is feeling confident and proactive in caring for Connor. She is working on teaching him sign language and tracks growth and lessons learned in his very own baby book. Abby is now looking forward to the future and plans to go back to school, save money to purchase a reliable car and eventually save enough money to buy a home where Connor can grow up.

## Child Advocacy Center

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### Direct Services to Child Victims of Abuse

Sophie was just six years old when she told her mom about being abused by a family friend. Sophie's mom, Heather, was devastated. She called the CAC begging us to see her daughter that day as she had already taken the day off work and since she couldn't afford to take another day off. We worked closely with Heather and the Lincoln Police Department to file a report and get the process started. Thankfully, we were able to get Sophie in that very afternoon.

It was obvious that it wouldn't take Sophie long to feel comfortable at the CAC. She found many things to be excited about and she and Sarie, one of our child advocates, toured the facility. She beamed at the fish in the tank, excitedly went about finding the little men hidden in the murals on the walls, and could barely sit still long enough to read a book while she waited to talk to Braegen, one of our forensic interviewers.

While Sophie was touring the facility with Sarie, her mother was talking with Braegen and the investigator assigned to the case. Once Braegen had the information she needed to move forward with the forensic interview, she and Sophie went to one of our "talking rooms." The Lincoln Police Department investigator went into the observation room to watch the forensic interview and make sure he got all the information he would need to move the case forward.

As Sophie and Braegen were talking, Heather was meeting with Sarie in one of our family rooms. Heather tearfully recounted to Sarie how Sophie had told her about the abuse. This person was someone she trusted and had told Sophie it was okay to talk to her as well. Someone who offered to help out. Someone she never would have expected to hurt her daughter like this.

The CAC Parent Handbook has a page that explains the "grooming process," or how abusers gain access to kids by earning the trust of both the child and the parents. As Sarie and Heather looked through the list, they checked off almost every item. Heather was ashamed that she hadn't known this was happening. She felt responsible and very guilty. Sarie offered support and understanding. She set up an appointment for Heather to meet with a mental health therapist from our partner, the Project SAFE program, the next evening.

As is often the case, Sophie shared much more information and detail about the abuse in her forensic interview with Braegen than she had shared with her mom. The Lincoln Police Department investigator and Heather agreed that a medical exam would be a good idea. We were able to get Sophie in to see Amanda, our pediatric nurse practitioner, for an examination immediately. This was all done under one roof in a matter of a couple of hours. Sophie came to one place where she was able to tell her story one time and receive all the necessary services.

Armed with the information that Sophie has shared in her forensic interview, the police were able to make a swift arrest. Sarie maintained contact with Heather and Sophie throughout the investigation and criminal proceedings. Whenever Heather had a question about where things were in the case, she depended on Sarie to get her the answers. Sarie checked in regularly with

the day that the perpetrator was sentenced to 45 years in prison for his crimes.

Heather and Sophie are still working hard at putting their lives back together. Sophie is back in school and is thriving. Heather remains grateful to the CAC for all of the support that we provided to her and Sophie during what she has said is the most difficult time in their lives.

## Child Guidance Center

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### Outpatient Services

Linda is a sixteen-year-old female who was raped by a male classmate approximately one year ago. She never reported the rape. She continued to see him in the hall daily and, prior to her referral to treatment, her symptoms of depression continued to increase. She became increasingly dependent on alcohol and marijuana to mitigate these symptoms, which included a withdrawal from friends, failing grades, poor sleep, weight loss, and arguing with her parents. Linda was referred for service due to her substance abuse and failing grades.

After the initial pretreatment assessment, Linda told her therapist about the rape and about her night terrors, anxiety attacks and flashbacks. Due to the emergent nature of her clinical symptoms, Linda was referred immediately to a Child Guidance psychiatrist. He prescribed both an anti-anxiety and an antidepressant medication. These medications provided Linda with sufficient relief to engage in the treatment process. In addition, she was assigned to a clinician trained in Eye Movement Desensitization and Reprocessing (EMDR) to address her post-trauma symptoms. EMDR is specifically designed to address symptoms of trauma and does not require the client to recount the events congruent with the trauma unless they choose to do so. This treatment modality replicates REM sleep, as it accesses the client's own healing process. Research indicates that this methodology can resolve a traumatic event in as few as four sessions. Linda also continued to see a dually credentialed clinician to address her substance abuse.

