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

1. **Basic concepts of disaster spiritual care**¹
   Spirituality is an essential part of humanity. Disaster significantly disrupts people’s spiritual lives. Nurturing people’s spiritual needs contributes to holistic healing. Every person can benefit from spiritual care in time of disaster.

2. **Types of disaster spiritual care**²
   Spiritual care in disaster includes many kinds of caring gestures. Spiritual care providers are from diverse backgrounds. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately.

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

4. **Disaster emotional care and its relationship to disaster spiritual care**³
   Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual and emotional care share some similarities but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health and vice versa.

5. **Disaster spiritual care in response and recovery**⁴
   Spiritual care has an important role in all phases of a disaster, including short-term response through long-term recovery. Assessing and providing for the spiritual needs of individuals, families, and communities can kindle important capacities of hope and resilience. Specific strategies for spiritual care during the various phases can bolster these strengths.

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¹ See *Light Our Way* pp. 52-54. ² Ibid. ³ Ibid. ⁴ Ibid.
6. **Disaster emotional and spiritual care for the care giver**
   Providing spiritual care in disaster can be an overwhelming experience. The burdens of caring for others in this context can lead to compassion fatigue. Understanding important strategies for self-care is essential for spiritual care providers. Disaster response agencies have a responsibility to model healthy work and life habits to care for their own staff in time of disaster. Post-care processes for spiritual and emotional care providers are essential.

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

8. **Disaster spiritual care in diversity**
   Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:
   - refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
   - respect the freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.
   - respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.

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

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

10. **Ethics and Standards of Care**
    NVOAD members affirm the importance of cooperative standards of care and agreed ethics. Adherence to common standards and principles in spiritual care ensures that this service is delivered and received appropriately. Minimally, any guidelines developed for spiritual care in times of disaster should clearly articulate the above consensus points in addition to the following:
    - Standards for personal and professional integrity
    - Accountability structures regarding the behavior of individuals and groups
    - Concern for honoring confidentiality
    - Description of professional boundaries that guarantee safety of clients including standards regarding interaction with children, youth and vulnerable adults
    - Policies regarding criminal background checks for service providers
    - Mechanisms for ensuring that caregivers function at levels appropriate to their training and educational backgrounds
    - Strong adherence to standards rejecting violence against particular groups
    - Policies when encountering persons needing referral to other agencies or services
    - Guidelines regarding financial remuneration for services provided

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