

# Communication with disaster survivors: towards best practice

*Nicholls and Healy examine the World Trade Center and London bombing events to determine best practice in post-disaster communication.*

## Abstract

This paper describes the findings of exploratory research carried out in late 2007 into communication strategies implemented by agencies and individuals involved in assisting recovery of survivors of the World Trade Center attacks in New York in September 2001, and the London bombings of July 2005. Asking the question, "How has communication been used to assist the recovery of affected communities of New York and London?", the research reveals the complexity, common characteristics, and unique features of recovery communication. This paper discusses some of the different communication approaches adopted by government agencies following these events. It explores differences and similarities, drawing on the research findings to suggest best practice in post-disaster communication and to recommend further research avenues.

## Introduction

For an array of reasons, both intrinsic and extrinsic to people affected by disaster, communication with this audience is difficult for public affairs officers and others charged with the task (Gordon, 2004). Despite initially being similarly affected by a disaster, differences between disaster survivors relating to social, linguistic, ethnic and cultural characteristics (to name a few) render effective communication difficult and a single message strategy almost impossible. As well, public affairs officers working for government agencies have a number of stakeholders whose needs they are obliged to meet. These include political office-holders with vested interests in the formulation of messages addressed to their electorates, but not necessarily any expertise in communication campaigns, so that the communication needs of the target audience – that is, the disaster-affected population – may be set aside in the face of political pressures. Moreover, most politicians and the majority of public affairs officers lack expertise or understanding of the peculiar and contradictory needs of disaster-affected communities, both in the short and longer term (Gordon 2004). This paper will present findings from recent exploratory research specifically investigating communication practices, materials and policies that were developed following the 11 September 2001 attacks in the US, and the London bombings of 7 July 2005. Based on the question, "How has communication been used to assist the recovery of affected communities of New York and London?", the research used observation, data collection and informal interviews with communication practitioners as its methodology. The paper will begin by describing in detail some of the strategies adopted by agencies and individuals involved in recovery communication, first, following the 2001 attacks on New York's World Trade Center, and second, following the 7 July London bombings. It will then attempt to assess these strategies in terms of recovery communication and suggest avenues for further research.

## Communicating for recovery

It is said that recovery has a long tail (see Harckham & Chaney, 2000). This tail is capable of lashing out, scorpion-like, against those who are seen by survivors as being responsible, if not for the disaster itself, then for ongoing assistance with their attempts to achieve a



Photo: S. Nicholls

The Statue of Liberty.

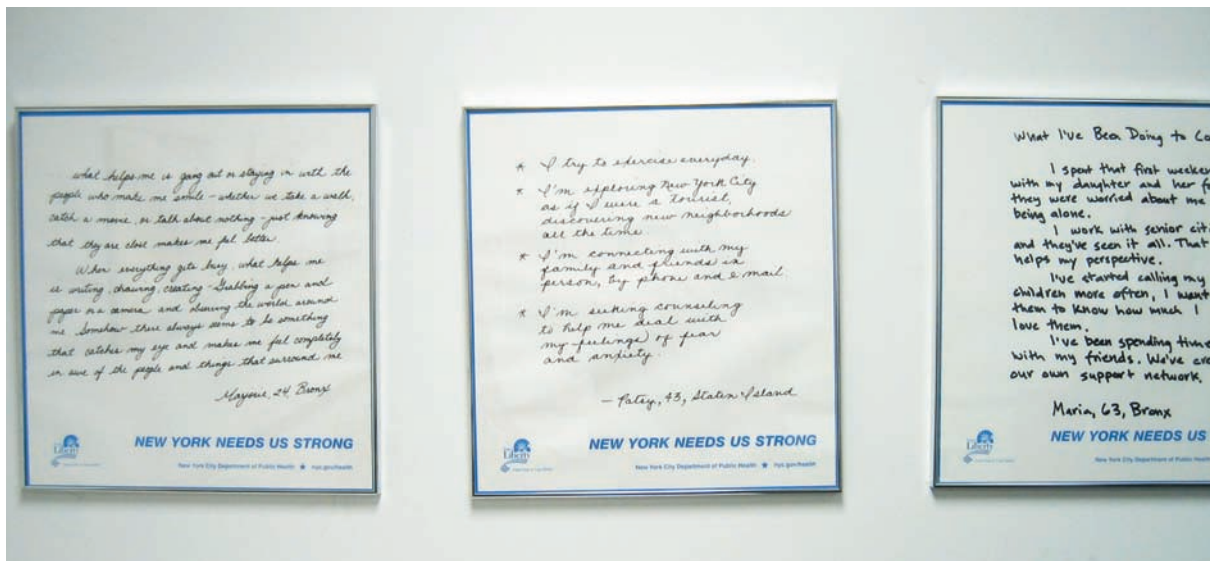


Photo: S.Nicholls, images courtesy LifeNet

Messages from New Yorkers.

