NORTHWEST FIRE DISTRICT
Community Assistance Program
Training

Objectives: To provide basic training with confidence for continued personal growth and program evolution.

Mission Statement: To provide our community with a compassionate supportive service after a critical incident and to provide resources for continuity of care.

I. **Defensive Driving -** To provide knowledge in defensive driving tactics and scene safety issues (i.e., parking van, crime scene preservation, plat map reading, vehicle accident report, etc.).
   - A. Prior to responding-
     1. Incident plat numbers, address, and time of dispatch.
     2. Routing.
   - B. While responding-
     1. Safe driving.
     2. Monitor radio traffic.
        - a. Tactical channel.
        - **b.** Staging channel.
        - **c.** Safe parking-in cold zone.

II. **Arrival on Scene.**
   - A. Incident Command Procedures.
   - B. Incident Command Post.
     1. Obtain briefing from command.
     2. Identify Occupant Services Sector.
        - a. Give resources, <u>After the Fire</u> binder; call in Red Cross if necessary.

III. **Station Life.**
   - A. Chain of Command (organizational chart).
   - B. Ethical Conduct.
   - C. Dress.
   - D. Shots up to date? Hepatitis B and TB. Give a copy of immunization record to Human Resources.
   - E. Contribute Money for dinner if eating at the station or bring own food.

IV. **Radio Communications.**
   - A. Ethical Standards while talking on the radio.
   - B. CAP identifier is "SR31".
   - C. Monitor radio at all times. Do not initiate talk unless in trouble.
   - D. Let Dispatch know when you arrive on scene and when you leave the scene.

E. Let Dispatch know when you are going out of service. "Fire Alarm this is SR31 and we are going out of service."

NOTES:

Roles, Responsibilities, and Expectations of
Your Role as a Volunteer

1. You represent Northwest Fire.
2. You serve Northwest Fire's customers and provide support.
3. How you act reflects on the entire District.
4. You can't give orders unless you know how to take orders (know and respect the chain of command).
5. You represent the C.A.P. Team and Northwest Fire.
6. You are a role model.
7. You are a civilian.
8. You are a confidant (respect confidentiality).
9. You are a professional.
10. You are the bearer of bad news.
11. You are a healer.
12. You are a helper.
13. You are a caregiver.
14. You can be the hero or the goat.
15. Take time to evaluate the situation.
16. When in doubt, ask.
17. Be nice at all times.
18. Remember it is not what you say, but how you say it.
19. Don't take grief stricken customers anger personally.
20. Take care of yourself, each other, and our program.
21. Provide the best customer service.
22. Set limits and know your boundaries.
23. Keep your commitments to the C.A.P. Team.
24. Protect yourself.
25. Avoid unnecessary risks.
26. Give yourself pats on the back
27. Praise others efforts.
28. Utilize your resources.
29. Continue to work.
30. Know when to manage your own stress.
31. Expect that you will have fun.
32. That you will learn from this experience.
33. That you will provide supportive feedback.
34. That you will not violate your code of ethics.
35. You will not visit the station when you are not on shift.
36. You will conduct yourself professionally at all times.
37. You will treat others with respect, consideration, and care.
38. You will maintain professional relations with our customers.
39. You will not be invasive.
40. You will not go where you are not invited.
41. You will wear the Northwest Fire T-Shirt while on shift.
42. You can wear jeans or Dockers.
43. You will wear closed toed shoes (boots are recommended).

44. Clothing must be weather appropriate.
45. You will drink plenty of water, especially at fire scenes.
46. You will always practice scene safety and scene preservation.
47. You must always practice exposure control methods.
48. You will always report to the Incident Commander.
49. You must always be aware of your language (inappropriate language or humor).
50. Be careful of laughter and joking.
51. If you are asked to leave the scene by the scene captain or police, LEAVE.
52. Be careful of on scene comments or judgments.
53. Know who you are talking to at all times (refer media to P.I.O).
54. Do not make promises you cannot keep.
55. Never ever ASSUME anything! ASK!!!!
56. Make sure you have all of the information.
57. Document, Document, Document!
58. Attend continual training provided by CAP Coordinator.
59. Keep your scheduled commitment.
60. If you can't make a shift, try to find a replacement and call pager 291-2225.
61. Get to the station on time.
62. If you can work extra shifts call pager 291-2225.
63. Call 291-2225 if you have questions or concerns, you too have a support system here.
64. Know that Team Leaders are like supervisors.
65. Shift schedules are 8hrs, 12hrs, 24hrs, 7 days a week.

Suggested Contents in Fanny Pack:

Granola bar or crackers
Gum or mints
Money
Driver's License and I.D.
Lip balm
Extra pair of gloves
Glasses/sunglasses
Eye drops
Pen light/small flash light
Pen/Pencil
Important phone numbers
Hair tie
Ibuprofen/Aspirin/Acetaminophen
Bring Bottle of Water

Overnight/Extra Bag:

Pillow
Sleeping bag/blanket/sheets
Shampoo/conditioner
Lotion/toothpaste and toothbrush
Hat/visor
Sleep shorts or sweatpants
Sleep shirt or sweatshirt
Change of clothing
Deodorant
Hairbrush or comb

Critical Incident Stress Management
The International Critical Incident Stress Foundation

I. Stress Response during a crisis involve:
- A. Physical Response.
- B. Cognitive Response.
- C. Emotional Response.

II. A Stress Response can be:
- A. Acute.
- B. Delayed.
- C. **Cumulative.**

III. Critical Incident Stress Debriefing Phases:
- A. Introduction.
- B. Facts.
- C. Thoughts.
- D. Reaction/Feelings.
- E. Symptoms.
- F. Teaching.
- G. Planning.

Explore other ICISF models and use the one that best fits with the situation.

IV. Follow-up within 72 hours after incident.

V. Hans Selye, M.D.
- A. General Adaptation Syndrome.
  1. Alarm.
  2. Resistance.
  3. Exhaustion.
- B. **First Medical Doctor to associate stress with physical disease.**

VI. The Northwest Fire's Interagency Critical Incident Stress Management Team (CISM).
- A. Made up of firefighters, paramedics, nurses, police, and mental health.
- B. CISM Team works with professionals on scene, pre-hospital, and hospital.
- C. CISM Team can back up the C.A.P. Team, if needed.
- D. C.A.P. Team will notify the C.I.S.M. Team, if needed.

Choice Theory
(Dr. William Glasser)

Build Environment - very crucial for establishing effective support.

Situation A: Not in effective control.
Situation B: In effective control.

Needs:
Love and Belonging
Power and Achievement
Fun
Freedom
Survival

Total Behaviors:
Physiology
Feelings
Thoughts
Choices/Actions

Perceived world - our own perceptions of how things are due to past experiences and present experiences.

Quality world - This is when we are getting all of our needs met. When we are not getting what we want, we will not be in effective control. This is a time for growth and change. Our four (4) total behaviors are not balanced. This is called Situation A. When we are getting what we want because we are getting our needs met or our four (4) total behaviors are balanced, then we are in Situation B.

REALITY THERAPY:
The technique for using Reality Therapy is where you will ask evaluative questions. Glasser believes to have an individual self evaluate promotes the most effective self control and change. Remember you must first build an environment.

Evaluative questions are based on total behaviors, wants, needs, and the choices a person is making to get what they want (i.e., to get their needs met). When asking questions, it helps to have a person evaluate and choose for themselves what it is that they need to do to get what they want. Glasser believes people behave to get their needs met.