Linda's parents were also involved in family therapy two times a month and were extremely supportive of Linda. After 30 days of sobriety and some relief in terms of symptoms, Linda was ready to report the rape. Again, her parents were supportive of her decision to report. After Linda reported the rape, the male was arrested. Three other female classmates then reported that he had also raped them. This information was encouraging to Linda, as she felt less alone and also believed that her reporting would protect other females from similar assaults. Linda was able to testify against the male in court and he was sent to Kearney. This again reinforced Linda's resolve and she felt vindicated and safe.

After six months of treatment (with five months of sobriety and tutoring to assist her in bringing up her grades) Linda was discharged. Her parents accessed Medicaid for payment of these treatment resources. Since Medicaid did not fully fund the treatment process, United Way dollars were used to provide the dually credentialed treatment for Linda's substance abuse, EMDR for her trauma, and the psychiatric intervention to mitigate her depression and anxiety enough to allow her to engage in treatment.

## Family Service Association of Lincoln

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### Behavioral Health

Jake (name has been changed) is a 17-year-old male who moved to Lincoln to live with his father to get away from "all the stress." Jake's parents separated when he was young, he was sexually abused by his step-grandfather at age three, his stepfather was physically and emotionally abusive, his family moved frequently, he witnessed the selling and using of drugs, and most recently, in September 2011, his best friend died while playing the "choking game."

In October 2011, Jake was referred to counseling after, in his words, "I didn't want to live anymore," and he attempted suicide. After getting to know Jake, it became apparent he was experiencing feelings of guilt and worthlessness surrounding the death of his best friend. He was feeling guilty for playing video games instead of answering his friend's last phone call. Jake stated he felt there should have been something he could have done to stop his friend from playing the choking game. He was angry because another youth, who had also played the choking game, did not get in trouble. Jake was unable to attend his friend's funeral because it was in another state. This saddened Jake and he was feeling alone in his grief and missing his friend.

After identifying Jake's complicated grief, therapy sessions began focusing on his grief by using William Worden's work, called "Tasks of Grief." This is a therapeutic technique that utilizes "tasks" of grief rather than "stages." Worden believed that the word "stage" implied a step-completion process, which may lead one to believe there is a particular order to the grief process. He also believed it implied a particular beginning and end to the grief process. Worden identified four main tasks, in no particular order, that acknowledge the fact that everyone grieves in different ways and in their own time. The tasks also recognize that in many cases, grief never truly goes away completely; we just feel it differently as time passes. By following Worden's model, Jake was able to process his feelings of guilt, anger, and sadness while using his art as a healthy form of self-expression to get his feelings out rather than turning them inward as self-blame. He understands more about the process of grief and that his thoughts and feelings are common when losing someone close. Most currently, the therapist and Jake are exploring his deceased friend's interests, and Jake is working on coming up with a way to continue some of his friend's interests in his home.

Jake now presents himself as being in a place of acceptance and is no longer having thoughts of self-harm. He has also

## Friendship Home of Lincoln, Inc.

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### **Emergency Shelter Program**

Janna and her sons, Justin and Jerome (age 3 and 11, respectively), entered the shelter after Janna experienced years of extreme physical, verbal, and emotional abuse from her husband, Brad. When Janna called requesting shelter, she explained that her husband threatened to kill her if she ever left him. Advocates began safety planning with Janna and helped her develop a safe plan to leave her abuser when shelter space became available.

In the shelter, Janna's case manager helped her identify her strengths and create strategies to use those strengths to meet goals. Her case manager helped her apply for public housing and Title XX for childcare expenses. She also helped Janna with ongoing safety planning, as Brad made threats designed to force her to return to him. Janna began searching for employment and soon found part-time employment that would assist in making ends meet.