“new normal” if this support is felt to be inadequate. Governments are dependent on the favour and respect of electorates: it therefore behoves elected incumbents (and the public affairs officers who work for the government of the day) to develop emergency management communication in ways that maximise effectiveness and satisfaction, and minimise blame and hostility (Nicholls, 2006). Of all the areas generically covered by emergency management, including risk, disaster preparedness, recovery and memorials, recovery has received the least attention from researchers (Smith & Wenger, 2007). Even less attention has been devoted to recovery communication (Beckenham & Nicholls, 2004).

## After 9/11 – Project Liberty and 1800-LIFENET

The researchers interviewed a number of individuals who were (and are still) involved in the recovery of affected communities following the destruction of the World Trade Center Twin Towers on 11 September 2001, and viewed a range of materials produced to assist recovery.

### Background

Immediately after the attacks, New York City and ten surrounding New York counties were declared a federal disaster area (the counties because they contain large populations that commute to Manhattan for work). The city and counties were then eligible for Federal Emergency Management Agency (FEMA) programs, including the Crisis Counselling Assistance and Training Program. The mental health crisis counselling and public education program following the attacks, and the media campaign to promote these was called Project Liberty. The State Mental Health Authority designed, implemented and evaluated Project Liberty;

it was awarded US\$155m in federal funding; of this, US\$137m was ultimately spent. It was the most highly funded program of this kind in FEMA's history (Donahue *et al.*, 2006).

From September 2001 to December 2002, Project Liberty spent US\$9.38m on a large scale media campaign to inform and educate the public about common psychological reactions to traumatic events, and the availability of Project Liberty services designed to address them (Donahue *et al.*). Populations of special concern were those most highly affected, including victims' families, displaced individuals, emergency and recovery workers, the elderly, children, certain cultural and ethnic groups, and people with limited financial support resources or mental illness. Project Liberty provided face-to-face counselling and education and outreach to an estimated 1.2 million individuals in the disaster-declared area up to 31 December 2003 (Donahue *et al.*).

Nearly 200 agencies participated, including large and small mental health agencies with experience serving particular ethnic, cultural or racial groups. Coinciding with the media campaign, hundreds of Project Liberty outreach workers visited the affected communities to distribute literature and provide a supportive presence.

Project Liberty's overall goal was to alleviate the psychological distress that large numbers of New Yorkers experienced as a result of the attacks. Project Liberty provided free and anonymous community-based mental health services to help individuals to recover from their distress and regain their pre-disaster level of functioning. Many affected people had never sought help with their feelings/distress before. Many did not want to risk the perceived stigma of seeking help, thinking that others would believe they were weak or mentally ill.

## Branding

The instantly recognisable crowned head of the Statue of Liberty was used on all Project Liberty communication materials, signifying (among other things) the core American value of freedom. There was some controversy about this: because the Statue of Liberty is such an iconic identifier of New York City with widespread, strong and approving recognition, the fact that a particular segment of the population would have a different view was overlooked until the issue was raised. In brief, native Americans objected to the use of the image, pointing out that for them, it symbolised “the intrusion of foreigners into one’s homeland, destruction of property, mass killings of innocents, pervasive fear” (Naturale, 2006, p.378). The parallel was not lost on the communicators, who masked the symbol on information materials distributed among this group.

In fact, one of the characteristics of Project Liberty’s outreach efforts was its recognition of hard-to-reach, culturally or linguistically distinct communities – referred to by Naturale as “special populations”, in which New York is particularly rich: “Outreach staff may easily overlook closed communities, populations that attract little attention to themselves and groups that may be invisible due to hidden bias’ (Naturale, 2006, p.369). Cultural competence was important in the communication strategy, with extensive use made of personal contact and meetings with affected communities. Project Liberty services were provided in 32 languages and print material was produced in 12 languages.