SUICIDAL INDIVIDUALS

Take all suicide threats seriously. It is important to contact family members when able. Always ask for a minimum of 2 family members to contact. Law enforcement will probably already be involved and will have called in the MAC Team. If Law enforcement has not contacted the MAC Team, encourage them to do so. If this appears to be a "Police suicide attempt," the C.A.P. Team will work with the family of the suicidal individual. Remember to always stay in the COLD ZONE on scene and ONLY WHEN IT IS SECURED BY LAW ENFORCEMENT. If the Police or law enforcement ask you to leave…LEAVE. It is for your safety.

The C.A.P. Team is to offer support to the suicidal individual and to their family members. The C.A.P. Team is NOT to make ASSESSMENTS. Ensure professional help is contacted. Continue to provide support after the referral is made.

There are many different reasons a person may have for wanting to commit suicide. Where there is suicide, there is a stressor. An attempter is often upset by a critical incident ,depressed, or an addict, but not mentally ill.

Listen for verbal clues:

1. Direct statements: "I'm thinking of killing myself!" "I want to die!" "I don't want to live anymore." "I won't or can't live without them."

2. Indirect statements: "No one will have to worry about me anymore." "I can't take it any longer." "They'll be sorry when I am gone."

3. Hinting: "I wonder what it will be like in the after life?" "I'm not afraid of dying. I'm ready."

Suicide Risk Factors include a Stress Response and General Adaptation Syndrome:

1. Nature of Suicide Plan.
2. Prior attempts.
3. Depression.
4. Medical Problems.
5. Major Critical Incidents.
6. Loss of a loved one/death or divorce.
7. Stress.
8. Mood swings.
9. Addiction Problems.
10. History of physical and verbal abuse.

Statistics can help us and they can harm us. Therefore, they won't be quoted. The only quote to remember is: TAKE ALL SUICIDE THREATS SERIOUSLY!

Vital questions to ask a person who you believe maybe contemplating suicide:

1. Are you thinking about killing yourself?
2. Do you have a plan?
3. What is your plan?

4. Have you ever tried to kill yourself before?
5. Have you had any losses lately (i.e., death, divorce, job etc.)?
6. Have you been under a lot of stress?
7. How often do you think of killing yourself?
8. Can you change your thoughts?
9. What other choices do you have?
10. How can you get what you want without killing yourself?
11. Do you have any guns (i.e., pills, knives, etc.) in the house that you would use?
12. How long do you think about killing yourself per hour?
13. Do you have children?
14. Who can stop you?
15. Do you think problems are permanent?

When asking questions, do so in a very loving and compassionate way, non-patronizing. Let them know you will follow up and that you care about them.

Characteristics of a suicidal adult:

1. They suffer intense emotional or psychological pain.
2. Their relationships are strained (your support may be life saving).
3. They see suicide as the only solution to the problem.
4. They feel ambivalent.
5. They give away clues.
6. They feel hopeless and/or helpless.
7. They run away from their problems.
8. They have poor coping and/or problem solving skills during this time.

What you can do:

1. MAKE SURE YOU ARE SAFE!
2. Trust your instincts.
3. Do not offer reassurance that may not be true.
4. Let them know that you want to help.
5. Stay calm.
6. Do not act in a judgmental manner.
7. Talk openly.
8. Reassure them about your assistance and support.
9. Do not offer simplistic solutions.
10. Show that you are willing to discuss feelings.
11. Do not increase their guilt or shame.
12. Encourage them to develop solutions.
13. Help them identify stress reducers and stress management techniques.
14. Take direct action yourself to decrease some pressure.
15. Help them recognize that their feelings will NOT LAST forever.
16. Do not put them on hold or leave them alone.
17. Ensure professional help is contacted.
18. Continue to provide support after the referral is made.

Suicide and Depression:

1. Suicide and depression can be related. Although most depressed people are not suicidal, most suicidal people are depressed.

Signs of Depression:

1. General feelings of hopelessness.
2. Diminished ability to concentrate.
3. Change in physical activities.
4. Loss of self-esteem.
5. Withdrawal or isolation.
6. Misdirected anger/anger turned inward.
7. Guilty or shame feelings.
8. Extreme dependency.
9. Hypersensitivity (may be due to physical or verbal abuse).
10. Suicide threats or attempts.

Depressive Symptoms:

1. Anorexia.
2. Sudden weight loss.
3. Weight gain.
4. Apathy.
5. Loss of sex drive.
6. Lethargy.
7. Morbid views.
8. Insomnia.
9. Withdrawn/isolated.
10. Pre-occupied.
11. Easily agitated.
12. Hostile.
13. Irritable.
14. Sloppiness and poor hygiene.
15. Dwells on problems or the past.
16. Lives in the past.
17. Persistently sad, anxious, or empty feeling.
18. Loss of interest in activities once enjoyed.
19. Fatigue or loss of energy.
20. Thought of suicide or death.
21. Persistent physical symptoms that don't respond to treatment, such as headaches, chronic pain, digestive disorders, cardiac problems, strokes, cancer and other chronic medical problems.
22. Difficulty concentrating, remembering, or making decisions.

MIRRORING

Listening is extremely important. It is important that you are listening from their perceived world and trying to understand their perceptions versus your own.

Mirroring is a form of reflective listening or active listening. You mirror back to the individual what you thought you heard. If you did not hear it correctly, you heard it from your own perceived world. Listen to the individual's thoughts, feelings, physiology (body language, etc), and their choices/actions (total behaviors). When listening like this, it will help you come up with compassionate evaluative questions.

Through mirroring, it is important to continue to build a caring and nurturing environment if possible.

Role play mirroring.

"I" messages are problem solving messages.
"You" messages are accusatory and shut down the listening process.

Do not take anything said personally by any customer. Learn to deflect their fear and anger. Listening can calm a situation and defuse it within seconds. If it does not, you may consider leaving.

IT IS MORE IMPORTANT TO LISTEN THAN TO BE HEARD DURING A CRISIS.
Talking actually helps the individual to process what has happened to them.

FORMS

See copy of forms in the back of this manual.
Make sure you have an ample supply of forms at all times.

All forms must be filled out and copied.

1. One for your records so you can do follow-up. This is to be handed in to the Coordinator after all follow-ups are complete.
2. A copy after your shift, is to be given to the Coordinator for review and for the District to file with other patient records.
    - A. State only the facts. Use words like seems or appears.
    - B. Who did you contact/customers families, Battalion Chief, Captain, other agency, etc.).
    - C. Write clearly. Print if writing is not legible.
    - D. Write your name and the names of all involved.
    - E. Do not forget dates and get call number.
    - F. May use backside of form to write on.
    - G. Have customer initial referrals and have agency transferring to initial by the side of their referral.

COMPLETE ALL FORMS DAILY.

DO NOT WRITE TOO MUCH AND DO NOT WRITE TOO LITTLE.

THIS FORM IS A LEGAL DOCUMENT AND MAY BE USED IN COURT.

During every shift, go over contents in van and replace items, i.e., water, forms, vests, flashlight batteries, blankets etc. Do NOT leave the next shift unequipped.

Do not hesitate to write out a compliment about another C.A.P. Team member or one of the firefighters, Captains, or Battalion chiefs and turn it into the Coordinator for distribution to the Chief.