Jerome told their children's advocate (CA) that he didn't understand why they were in shelter. He first refused to spend nights at the shelter, deciding to stay with an aunt instead. He did spend the evenings with his mother, giving their CA the opportunity to spend time with him. Eventually Jerome agreed to take the Strengths Explorer. Using his strengths, the CA was able to help Jerome understand the impact of abuse on families. They discussed healthy relationships, and Jerome was able to describe what he wants in his relationships: respect, someone who makes him laugh, and someone that he can trust. Jerome was able to relate this to the violence he had seen in his home and began to understand how abuse is harmful to a person's well-being. After a few weeks, he moved into shelter with his mother and brother.

While in shelter, Justin would wake up screaming from nightmares. The CA helped Janna learn appropriate strategies to help calm Justin as he adjusted to the shelter and began to feel safe. Positive playgroups and age-appropriate education regarding domestic violence helped Justin build trust and he began to feel safe. The nightmares soon subsided.

The CA used the 40 Developmental Assets to help Janna understand how she could help Jamal and Jerome heal and begin to build positive support in their lives. Janna embraced the Assets philosophy and expressed a need for the kids to bond more with her, become connected to their church and school, and build ties in the community to increase their resilience. After several weeks in shelter, Janna was engaging her sons, laughing with them, and hugging them.

While in shelter, Janna attended the Domestic Violence Support Group, where she learned about the cycle of violence and realized she does not deserve abuse. She made friends in shelter and told staff that it felt good to meet women who have been through the same thing. She attended the Economic Empowerment Group, where she was able to develop a realistic budget. The group helped her build confidence that she could manage her new home and make ends meet.

Janna's case manager connected her to resources where she could find household items at free or reduced costs. She was able to save up enough money to purchase a few items for their new home. Janna received her housing voucher and moved with her boys into a nice apartment that is near her sons' school. The case manager referred Janna to Big Brothers/Big Sisters after she said she would like to have a positive role model in Jerome's life.

Janna and the boys still return to Friendship Home to attend the Domestic Violence and Children's Group. Janna is violence free and self-sufficient. Jerome meets with his Big Brother regularly. He is more positive and his school performance has improved.

## Legal Aid of Nebraska

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### **Domestic Violence Representation Project**

Our Lincoln office agreed to represent Josey in order to help her escape her abusive husband, Connor. Connor was physically and emotionally abusive to Josey throughout their relationship. He had choked her, denied her access to the family's finances, and belittled her on a regular basis. This abuse often took place in front of the couple's children. The final straw was the day Connor threatened to kill himself in front of Josey and their children. When Connor locked himself in the couple's bedroom with a gun, Josey called her friend to come pick up her and the children. That night, Josey and the children moved out. Josey then filed for a Domestic Abuse Protection Order, which was granted on an Ex Parte basis. Legal Aid represented her in a contest hearing, at which the Protection Order was affirmed. Shortly thereafter Legal Aid filed for divorce for Josey and obtained a temporary custody order placing the children with Josey. With Legal Aid's help, Josey was awarded full custody of her children, child support, and was able to maintain her Protection Order to protect her and her children.

## Lincoln Medical Education Partnership (LMEP)

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### **School Community Intervention and Prevention**

Mary was referred by a teacher to the SCIP Team in December at her high school in Lincoln. The teacher had some concerns regarding the sophomore's change in friends, her grades, and possible substance abuse. Upon receiving the referral, the SCIP team leader sent out documentation to Mary's teachers in order to gather more information about her behaviors at school and

When the confidential documentation was returned to the SCIP team from the teachers, it was apparent that many staff had concerns. Mary was failing six out of seven classes; her teachers noted that she exhibited a lack of motivation, apathy toward her classes, missing/incomplete assignments, decline in quality of work, inability to stay focused, change of friends, and glassy/bloodshot eyes. The SCIP team decided an intervention was warranted. The SCIP team leader contacted Mary's mother who was invited to school to be present for the intervention.