The anchor of the outreach campaign was LifeNet, a 24/7 crisis, information and referral hotline that has provided these services since 1996. People wishing to access Project Liberty services and/or talk to a counsellor on the phone were invited to ring 1800-LIFENET, a name and number already familiar to many New Yorkers. Draper *et al.* point out that before a serious disaster occurs, it is a major advantage to have a behavioural health hotline that is already performing, on a daily basis, the kinds of functions that are useful following a disaster (Draper *et al.* 2006). Before 9/11, LifeNet had been fielding about 3000 calls per month over the previous eight months. This figure had doubled by January 2002, while LifeNet’s records show a peak of more than 12,000 calls in September 2002, coinciding with a Project Liberty multimedia campaign on the first anniversary of the attacks. However, broad scale activating events alone – such as anniversaries – are not likely to promote more help-seeking unless a public education campaign is co-occurring with the event.

“Clearly, no single factor has had greater effect on LifeNet call patterns than Project Liberty’s multi-media public education campaigns’. (Draper *et al.* 2006, p.288)

The post 9/11 campaign was “the most comprehensive, ongoing mental health public education and media campaign ever launched in the New York area, and the most broad-scale post-disaster mental health media campaign ever supported by the federal government.” (Draper *et al.* 2006, p.287) Subways, coffee carts, telephone kiosks and billboards were blanketed with Project Liberty messages and LifeNet’s phone number. English and Spanish television and radio advertisements were broadcast over a wide regional area. Brochures in a number of languages were printed and distributed throughout the New York area while websites, newspaper advertisements and articles gave information about where to access help<sup>1</sup>. The brochures described common emotional, behavioural and physiological responses to disasters as well as the scope of Project Liberty services and how to access them through LifeNet.

A key message was “Feel free to feel better”. Some poster messages were developed from people writing in and saying what they did to feel better. These were reproduced in varying handwriting styles, giving first names, age and borough, and were widely distributed. April J. Naturale, co-ordinator of Project Liberty, received 450 emails about the campaign with responses such as, I saw that poster, I don’t feel so alone; I’m not crazy; I’m going to get better. There were special posters for children with children’s own responses, such as: “A bad thing happened, then all the flags came out”. There was also a poster depicting two primary school-age boys, one white, one black, dressed up as Superman, arms around each other’s shoulders, with the caption “Even Superheroes need help sometimes”. In television advertisements, actors Susan Sarandon and Alan Alda donated their time for voice-overs encouraging survivors to contact LifeNet – resulting in some people saying that Alan Alda had told them to call LifeNet (personal communication).

Messages were developed to emphasise that what people were feeling were normal reactions to an abnormal event; that they were not weak or mentally ill; that services were free and confidential, that is, their privacy would be maintained. All printed material used a calm light blue. An example of a specifically targeted and effective message was Project Liberty’s campaign directed at parents and adult caregivers of children affected. A TV, poster and brochure campaign targeting children and caregivers produced a 58% increase in calls for children under 12 years (the target group) and a 44% increase in adolescent-related calls (the secondary target group) from September 2002-August 2003

<sup>1</sup> During the researchers’ visit to New York in October 2007, there were still posters in the subway reminding people who worked in 9/11 rescue and recovery to register for compensation by a date in March 2008.

**IMPORTANT THINGS TO REMEMBER:**

- Communication is the key. Encourage children to talk about how they feel. Ask questions and listen closely to what they say.
- Be reassuring. Let children know that their feelings, expressed in nightmares, guilt, shame, fear, sadness and anger, are normal responses to traumatic events.
- Let children try new activities that help them relax. New games or sports. Encourage older children to engage in activities they're good at and that make them feel capable. Remind them about difficult situations they've handled well.
- Getting together with friends and family is very important. Encourage children to talk with adult friends and relatives who have coped with past losses or disasters.
- If you're concerned about a child's reactions, act quickly.