MENTAL HEALTH CALLS

It is **NOT** the place of the C.A.P. Team to assess mental health calls. It is imperative to encourage law enforcement to call in the MAC Team.

Be aware of cultural differences in handling these issues.

I. Please review the DSM IV to become familiar with terms.

A. Mental Disorders
   1. Anxiety Disorder.
   2. Bipolar Disorder/Manic Depressive.
   3. Major Depression.
   4. Schizophrenia.
   5. Personality Disorder.

B. Anxiety Disorders
   1. Anxiety Disorders are the most common of all mental disorders and include:
      a. Panic Disorder- It can appear at any age, but most often appears in young adults.
      b. Obsessive Compulsive Disorder- It can appear at any age, but 1/3 experience it in childhood. Obsessions are thinking the same thought over and over again. Compulsions are repeating the same behaviors, rituals, etc., to rid one from the obsessive thought.
      c. Phobias-fears real or imagined.
      d. Generalized Anxiety Disorder.
   2. General Information on Anxiety Disorders:
      a. Anxiety normally helps you cope.
      b. In certain people it does just the opposite.
      c. It can disrupt your daily life and keep you. from coping.
      d. It is an illness related to biological makeup and individual life experiences.
      e. Anxiety Disorders can run in families.

C. Post Traumatic Stress Disorder
   1. Can occur at any age. Can be accompanied by substance abuse, depression, or anxiety.
   2. It is a debilitating condition that proceeds a terrifying event.
   3. Use to be called battle fatigue or shell shock.
   4. Responses are:
      a. ACUTE/Alarm
      b. DELAYED/Resistant
      c. CUMULATIVE/Exhaustion
   5. Symptoms are:
      a. PHYSICAL

b. COGNITIVE
c. EMOTIONAL

6. Treatment:
   a. Debriefings, talking through feeling and thoughts, support, education, follow up.
   b. Exercise.
   c. Diet.
   d. Nutritional supplements.
   e. Medication, if needed< for depression, anxiety, etc.

D. Phobia
1. Can start at any age.
2. Unknown cause.
3. Forms of Phobia:
   a. Specific Phobia: A fear of a specific thing (irrational fear).
   b. Social Phobia: A fear of being very embarrassed in a social setting.
   c. Agoraphobia: .A fear of being anywhere that might provoke a panic attack (usually accompanies a panic disorder).
4. Treatment:
   a. Specific Phobia-Psychotherapy-desensitization.
   b. Social Phobia-Medications: Anti Depressants, Beta Blockers.
   c. Agoraphobia-Psychotherapy.

E. Generalized Anxiety Disorder (GAD)
1. More common in women than in men.
2. Can start at any age.
3. It is diagnosed when someone worries excessively about a number of things for at least 6 months (may follow after significant death or loss).
4. Chronic and exaggerated worry.
5. Always anticipating a disaster.
6. Simply getting through the day produces a large amount of anxiety.
7. Symptoms:
   a. Unable to relax.
   b. Trouble falling and staying asleep.
   c. Trembling, sweating, hot flashes.
   d. Muscle tension, headaches, irritability.
   e. Out of breath, light headed, nauseated.
   f. Easily startled, trouble concentrating.
   g. Feel tired, may suffer from depression.
8. Treatment:
   a. Medication.
   b. Psychotherapy.

F. Bipolar Disorder
   1. At least 2 million Americans suffer from Bipolar Disorder.
   2. It usually begins in adolescents or early adulthood (children ADHD).
   3. It is a treatable illness.
   4. Symptoms:
      a. Serious mania and depression (severe mood swings between the two).
      b. Mania: Overtly high and irritable
         (i) Extreme irritability and distract-ability.
         (ii) Excessive high or euphoric feeling.
         (iii) Sustained period of odd behavior.
         (iv) Decreased sleep.
         (v) Poor judgment.
         (vi) Increased sex drive.
         (vii) Substance use/abuse.
         (viii) Denying the problem.
         (ix) Obnoxious behavior.
         (x) Increased energy, activity, talking, agitation, thinking.
         (xi) Unrealistic belief in ones own abilities.
      c. Depression: Sad and hopeless
         (i) Sad, anxious, empty feeling.
         (ii) Feeling helpless and hopeless.
         (iii) Loss of pleasure in usual activities.
         (iv) Lack of energy.
         (v) Loss of memory.
         (vi) Hard time concentrating.
         (vii) Irritability, restless.
         (viii) Sleep problems.
         (ix) Loss of appetite.
         (x) Increase in appetite.
         (xi) Thoughts of death.
   5. Bipolar Disorder Spectrum:
      a. The order: Sever depression, moderate depression, mild depression, normal mood, hypomania, and mania.
      b. The course of the illness varies.
   6. Treatment:
      a. Medications: lithium, carbamazapine, valproate, anti-depressants, etc.
      b. Electroconvulsive therapy.
      c. Psychotherapy.

G. Major Depression
   1. There has never been a manic episode.
   2. Presence of two (2) or more Major Depressive episodes.
   3. May have a seasonal pattern.

4. May be longitudinal (with or without Inter-episode Recovery).
5. Treatment.
    a. Medications.
    b. Psychotherapy.

H. Dsythymic Disorder
1. Depressed for most of the day, for more days than not, for almost two years.
2. Poor appetite.
3. Insomnia or hypersomnia.
4. Low energy or fatigue.
5. Low self esteem.
6. Poor concentration or difficulty making decisions.
7. Feelings of hopelessness.
8. No Major Depressive Episode has been present.
9. There never has been a Manic Episode.

I. Schizophrenia
1. 1% of the world population has schizophrenia.
2. 2.5 million Americans suffer from schizophrenia.
3. It usually begins between the ages of 15 and 25.
4. It afflicts men and women equally.
5. It is a serious brain disorder, unknown cause.
6. Symptoms:
    a. Distorted perceptions of reality.
    b. Hallucinations and illusions.
    c. Delusions.
    d. Disordered thinking.
    e. Emotional expression.
    f. Normal versus abnormal.
    g. Psychosis: A state of mental impairment with hallucinations and/or delusions.
7. Treatment:
    a. Medications-Anti-psychotic drugs.
    b. Psychosocial treatment: Rehabilitation, individual psychotherapy, family education, and self-help groups.
    c. Schizophrenia cannot be cured.

J. Personality Disorders
1. Paranoid Personality Disorder:
    a. A pervasive distrust and suspiciousness of others.
    b. Treatment: Psychotherapy, no medication indicated.
2. Schizoid Personality Disorder:
    a. A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood.
    b. Treatment: Psychotherapy, no medication indicated.
3. Schizotypal Personality Disorder:

a. A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning in early adulthood.
b. Treatment: Psychotherapy, anti-psychotic medication.