The SCIP team leader met with Mary and her mother and shared the concerns that were documented by many of the teachers. They discussed strategies that could help address these concerns, both inside and outside of school. Both Mary and her mother were receptive to taking Mary to a free SCIP evaluation at one of the participating community agencies and to having Mary become involved with a group at school.

During the evaluation, Mary admitted she had started using alcohol and marijuana the previous summer and fall. She liked the professional at the agency who conducted the evaluation and agreed to enter into counseling at the agency. She also attended the group sessions at school. The SCIP team leader met with Mary a couple more times during the spring to assess her progress and offer encouragement and support.

Mary's grades improved dramatically: she had one failing grade, instead of six. Her mother tested her for substance use and came back negative. At the agency, Mary learned about some family history with addiction that made her more likely to become addicted. Mary enjoyed the group sessions at school and found she benefited from the counseling. She was able to relate to the counselor at the agency and her group at school, making new friends.

With the combined efforts of the teachers, the SCIP Team, Mary, her mother, the agency and school resources, Mary was able to make positive changes in her life and her choices to lead her toward graduation and success. Without SCIP it is doubtful this sequence of events would have happened in such a timely manner.

## Mourning Hope

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### **Bereavement Support & Community Outreach**

All clients who attend Mourning Hope's Family Grief Series are working through grief issues following a loved one's death. In the case of this client and the seven children under her care, they were not only dealing with the death of their mother but also with abandonment issues. Two months prior to joining Mourning Hope, the children had been dropped off at a local medical center by their father (shortly after the death of their mother and the implementation of Nebraska's "safe haven" law). With no other family members available, a great aunt adopted all seven children.

Forced to deal with the death of their mother, their abandonment by their father, and a brand-new living environment, numerous behavioral issues arose that often accompany these extreme life changes. One child reverted back to bed wetting; three were having behavioral issues in school; one was having significant learning challenges with reading; and most were struggling with nightmares. Although all of these behaviors are typical reactions exhibited by bereaved children, they were overwhelming for the brand-new caregiver.

During the course of Mourning Hope's ten-week grief support group series, families participate in a supportive environment by trained facilitators. The client joined the caregiver group, which offers educational support and information to those caring for bereaved children. In this group, the client was able to learn that although the many behaviors were overwhelming to manage, these children were experiencing a normal response to grief. She learned from the facilitators, as well as other group members, how to support the children in her care, set appropriate boundaries for behaviors, and utilize tools to help communicate their feelings in a non-destructive manner.

The children also participated in age-appropriate support groups. Through games, crafts, music, and other activities, the children were able to begin sharing their feelings. One particular activity they enjoyed was making a quilt square in memory of their mom. The children delighted in remembering all of their mom's unique characteristics and in finding creative ways to express those traits through the quilt square. The children also participated in activities that helped them express the feelings and emotions that were overpowering their young lives. One of the middle school boys related to a volcano activity and was able to eloquently express that it represented a great metaphor for how he felt all the time. Through this activity, the facilitators were able to help him practice positive ways to release anger. He found that running and shooting baskets was a great outlet for all of his angry energy. During their time at Mourning Hope, the children were always excited to attend and participate. They built relationships with positive adults and began to learn that there were adults who could be trusted. This family participated in two ten-week series and a number of other special events such as our overnight grief camp, family reunion, summer art program, and holiday events.

All group participants are asked to complete an evaluation form measuring what was learned and experienced as a result of participating in our grief-support groups. In her evaluation, this caregiver commented that because of the time spent at Mourning Hope, the children were experiencing fewer nightmares, had stopped wetting the bed, and were displaying fewer behavioral issues in school. She stated that conversations about their mom and dad had increased at home and she was feeling more comfortable in "just listening," rather than always giving advice. She also noted that the child struggling with reading had finally learned to read. While we certainly cannot take direct credit for the child learning to read, we will take credit for helping him free up his mind from so much worry and anxiety, thereby opening him to learning new skills.