**1-800-LIFENET**  
1-800-543-3638

We're here to help.  
24 hours a day • 7 days a week

**1-800-LIFENET**  
1-800-543-3638

24 hours a day • 7 days a week

In English: 1-800-LIFENET (1-800-543-3638)  
In Spanish: 1-877-AYÚDESE (1-877-298-3373)  
In Chinese: ASIAN LIFENET (1-877-990-8585)

For other languages, call 1-800-LIFENET and ask for a translator.

www.800lifenet.com  
TTY Hard of Hearing: 212-982-5284

**Liberty**  
No fear  
No feel better

**mha**

This campaign is a collaboration between  
the Mental Health Association of New York City, Inc.,  
New York City Departments of Health and Mental Hygiene,  
and the September 11 Children's Fund

**IF WE STILL  
CAN'T  
MAKE SENSE  
OF 9-11,  
IMAGINE  
HOW KIDS  
FEEL.**

Gatefold leaflet directed at parents and caregivers. This leaflet appeared in a number of community languages.

(Draper *et al.*). By contrast, while there were periods when print and broadcast journalists gave 9/11 intensive and extensive coverage, this type of media had little or no effect on hotline calls unless the report specifically mentioned the number 1800-LIFENET. However, when such reports featured the number and explicitly described the services it could offer, the results were dramatic (Draper *et al.*).

A major concern for communicators was how to represent or refer to the 9/11 event without reawakening horror and grief. Defining the messages and getting a balance between encouraging people to take notice of their feelings and seek help while not disturbing them with explicit reminders caused tensions. An example is when communicators wanted to use images such as a man gazing across the waters of York Bay at the distant Manhattan skyline, newly reduced without its twin towers: the message was that you are at a safe distance, and distance from loss makes it easier to bear. This poster was considered too close to the bone and not used (personal communication).

Characteristically, governments, who are normally the main funders of such campaigns, often want to encourage people to “move on” as time goes by, so that government can announce that morale is returning and things are getting “back to normal” (Nicholls 2006; Camilleri *et al.* 2007). Although for many there will be no “back to normal”, as Naturale observes, the federal crisis counselling disaster response model “seems to address the majority of concerns of most communities...

People from all over the disaster area who watched crisis counseling television commercials, read narratives on subway cars, and/or received services in community-based locations reported positive effects.” (Naturale, 2006, p.381) Without Project Liberty’s substantial, carefully planned and, crucially, extremely well-funded communication strategy, it is reasonable to assume a far lower level of “positive effects” would have been the case.

## The 7 July 2005 London Bombings

Again, the researchers interviewed a number of individuals involved in the recovery of affected communities following the London bombings.

### Background

On 7 July 2005 four bombs detonated in central London. Three bombs went off at 8.50am on underground trains just outside Liverpool Street and Edgware Road stations, and on another travelling between King’s Cross and Russell Square. The final explosion was around an hour later on a double-decker bus in Tavistock Square, not far from King’s Cross. Seven people were killed on the train near Liverpool Street; six were killed at Edgware Road; 26 were killed at King’s Cross/Russell Square. More than 700 were treated for injuries and hundreds more suffered psychological trauma. Recovery workers at the assistance centre set up after the event believe that those affected in some way or other totals around 4000.



Photo: S. Nicholls, image courtesy LifeNet.



Flag collage.

Two days after the event, the Metropolitan Police, Westminster City Council and other government and voluntary agencies established a Humanitarian Assistance Centre, initially called the Family Assistance Centre, at the Queen Mother's Sports Centre. On 12 July this was moved to the Royal Horticultural Halls, and then to a suite of rooms in Westminster on 19 August 2005. Services at the centre included personal face-to-face counselling and support, a help line, complementary therapies and other similar services, and regular newsletters that are still available in hard copy and downloadable from the centre's website. The centre now also provides services for those affected by disasters, terrorist attacks and traumatic events, both prior and subsequent to 7 July, including the Bali Bombings, the Asian Tsunami and the Failed London Bombings. The centre has recently moved to north-west London. At the time of the researchers' visit (October 2007), special briefings regarding forthcoming trials were being provided on the website by the police.

### Branding

In September, the name Family Assistance Centre was changed to 7th July Assistance Centre when it became apparent that the name had unintentionally excluded those who did not consider themselves "family" (Cabinet Office 2006). Initially Westminster City Council was responsible for marketing the centre and advertised the centre's existence widely. However, the budget was limited which, workers at the centre believed, adversely affected the communication strategy (personal communication).