4. Anti-Social Personality Disorder:
   a. There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years.
   b. Treatment: Psychotherapy, no medication indicated.
5. Borderline Personality Disorder:
   a. A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and a marked impulsivity beginning by early adulthood.
   b. Treatment: Psychotherapy, anti-psychotics, anti-depressants, or anti-anxiety medications if indicated.
6. Histrionic Personality Disorder:
   a. A pervasive pattern of grandiosity, need for admiration, and lack of empathy, beginning by early adulthood.
   b. Treatment: Psychosocial, psychotherapy, group therapy, no medications indicated.
7. Narcissistic Personality Disorder:
   a. A pervasive pattern of grandiosity of self, need for admiration, and lacks empathy for others, begins by early adulthood.
   b. Treatment: Psychosocial, psychotherapy, group therapy, no medication indicated.
8. Avoidant Personality Disorder"
   a. A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood.
   b. Treatment: Psychotherapy, no medication indicated.
9. Dependent Personality Disorder:
   a. A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood.
10. Obsessive-Compulsive Personality Disorder:
    a. A pervasive pattern of pre-occupation with orderliness, perfectionism, and mental and interpersonal control at the expense of flexibility, openness, and efficiency, beginning in early adulthood.
    b. Treatment: Psychotherapy, no medication indicated.
11. Personality Disorder Not Otherwise Specified.
12. Personality Disorders are one of the hardest mental disorders to treat because they are part of what defines an individual and the individual's self-perception (Mental Health Net).

13. Causes: Upbringing, genetics, biological makeup, personality, social development, and life experiences, etc.

HOW ALL OF THIS INFORMATION APPLIES TO THE CAP TEAM

Crisis calls

1. Is it drug abuse or mental illness? They can and do mimic each other!
2. Is it drug induced psychosis or schizophrenia?
3. Look for and ask about mental illness medication.
4. Ask the customer if he/she is being treated for any medical problems.
5. Talk to family members/ friends about customer's possible illness.
6. Look for track marks or injection sites.
7. Smell for alcohol, drugs, etc.
8. Look for scabs (chipping) or infected marks on arms and/or legs.
9. Remember to contact your resources such as the Gateway LARC or MAC Team.
10. Find out if the customer is hearing voices, if so, what are the voices saying.
11. Is the customer seeing things that are not there? If so, what are they seeing?
12. Do not agitate the customer.
13. Do not whisper in front of the customer.
14. Do not make fun of the customer.
15. Speak calmly and directly to the customer and explain to them what you are doing.
16. Do not escalate to the vocal level of the customer.
17. Remember, aggression and violence can happen without warning, go with your gut feelings!
18. Do not be afraid to call for help.
19. Do not be afraid to LEAVE if things do NOT seem right.
20. Be very careful, people with psychiatric disorders can be just as violent as the general public.

DO NOT TRANSPORT PATIENT

You could be part of the petitioning process for EMERGENCY ADMISSION along with law enforcement, firefighter, etc. SO…Document what you heard, saw, and why the patient is a potential harm to self or others.

DOMESTIC VIOLENCE

Domestic violence affects all socio-economic classes and all cultural backgrounds. It does not discriminate.

Most violence reported, the man is the perpetrator (90%).

THE MOST DANGEROUS TIME FOR A WOMAN BEING BATTERED IS WHEN SHE LEAVES! Very important to have all resources involved, e.g., Brewster Home, etc.

I. **VICTIMS AND PERPETRATORS**
- A. Who are the victims?
  - 1. Anyone can be a victim of domestic violence.
    - a. Men, women, children.
    - b. Young, old.
    - c. Rich, middle class, poor.
    - d. Married, single, heterosexual, homosexual.
    - e. All cultures.
    - f. Society.
- B. Who are the perpetrators?
  - 1. The vast majority are men.
    - a. Men
    - b. Women
    - c. Children

II. **IDENTIFY AND DEFINE DOMESTIC VIOLENCE**
- A. Definition of domestic violence.
  - 1. DEFINITION: It is a pattern of assaultive behavior, including, but is not limited to, physical and verbal abuse, sexual and psychological attacks, economic coercion and control that adults and adolescents use against their families and/or intimate partners.
  - 2. Characteristics:
    - a. Emotional abuse through mind games, name calling, or put downs.
    - b. A combination of physical force, terror, or threatened physical abuse used by the perpetrator that causes physical or psychological harm to the victim.
    - c. Isolation from family and/or friends.
    - d. Economic abuse by withholding money, taking money or preventing the victim from gaining employment.
    - e. Behavior used to gain compliance or control of the victim.
    - f. Threats or intimidation.
    - g. Stalking.
    - **h.** Sexual perversion.

III. **VIOLENCE**

A. Cycle of Domestic Violence.
   1. Honeymoon Stage.
   2. Build-up.
   3. Violence.
   4. Cycle repeats with Honeymoon Stage.

B. Anatomy of a victim.
   1. Definition of a victim: A person whom a criminal offense has been committed or if that person has been killed or incapacitated, the person's spouse, parent, child, family, or other lawful representative, except if that person is in custody for the offense or is the accused (A.R.S. 13).
   2. CHARACTERISTICS of the victim (may have some or all of these):
      a. Low self esteem.
      b. Believes they are to blame.
      c. Suffers from the guilt about not being a good enough partner.
      d. Believes the batterer will stop (gets hooked into the honeymoon stage).
      e. Believes she/he deserved the battering.
      f. Makes excuses for the batterer.
      g. Suffers from economic and/or emotional dependency.
      h. Believes no one can help them or their situation.
      i. Unsure of own needs, unable to define self.
      j. Isolation from family and friends.
      k. Unexplained or poorly explained injuries.
      l. Depressive or hysterical symptoms, stress or psychosomatic disorders.
      m. Drinks heavily or uses drugs.
      n. Frightened of their partners temper.
      o. Has been abused as a child or seen abuse in their home.
   3. Physical trauma of victimization.
      a. Injuries:
         (i) Stab wounds
         (i) Bullet wounds
         (ii) Broken bones, sprains, strains
         (iii) Bruises, cuts, scrapes, scratches
      b. Physical Responses:
         (i) Loss of appetite
         (ii) Sleep disorders
         (iii) Stress related illness
         (iv) Vomiting
         (v) Defecation
         (vi) Urination
         (vii) Rapid Heart rate

(viii) Hyperventilation
(ix) Perspiration
(x) Headache
(xi) Heightened sensory perception
(xii) Exhaustion/unconsciousness/fainting

4. Psychological Response:
   a. Shock
   b. Denial
   c. Disbelief
   d. Regression
   e. Depression: Prolonged silence, feelings of guilt or shame, thoughts of suicide, extreme remorse, screaming, crying, hysterical outbursts, grief, sorrow
   f. Minimizes being victimized
   g. Self-destructive or violent behavior
   h. Anger or rage
   i. Fear or terror
   j. Frustration
   k. Confusion: Immobility or frenzied activity, contradictory behavior
   l. Guilt/self blame
5. Why do Victims Stay?
   a. More than 50% grew up in abusive homes.
   b. Secrecy of abuse: Perpetrator has destroyed ties to family and friends causing isolation.
   c. Economically dependent on abuser: Out of work, missed work, medical costs, property damage, stolen and/or missing property, counseling therapy costs.
   d. Fear of abuser.
   e. Loss of a relationship/break-up of a family.
   f. Guilt over causing abuse.
   g. A promise by the abuser that he/she will change.
   h. Denial.
   i. Traditional views of marriage and family.
   j. Embarrassment.
   k. No "faith" in criminal justice system.
   l. CYCLE OF VIOLENCE/Honeymoon, build-up, violence
6. ANATOMY OF A BATTERER
   a. May have a personality disorder.
   b. Found in all races.
   c. Grown up in an abusive home or been abused as a child.
   d. Has poor impulse control.
   e. Is very jealous.
   f. Has low self-esteem.
   g. Has an explosive temper.
   h. Has stress disorders or psychosomatic symptoms.

i. Drinks heavily or uses drugs.
j. Blames others for his/her own problems.
k. Controls their significant others money, decisions, and friendships.
l. Has contempt for the opposite sex.
m. Has abused their significant other by hitting, kicking, threatening or intimidating him/her when angry.
n. Uses sex as control or as an act of aggression.
o. Believes he/she is superior to significant other.
p. Believes they have a right to control significant other with violence and should not be punished.
q. Show signs of a dual personality.
r. Is Narcissistic or self centered.