## The Salvation Army – Lincoln

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### **Disaster Services**

The Lincoln Police Department called us to provide food and hydration for a SWAT team operation. A man had barricaded himself in his home and shots had been fired. LPD, State Patrol, and the FBI had been surrounding the home for about 12 hours and were hungry and thirsty. We were able to come in and provide food and hydration to officers.

After the home was secured, we were able to provide food and hydration to neighbors and family members who had been not to come out of their home for more than twelve hours. We also provided emotional and spiritual counseling to the neighbors and family members present at the scene.

The immediate needs being addressed were food and hydration of officers on the scene. We provided coffee, juice, soda, Gatorade, chili, hot dogs, and chips. When the standoff was over, we moved our canteen up to the house and served neighbors and family members who had gathered. They were hungry and thirsty, but they were also scared, nervous, anxious, puzzled, and in shock. We helped provide emotional and spiritual counseling for these individuals in addition to food and beverages.

## St. Monica's Behavioral Health Services of Women

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### **Project Mother & Child**

Bridget was in her late 20s with four children under the age of five when she came to St. Monica's. She had experienced childhood physical and sexual abuse, abandonment, and domestic violence. Her mother was frequently gone when Bridget was a teenager, so she raised her siblings by herself. She got pregnant at an early age and dropped out of school so she could not work and pay rent. She began using alcohol to "get away" and "have fun." She struggled with depression and reported that "clubbing" was the only thing that got her out of the house.

The father of Bridget's youngest children, Raul, had previously been arrested for drugs and domestic violence in two previous relationships, and he was physically and emotionally abusive to Bridget. After several previous incidents that brought police to their home, Raul stabbed himself and accused Bridget of attacking him.

Bridget's children were taken into state custody and she was referred to St. Monica's. She began to look at the factors that led her to drink, including issues of violence, and practiced tools to avoid relapse. She examined her relationships and symptoms of trauma. She was able to resume and increase her visits with her children.

After successfully completing primary treatment, Bridget moved to Project Mother & Child (PMC), stating that she wanted all the help she could get to be a good mom and stay sober. She was diagnosed with PTSD and was referred to the Creating Change trauma group. She demonstrated significant insight into the effect her past trauma had on her drinking. Her depression improved significantly, and she grew more proficient at managing symptoms.

Bridget continued to increase visits with her children while at PMC. Her peers identified her as a good mom and a role model. She was patient and consistent and established a secure bond with her children. She was able to begin overnights with her children after approximately two months, and the children resided with her full-time after approximately four months.

A significant part of Bridget's treatment centered on safety planning and education about domestic violence. Bridget blamed herself for much of her partner's abuse. Her counselor guided her step by step through past situations to realization that his behavior toward her was abusive both physically and emotionally. She and her counselor also focused on emotional safety, learning to recognize the tactics her partner used to keep her in the abusive relationship including charm, manipulation, and threats.

Even so, Bridget felt strongly attached to her partner. When she expressed her desire to remain with Raul, she and her counselor worked together on a safety plan, exploring the issues and situations that put her in danger and identifying ways to avoid those triggers or resolve dangerous situations. Throughout Bridget's time at PMC, Raul also willingly attended family therapy and family education group sessions, and the two worked together and separately with a counselor overseeing interaction with their children.

In addition to trauma work and parenting, Bridget worked on improving her life skills and employment skills. She obtained her GED at Southeast Community College and found a job at a local restaurant. She graduated from PMC with a safety plan at home for her and her children through the Supportive Housing Program.

At graduation, Bridget reported that she had changed a lot through her time in treatment. She identified that she was a better mom and more confident as a parent. She stated that she knew herself better and that she was more in touch with her values. For the first time in her life, she had goals and believed she could achieve them.

Today, Bridget is sharing a home with Raul and their children. Bridget reports that not only are both parents sober and physical abuse has ceased in the household, but Raul now does his share around the house and is an attentive father.

### **Crisis Intervention and Advocacy**

This story is an actual success story of a victim of domestic violence and her children using crisis services to increase their safety and stability. Voices of Hope's 24-hour crisis intervention services not only serve victims, but their family members as well. For example, early one morning this winter, Voices of Hope received a crisis line call from a young woman who was obviously frightened. She was phoning from a pay phone at a gas station, had three small children in the car with her, and was literally at the end of her rope. Her abusive ex-husband had broken down the door to her mother's apartment where the woman and her children had been staying for about a month. He raised a commotion, threatening the victim and her mother, and also caused damage to the apartment. The mother's landlord said that the woman and children had to leave or he would kick the mother out also. The woman told the crisis line volunteer that she and her children had been living out of their car for the past two days. She had been running the car sporadically to keep them warm, but now she was nearly out of gas and didn't have enough money for pay for more.

Our crisis line worker contacted our staff on call, who arranged to meet the woman at a nearby gas station, paid for a full tank of gas, and encouraged the woman to come to Voices of Hope where we could help her with safety planning for her and the children. Once at Voices of Hope, our staff worked with the woman to develop a safety plan for their immediate future, which involved assessing her risks and abuser's patterns of behavior, exploring options for support, finding room for them at an out-of-town shelter that night, and filing for a protection order. She reviewed options and resources available to increase all their safety.

While she worked with staff in determining her most immediate needs, her children played with toys in our child care room. Before she left to drive to the shelter, we were able to give her money to buy lunch for the children. That night, she and her children were able to sleep in a warm, safe place and begin taking steps toward a new, violence-free life. Obviously, they still faced many challenges ahead of them. But on the day she felt she had nowhere to turn, Voices of Hope was there and made a difference for her and her children's safety and stability.

## Volunteer Partners

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### **Emergency Volunteer Program**

A resident reads a news release about a disaster-response exercise for which "disaster actor victims" are needed and decides to participate. At the exercise, the resident finds that this event is at the end of a CERT training and that CERT stands for Community Emergency Response Teams. CERT provides 18 hours of free training to learn about personal, family, and community preparedness and how to take care of yourself and others in the event of an emergency or a disaster.

Soon after this, at a neighborhood association meeting the resident attends, there is a presentation by one of the association members. This member is a "Neighborhood Preparedness Educator" of Volunteer Partners' Emergency Volunteer Program and has been provided a kit of preparedness brochures, forms, and a DVD that includes a preparedness PowerPoint presentation. After the presentation, the resident learns that there will be another preparedness exercise, this time for something called an Emergency Volunteer Center.

The resident responds in two ways:

First, based on the PowerPoint presentation, he (or she) goes home and consults with the family on the development of a Family Disaster Plan. The plan includes putting together a Family Disaster Kit. Since this family would find it difficult to purchase all the recommended items for the kit, they decide to gradually acquire the contents over a period of time according to the "progressive purchase plan" described in a brochure handed out at the association meeting.

Second, at the association meeting the Neighborhood Preparedness Educator mentioned that Volunteer Partners would be conducting an exercise of something called an Emergency Volunteer Center. Having played a victim in a disaster exercise for a CERT class and now beginning a Preparedness Kit, the resident participates in the EVC exercise. The resident learns several of the jobs that are essential to properly operate an EVC. A result of participating in this event is that the resident is now in the Emergency Volunteer Program database and receives periodic preparedness-related communications from Volunteer Partners. This is how the resident heard about an upcoming CERT class and subsequently attended this free 18 hours of training over a three-day period.

Now there are at least two very important outcomes:

First, the family is prepared to deal with just about any disaster and may be able to assist others in the neighborhood. Having attended a CERT class, the resident may even team up with other CERT-trained individuals to help the community respond and recover from a disaster. These individuals could be found through the CERT directory, which is prepared and distributed by Volunteer Partners and includes both an alphabetical and zip code listing of other CERT-trained individuals.

Second, community preparedness overall is strengthened because, as a result of the EVC and CERT trainings, another city is able to safely and efficiently manage spontaneous unaffiliated volunteers in the aftermath of a disaster and, if necessary, assist in the response and recovery as well.