7. Facts about the Batterer.
   a. The physical abuse is about CONTROL, not anger.
   b. The physical abuse provided by the abuser is a CHOICE not an illness.
   c. Alcohol and/or drugs do not cause the abuse.
   d. More than 75% of the abusers do not have a criminal record.
   e. In about 75% of the families where there is spouse abuse, child abuse is also present.
   f. Batterers do not have to be large in stature.
8. Family Factors:
   a. Familial modeling.
   b. Men who grew up with violent parents are ten (10) times more likely to batter spouses than other men.
   c. Men, who received heavy physical punishment as teens, became abusers at a rate of 4 times that of men not punished physically as teens.
   d. If abused as a child, violence impacts self-esteem, feelings of unworthiness, dependency on others for validation and heightened vulnerability to frustration.
9. Characteristics of Children in D.V. homes:
   a. Children found in all racial and socio-economic homes.
   b. Exhibit stress responses.
   c. At a higher risk for drug and/or alcohol abuse.
   d. Low self-esteem.
   e. Isolation.
   f. Have problems with school or law.
   g. Higher risk for sexual behavior and running away.
   h. Has limited tolerance, internalize, externalize anger.
   i. Poor impulse control.
   j. Higher suicide attempts or self-mutilation.
   k. Minimize or deny the violence in the home, self blame.
   l. Poor concentration.

m. Bargaining with parents.
n. Continuation of domestic violence in adulthood either as victim or batterer.

10. Elder abuse:
    a. Elder abuse is considered domestic violence when caused by family member.
    b. Caregiver/family member exerts power and control over the elderly person.
    c. Financial exploitation is frequently associated with elder/domestic violence abuse.
11. Assessing the violence potential:
    a. Past threats of homicide or suicide.
    b. Fantasies of homicide or suicide.
    c. Weapons in the home and if the weapon has been used before.
    d. Ownership of the significant other.
    e. Repeated calls to law enforcement from the residence.
    f. Drug or alcohol abuse.
    g. Hostage taking/kidnapping.
    h. Separation from significant other.
    i. Depression.
    j. Increased risk taking behavior by abuser.
    k. The inability to access the victim.

IV. TECHNIQUES FOR CRISIS INTERVENTION WITH THE VICTIM

A. Safety and security.
1. Physical safety: Assure that you and the victim are out of physical danger and that their medical needs have been met.
2. Feel safe:
    a. Make sure the victim CANNOT see or hear the assailant.
    b. Do not talk with the victim where the crisis took place.
    c. After checking with police, let them replace their clothing, give case update information, let victim know arrest status of assailant.
    d. Make sure that they are as warm and comfortable as they can be.
3. Notify victim regarding safety of family and friends, if known.
4. Find private place so victim can process the events.
5. Confidentiality.
6. Empower victim so that he/she can regain control of events.
7. Transport to shelter.
8. Hints for helping.
    a. Identify yourself.
    b. Sit down and talk.
    c. Move to safest location.
    d. Reassure their safety.
    e. Advise about confidentiality.

f. Keep media away.
g. Safety of loved ones.
h. Have them repeat questions.
i. Get history of past abuse.
j. Educate on cycle of violence.
k. Let them talk openly.
l. Help them with immediate plans.

B. Active listening/Mirroring/ Validation and Ventilation
1. Allow the victim to tell their story, it helps them gain control over reality.
2. Allow the victim to vent the best way for their culture/do not judge.
3. Let the victim know that their reactions to traumatic events are normal.
a. Be specific about the event.
b. Mirroring/repeat their phrases.
c. Let them know that they are not abnormal regarding how they feel.
d. Immediate Action Alert to words used like suicide, homicide and any threats.
4. Let them know that they are not going crazy.
5. Maintain good eye contact and body posture.
6. Pose simple choices to help them gain control.
7. Orientation questions: Ask diversionary reality questions.
8. Helpful hints (summary).
a. Let them describe events.
b. What has happened since the trauma.
c. Do NOT assume anything… ASK.
d. Let victim talk as long as possible.

C. Prediction and preparation.
1. Answer victim's question to the best of your ability.
2. What will happen next?
a. Will they have to relocate?
b. Investigation with the police.
c. Criminal justice process: Arrests, prosecution, trial, conviction, and sentencing.
d. Medical concerns.
e. Media information.
f. Rights.
3. Reactions that could be expected.
a. See stress response handout.
b. Possible long-term responses/reactions/events.

D. Post Traumatic Stress Disorder.
1. Triggers.
2. Media coverage.
3. Proximity of events around holiday.

4. Develop Safety Plan.
5. If it is their plan, they will probably follow through.
6. Service Providers to assist victims.

V. ARIZONA REVISED STATUE LAWS ON DOMESTIC VIOLENCE

A. Non-legal relationship in Arizona.

B. Arizona Revised Statutes ("A.R.S.") Title 13 defines domestic violence.
   1. Significant others (homosexual relationship).

C. Title 13 crimes related to domestic violence.
   1. Dangerous crimes against children A.R.S. § 13-1604.01
   2. Endangerment A.R.S. § 13-1201
   3. Threatening or intimidating A.R.S. § 13-1202
   4. Assault A.R.S. § 13-1203
   5. Aggravated assault A.R.S. § 13-1204
   6. Custodial interference A.R.S. § 13-1302
   7. Unlawful imprisonment A.R.S. § 13-1303
   8. Kidnapping A.R.S. § 13-1304
   9. Criminal trespass A.R.S. §§ 13-1502-1504
   10. Criminal damage A.R.S. § 13-1602
   11. Interfering with judicial proceedings A.R.S. § 13-2810
   12. Disorderly conduct A.R.S. § 113-2904
   13. Use of telephone to terrify, intimidate, threaten, harass, annoy or offend A.R.S. § 13-2916
   14. Harassment A.R.S. § 13-2921
   15. Aggravated harassment A.R.S. § 13-2921.01
   16. Stalking A.R.S. § 13-2923
   17. Aggravated domestic violence A.R.S. § 13-3601
   18. Child or vulnerable adult abuse A.R.S. § 13-3623

D. Protocol for domestic violence.
   1. When arrests shall be made (Title 13 will be read by law enforcement).
      a. According to A.R.S. § 13-3601.B.
      b. Infliction of physical abuse.
      c. Discharge, use, or threatening exhibition of a deadly weapon or dangerous instrument.
   2. Unless officer believes victim will be protected from further injury.
   3. Emergency orders of protection.
      a. Crime occurred after regular business hours.
      b. Victim desires order.
      c. Contact Pima County Sheriff Officer ("PCSO") for information on contacting on-call judicial officer.
      d. Police officer then contacts judicial officer and describes the facts of crime.
      e. Judicial officer then may order emergency order of protection.
      f. PCSO gives officer emergency order of protection case number.

g. Police officer completes form and serves defendant, if he/she is present.
h. If defendant is not present, officer leaves all copies of form with victim so defendant can be served when he/she returns.
i. Only valid through the end of the courts next business day.

4. Orders of Protection.
   a. Can be obtained by the victim during regular court business hours.
   b. Can be obtained at Old County Court House downtown (Pink building on Church Ave.).
   c. Restraining Order obtained at the City Court on Alameda.
   d. Violations of order are criminal.
   e. Order is good for 6 months.
5. Injunction prohibiting harassment.
   a. Not for domestic violence purposes.
   b. This order can be used in same sex relationships.

VI. VICTIMS RIGHTS

A. Arizona Victims Bill of Rights.

VII. FIRST RESPONDER

A. Outlook on victim crimes.
   1. Can seem non-sympathetic.
      a. May have other case information not known to victim or service provider.
      b. Due to numerous victims recanting story.
      c. Repeated returns to same residence.
      d. Victim's failure to leave the situation.
      e. Verbal abuse by victim.
      f. Personal belief that victim deserved it.
      g. May believe that it is family issue, not a first responder issue.
      h. Too much paperwork.
      i. Not my job to settle family problems.
      j. There are many more important crimes/calls.
      k. Victim unwilling to assist in investigation.
      l. Very dangerous call for police and fire.
   2. Can be overzealous.
      a. Everybody goes to jail.
      b. Put words in victim's mouth.
      c. Attempting to force victim to prosecute.
      d. Inappropriate attachment to victim.

B. Things to remember about reports.
   1. Treat all injuries first (paramedic).
   2. Always believe that the case will go to court.
   3. Carefully detail and document the case.

4. Examine injuries carefully (paramedic).
5. Collect all evidence (police).
6. Photograph (police).
7. Interview all witnesses (police).
8. Tape record victim and suspect interview (police).
9. Document that victim rights information was given (police and crisis worker).
10. Remember, take ownership of the call and put personal beliefs aside.

GRIEF, SUDDEN DEATH, VIOLENT DEATH, AND DEATH NOTIFICATION

I. **Stages of Grief**
   A. People go in and out of these stages not in order. Some may experience only a few of these stages.
      1. Shock and denial.
      2. Bargaining (What if? If only?).
      3. Anger.
      4. Depression.
      5. Terms.

II. **Traumatic Grief will show signs of acute, delayed or cumulative stress responses.**

III. **Grief Support**
   A. Definition of Grief.
      1. Probably the most profound and prolonged emotional state ever experienced by a human being.
   B. Types of Losses:
      1. Death of a loved one.
      2. Line of duty losses.
      3. End of a significant relationship.
      4. Loss of a home.
      5. Loss of personal items.
   C. Nature of Losses:
      1. Sudden vs. Anticipated
      2. Cause of death.
      3. Occurrence/cumulative.
      4. Age of customer at time of loss.
      5. Age of deceased at the time of loss.
   D. Grief Responses:
      1. Acute/Alarm
      2. Delayed/Resistance
      3. Cumulative/Exhaustion
   E. Factors of Grief:
      1. Emotions
      2. Cognitive
      3. Physical
      4. Social/Support System
      5. Cultural/Gender role conditioning
      6. Behavioral
      7. Sudden or expected
      8. Past losses
      9. Spiritual beliefs
      10. Funeral Rituals
   F. Psychological:
      1. Sadness

2. Anxiety
3. Feeling loss of control
4. Feeling abandoned
5. Feeling powerless/helpless/hopeless
6. Poor concentration
7. Confusion
8. Despair
9. Depression
10. Generalized anger
11. Guilt
12. Hallucinations
13. Dreams
14. Poor memory
15. Number calculation problems

G. Physical:
1. Insomnia
2. Digestive problems
3. Loss of appetite
4. Exhaustion
5. Heart Palpitations (Have checked by a Dr.)
6. Ringing in the ears
7. Dizziness
8. Headaches
9. Dry mouth
10. Constriction in throat
11. Increase in blood pressure
12. Muscular pain
13. Pressure in chest (Have Checked by a Dr.)

H. Ways to be helpful:
1. Be aware.
2. Be sensitive.
3. Listen and watch (Grief is new. Words are few.)
4. Go with your gut.
5. Tolerate strong emotional expression.
6. Don't personalize.
7. Sit with them in silence.
8. Give facts and information.
9. Explain what will happen next. They need to select a mortuary and provide list.
10. Provide transportation.
11. Hold a hand.
12. Give something to hold.
13. Tolerate tears.
14. Don't Judge.
15. Fix a meal.
16. Be supportive.

17. Use the deceased person's name.
18. Help with paperwork/ provide packet.
19. Attend the funeral.
20. Give bereavement literature.
21. Make phone calls.
22. When it is time to leave let survivors know.
23. Ask if there is anything else you can do for them.
24. AFTER THE CALL: FILL OUT PAPER WORK AND SEND A SYMPATHY CARD -- include your name, your team-mates name, the shift and Captain's name and the PD officers.

I. Medical Examiners ("ME") Cases:
1. Insure the family has ME phone number.
2. Insure family understands they have 24 hours to make a mortuary decision.
3. Find out if there is anyone you can call.
4. Get the natural support system to take over as soon as possible.
5. All unattended deaths are ME cases unless a Doctor is willing to sign the death certificate.
6. All pediatric and suspicious cause of deaths are ME case.
7. Most ME cases result in an autopsy.
8. Insure the family has the Docket Record Number, this is obtained from PD.

IV. Sudden and Violent Death

A. Sudden Death:
1. No time to make changes.
2. Less to work with.
3. Unable to say goodbye.
4. World is suddenly changed.
5. Survivor is overwhelmed.
6. Loss does not make sense.
7. Lack of understanding.
8. There is much unfinished business.
9. Unable to bring relationship to a positive close.
10. Unable to grasp situation.
11. Search for clues.

B. Violent Death:
1. Sudden death reactions.
2. Natural or man made disasters.
3. Natural disaster survivors often fare better.
4. Human caused disaster was preventable.
5. Who is responsible is the central issue. Issues confronting survivors of human caused disasters include:
   a. Coping with the anger.
   b. Seeking cause or reason.
   c. Finding who/what was to blame.
   d. Regaining a sense of control.

e. Frustration and powerlessness.
f. Random events create fear.
g. Coping with unfairness and injustice.
h. Inability to protect victim.
i. Mutilation death/greater helplessness.
j. Imagine worst for loved one.
k. Accurate medical information helpful if available.

C. Homicide:
1. No question death was preventable.
2. Not being with the victim.
3. Randomness of event (if applicable).
4. Survivor guilt.
5. Incredible rage.
6. Revenge and retribution.
7. Complicated mourning, adaptation, social supports.
8. Victimization.

D. Suicide:
1. Intentional nature of act.
2. Intense feelings of rejection, abandonment, failure and inadequacy.
3. Survivor guilt.
4. May experience embarrassment.
5. Need to know "Why?'
6. Anger.

V. **Death Notification**

A. Principles of Death Notification:
1. In person.
2. In time.
3. In pairs.
4. In plain language.
5. With compassion.
6. When possible conduct notification in person.
7. Prepare yourself.
8. Know what happened-is there an investigation, what information should be given to the customer.
9. Have resources available/ Bereavement Checklist.

B. In person:
1. Introduce yourself and your partner.
2. Make sure you have the right person.
3. If a residence, ask if you can come in, ask if anyone else is home, ask if you can call a family member.
4. If at a hospital or other place, find a quiet private area.
5. Have the person sit down.
6. Be prepared to relate the information in a calm, understanding, and patient manner.
7. Do not take their anger personally.
8. Explain in a clear concise voice what happened.

9. Make eye contact.
10. Answer questions tactfully and honestly.
11. Do not jeopardize investigation if one is underway.
12. Be prepared for a roller coaster of emotion.
13. Males and females typically respond differently (culturally).
14. Ask if there is anyone you can help them contact.
15. Be aware of customer's medical problems and RX, check vitals.

C. In the Event of Anger:
1. Do NOT take personally.
2. Do not let the customer hit you.
3. Validate their anger and let them know you are willing to listen.
4. Don't argue.
5. Pay attention and use eye contact (physical barriers, yours and theirs).
6. Answer questions tactfully and honestly, keep to the facts.
7. Stay calm.
8. Don't act judgmental.
9. If a customer is angry with themselves, don't leave them alone.
10. If you fear for your safety, LEAVE (go to the van and request support or just leave).

D. Long Distance Notification:
1. When possible, don't give death notification by phone.
2. Request assistance from local services/Church/community services PD, etc.
3. If you have to do a death notification by phone…
   a. Introduce yourself, tell them you are with NWF.
   b. Make sure you have the right person.
   c. Inquire if they have someone with them.
4. Provide grief support.
5. Ask if there is anyone you can contact.
6. Leave them your name and phone number and NWF number (520) 881-1010.

VICTIMS SERVICES TRAINING

I. **The trauma of victimization includes all of the stress responses and includes:**
   A. Financial trauma:
      1. Out of work/missed work.
      2. Medical costs.
      3. Property damage.
      4. Stolen/missing property.
      5. Counseling/therapy costs.
   B. Social trauma:
      1. Costs of criminal justice process.
      2. Cost of incarceration.
      3. Fear within society/within self-family.
      4. Breakdown of society/within self-family.

II. **Victim Service:**
   A. Crisis Intervention:
      1. This service happens IMMEDIATELY after the crime occurs.
      2. Can happen at the scene, hospital, residence, etc.
      3. Give customer immediate emotional support.
      4. Defusing or debriefing facilitation.
      5. Community information, education, Information and Referral Services.
      6. Immediate problem solving assistance such as assistance with phone calls, blankets, water, Gatorade, after the fire notebook, pamphlets, transportation.
      7. The duration of the crisis intervention services can range from a few minutes to hours depending on the situation.
      8. Northwest Fire C.A.P. Team gives this service.
   B. Victim Notification:
      1. This service is mandated by law.
      2. The service begins at the scene with the distribution by law enforcement personnel of the Victims Rights pamphlets.
      3. The service continues throughout the investigation.
      4. Through the custody and sentencing of the perpetrator.
      5. Through the incarceration of the perpetrator.
      6. This notification service is the responsibility of the judicial and custodial (incarceration) agency throughout the sentence of the perpetrator.
   C. Follow-up Services three (3) areas:
      1. General case management:
         a. Social service referrals.
         b. Information related to food, shelter, clothing, medical treatment, orders of protection, harassment, victim witness program, and other government programs.
         c. Information and Referral Services and Counseling services.
         d. Support for the family and friends during police interviews.

e. This service can last from several hours to several months.

2. Counseling:
   a. Individual or Group Counseling.
   b. Counselor/Therapist specializing in victim trauma.
3. Investigative Liaison:
   a. Provided by the investigating police department.

D. Court Support:
1. This service provided by the judicial agency prosecuting the case (Victim Advocacy Program).
2. Victim Compensation.

SEXUAL ASSAULT

I. **Sexual Assault**

A. Definition: A sexual act committed against a victim without his/her consent and can include sexual harassment, rape, penetration (body or objects), and non-penetration (rubbing or fondling).

B. Statistics:
   1. More than 6 out of 10 rape cases occurred before the age of 18 (victim).
   2. 1,871 persons are forcibly raped every day.
   3. 13% of women are raped at least once in their lifetime.
   4. 22% of victims were raped by someone they did not know.
   5. 1.3 persons are raped every minute in the U.S.

C. A.R.S. Title 13 sexual assault crimes:
   1. Indecent exposure A.R.S. § 13-1402.
   2. Public sexual indecency A.R.S. § 13-1403.
   3. Sexual abuse A.R.S. § 13-1404.
   4. Sexual conduct with a minor A.R.S. § 13-1405.
   5. Sexual assault A.R.S. § 13-1406.
   6. Sexual assault of a spouse A.R.S. § 13-1406.01.
   7. Adultery A.R.S. § 13-1408.
   8. Open and notorious cohabitation or adultery A.R.S. § 13-1409.
   9. Molestation of a child A.R.S. § 13-1410.
   10. Crime against nature A.R.S. § 13-1411.
   11. Lewd and lascivious acts A.R.S. § 13-1412.
   12. Expenses of investigation A.R.S. § 13-1414.
   13. Continuous sexual abuse of a child A.R.S. § 13-1417.
   14. Sexual misconduct; behavioral health professionals A.R.S. § 13-1418.
   15. Unlawful sexual conduct; correctional employees; prisoners A.R.S. § 13-1419.

D. Profile of sexual assault victim:
   1. NO typical profile of victim.
   2. Male, female, young, old.
   3. Heterosexual and homosexual.
   4. All races, religions, and ethnic backgrounds.
   5. All socio-economic backgrounds.

E. Profile of perpetrators as identified by the FBI:
   1. Power reassurance rapist.
      a. Assaults to reassure manhood.
      b. Stranger assaults most common.
   2. Poser assertive rapist.
      a. A "mans man".
      b. 2nd most commonly reported.
   3. Anger retaliatory rapist.
      a. Revenge, sex as a weapon.
      b. Punish and degrade.

c. 3rd most commonly reported.

4. Anger excitation rapist.
   a. Gets a charge out of the infliction of pain.
   b. Looking for fear and submission.
   c. Least common.
5. Opportunistic rapist.
   a. Date rape.
   b. In the commission of other crimes.
6. The gang rapist.
   a. Usually a leader.
   b. Peer pressure driven.
   c. Used as a membership.

F. Sexual assault from a victim's perspective:
1. The horror of the assault.
2. Deciding to seek help.
3. Making the call for help.
   a. Medical care from paramedics.
   b. Police questioning.
4. Medical care/ CISM Team member.
   a. Hospital personnel/ Trained to deal with rape victims.
   b. Investigators.
   c. Sexual assault examination.
   d. Repeating of assault.
5. After the assault.
   a. Friends and family reactions.
      (i) Do not know what to say.
      (ii) May blame victim for attack.
      (iii) Minimize assault/ coping method.
      (iv) May also be traumatized.
      (v) May want to seek revenge.
   b. Criminal Justice System.
      (i) Interrogation.
      (ii) Personal attacks about the truth.
      (iii) Attorney interviews.
      (iv) Fear for safety.
      (v) Skeletons in the closet.
      (vi) Face the perpetrator.
      (vii) The results of the trial.
      (viii) Fair or unfair sentencing.
   c. Post Traumatic Stress or other stress disorders.
      (i) Counseling.
      (ii) Medical.

G. Do's and Don'ts
1. Do's:
   a. Explain services available and prioritize victims needs.
   b. Look at victim's cultural and religious values and beliefs.

c. Be aware of your own attitudes, experiences, and reactions to the crime. (Stop thoughts, cognitive restructuring, etc.).
d. Be patient and honest with the victim.
e. Listen to the victim.
f. Be supportive of the victim.
g. Assist the victim with small tasks (if okay with investigator).
h. Remember that you may have had numerous contacts with victims and this may be the first assault on this victim and it is unique to them.
i. This victim may look like someone you know and it may trigger a stress response within you. Be honest about this to your C.A.P. team.

2. Don'ts:
   a. Assume that the victim knows about services available.
   b. Minimize the victim's culture and beliefs.
   c. Apply your values and beliefs to the victim.
   d. Act as if the contact with the victim is on a time schedule.
   e. Show apathy toward the victim.
   f. Expect the victim to be able to undertake large tasks.
   g. Place all victims in one category.
   h. Blame the victim for the crime.
   i. Expect the victim to know about the criminal justice system.
   j. Promise something that cannot be obtained.
   k. Put words in the victim's mouth about the assailant.
   l. Interrogate the victim (leave this to the police).

SUBSTANCE ABUSE

I. If you suspect someone is on a substance, WEAR GLOVES and a MASK! Ask the Captain for these items when needed.

II. Different Substances
   A. There are 7 different categories of substance abuse:
      1. Narcotics (PET Scan of the brain).
      2. Depressants.
      3. Stimulants.
      4. Cannabis.
      5. Hallucinogens.
      6. Anabolic Steroids.
      7. Inhalants.
   B. MAKE SURE YOU HAVE HAD YOUR TB SHOT, HEP B VACCINATIONS.
   C. C.A.P. Team may respond to a substance abuse related scene:
      1. Homicide.
      2. Suicide.
      3. Suicide attempt.
      4. Car accidents.
      5. Crisis calls/psychiatric calls.
      6. Family crisis/domestic violence.
      7. Fire calls/haz-mat calls.
      8. Overdoses.
      9. Poisonings/pediatric ingestion.
      10. Drownings.
   D. Health related problems from Substance Abuse:
      1. HIV/AIDS.
      2. Hep B and C.
      3. Some types of cancer.
      4. Cirrhosis of the liver.
      5. Staph and other infections.
      6. Anorexia/bulimia.
      7. Heart, lung, kidney, and circulatory problems.
      8. Collapsed veins.
      9. Dementia and psychotic episodes.
      10. High blood pressure and rapid heart rate.
      11. Open sores, leaking sores.

      REMEMBER TO GLOVE AND MASK UP
   E. Safety tips for approaching a substance abuser:
      1. Have team back up and resources available for your safety (police).
      2. Identify yourself as someone who will help not hurt the abuser.
      3. Keep a social distance. Preferably at least 7 to 10 feet radius.
      4. Do not shine bright lights on him/her. The abuser could be paranoid or in a psychotic state and could run away or attack you.

5. Slow your movements. This will decrease chances of misinterpretation of your actions.
6. Slow your speech and soften your voice.
7. Keep your hands visible.
8. Know referring resources, e.g.. Gateway LARC now Compass Health, AA, NA, etc.
9. Keep the substance abuser talking.
10. Do not hesitate to call for help, substance abuser may be very dangerous and explosive.
11. Do not take their insults or comments personally, DETACH.

RESOURCES

I. Information and Referral Services Manual - To be kept on board the VAN at all times. Battalion Chief ("B.C.") also has a copy, as well as the C.A.P. Coordinator.

II. Get to know the resources available in the community. Review the Information and Referral ("I and R") manual. Give more than one referral and also include I and R's phone number in case there are changes in the agencies address/phone number, etc. I and R will have updated information.

III. Crisis: A Greek word meaning "decision" or more profoundly "a turning point".
- A. Stress - good and bad.
- B. A crisis can also be perceived as an opportunity to grow and change.

IV. Crisis Intervention
- A. A scenario where the C.A.P. Team enters into the life situation of an affected individual or family to help mobilize resources for their well being.
- B. Crisis Management
  1. A- Achieve contact/ build environment.
  2. B- Boil down the problem.
  3. C- Coping techniques and resources.
- C. Know the Crisis Zone
  1. Hot.
  2. Warm.
  3. Cold.
     - a. Ripple affect.
     - b. Who is affected?

V. Types of Crisis Calls
- A. Abdominal pain:
  1. Could be someone is upset.
  2. A counseling referral.
  3. They may need family or friends contacted.
  4. Need emotional support.
  5. May have had a recent loss/ job, family member, stress issues.
- B. Altered level of consciousness:
  1. Medication problem.
  2. Loss of Reality.
  3. Stress.
  4. May need emotional support.
  5. Recent loss.
- C. Electrical problems:
  1. Their utilities were shut off.
     - a. Provide utility referral numbers.
     - b. Provide assistance numbers for emergency utilities.

2. Air conditioning may not be working.
    a. Assist with relocation to family or friends home.
3. May have had a small fire and have no money for repairs.
    a. Contact Red Cross.
    b. Contact Information and Referral in uncertain of resources available.

D. Haz-Mat:
1. Chemical spill.
    a. Contact the Red Cross.
    b. May need transportation to family or friends home or hotel.
    c. Needs clean up- provide with a list of clean up companies.
    d. Assist them in contacting insurance co..

E. Traffic Accident:
1. Family needs non-medical transportation.
    a. C.A.P. Van can provide transportation IF NON MEDICAL.
2. Crisis care.
    a. May need emotional support and stress management.
    b. May need family and friends contacted.
    c. Children may need emotional support, understanding, and explanations (May give stickers, etc.).

F. Fatal Traffic Accidents:
1. Victim's family.
    a. Emotional support and stress management.
    b. Non-medical information.
    c. May need transportation.
    d. May need assistance in contacting other family members.
2. The other driver.
    a. Same as above.
    b. Be non-judgmental.
3. Death Notification.
    a. Assist Police.
    b. Provide emotional support.
    c. Provide grief information.
    d. Provide Medical Examiner Information (Bereavement Packet).
    e. Provide mortuary information (Bereavement Packet).

G. Unconscious Person:
1. Homeless person sleeping.
    a. Assist with family contact.
    b. Assist with shelter contact (I and R manual).
2. Someone fainted.
    a. Have them checked out by paramedics.
    b. Contact family or friends.
3. A seriously mentally ill patient wandered away from home.
    a. If it is an elderly patient, contact Adult Protective Services.
    b. If it is a child, contact Child Protective Services.

c. Transport home if applicable and only if safe to do so.
d. Contact family and friends.
e. Alzheimer's patient wandered away from home.
f. Same as with a seriously mentally ill person.

VI. Crisis Prescription and Resources

A. Crisis prescription: Once we intervene in a crisis situation and determine it is as stable as it gets, we then need to provide resources. This helps the victim to take back control and empowers them.

B. Resource book.

1. Keep resource book in the van close at hand.
2. Become familiar with the book. Study it.
3. Keep getting updates from I and R if agencies move, change phone numbers, or are no longer in operation.
4. THIS BOOK IS YOUR LIFE SAFER. KNOW YOUR RESOURCES.

C. WARNING

1. WHO and WHERE, we do NOT TRANSPORT
   a. To the hospital, Doctor's office, or urgent care for medical attention.
   b. We do NOT provide any type of MEDICAL SERVICE.
   c. To the LARC. Let the police transport.
   d. To psychiatric facilities.

VII. USE THIS MANUAL AS A REFERENCE/Bring with you on shift.

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