The Department for Culture, Media and Sport (peculiarly, the UK Government department responsible for disaster recovery) ensured that the centre was mentioned in press articles and advertisements in widely available free newspapers at the time of the first anniversary. Nevertheless, the limited volume of consistent and ongoing promotion, along with the initial misconstrued "brand", has given rise to doubt as to whether knowledge of the centre's services reached all affected people in a timely manner (Cabinet Office 2006). However, the centre had an excellent web site which is still highly regarded by users (personal communication).

### Communication difficulties

Security concerns have been a distinctive and often problematic feature of the recovery response (personal communication). For example, initially, admission to the centre was via an airport security arch, and because of privacy laws, police records identifying affected people were not available to staff at the centre, preventing ongoing contact even when affected individuals specifically requested it. Security was also in evidence in the management of the two internet chat rooms hosted by the centre from its website. These chat rooms are secure and participants are vetted by the Metropolitan Police. If people wanted to join they had to give a statement to the police regarding their involvement in the bombing events, if they had not already done so. It is difficult to say how this has affected the number of potential users of this service, but the vetting served as a safety and privacy measure for affected people. Given the nature of the threat and the risky nature of insecure or unmediated chatrooms, this precaution was clearly viewed as necessary.

The secure chat rooms are an interesting feature of the centre's strategy to support affected people. Revealing of the diverse nature of affected individuals and groups, one chat room was reserved for survivors and one for bereaved. These two groups had quite unique needs and concerns, and only one person in the chat rooms was both a survivor, and bereaved (personal communication). Another characteristic of the self-identity of survivors was their sense of the uniqueness of their own personal experience. While others talk of the "London" bombings, many affected people refer to "the Edgware Road bomb" or "the King's Cross bomb". Counsellors at the centre reported that some survivors were offended by claims that "London is recovering", when they felt that "London" per se had nothing to do with what they were experiencing (personal communication; see also Tulloch, 2006).

## Conclusion and further research

Clearly the two events had significant differences. The 9/11 event had extremely high casualties and was played out in front of the whole world, let alone the USA and the population of greater New York. Most of the destruction and death in London happened far underground, and affected much smaller numbers not only in terms of death and injury, but also in terms of the wider primary impact on the whole population. There is evidence to suggest that the 7th July Assistance Centre communication budget was inadequate, while the 9/11 response received millions of dollars to support Project Liberty's outreach campaign. Another difference was the swift recognition by New York's mental health agencies, both state and city, of the need for outreach and a centralised agency to provide psychosocial support. In the UK, even the very existence and set-up of 7th July Assistance Centre as an agency for supporting survivors was not immediately thought of by first-responding authorities: it was "not in the plan" (EMA 2007). In Lessons from London and considerations for Australia, a report of a workshop held by EMA in Australia in 2007, and attended by some of the most senior officials who took part in the London response, the afterthought nature of the agency is clear:

"A Family Assistance Centre had not been considered in the [emergency response] plans ... but the need quickly became apparent as the event unfolded, with people being seen holding photographs and looking for their loved ones in the streets. A meeting was held at 9pm [on 7 July] and over the next three hours it was determined what family assistance was and what an assistance centre would need to be. The centre was established by 2pm on 9 July, with voluntary services, social services, the health service, legal advisers, financial advisers and the like providing a one-stop shop for relatives and the bereaved." (EMA, 2007, pp.9-13)

Conspicuously, plans to publicise and promote the centre are not mentioned among issues noted in this report. Nor is the issue of the name of the centre recognised. It appears that, certainly in their planning, and at least in the initial stages of recovery, London authorities did not seem to be aware of lessons learnt from both Australian experiences of disaster – for example, the Canberra Bushfires of 2003 (Beckenham & Nicholls, 2004) – and Project Liberty's extensive and well documented survivor support efforts. The UK response was dominated by forensic priorities, security concerns, infrastructure restoration and business continuity issues. The report quoted above does, however, go on to say by way of lessons learnt: "Recovery starts at the same time as response. Facilities such as family assistance centres must be established as soon as possible." (EMA, 2007, p.21)

Since 2005, the UK has made considerable advances in the development of guidelines for assistance centres and a wide range of humanitarian assistance measures, with a focus on resilience, outlined in comments by London Resilience's Director Zyg Kowalczyk in February 2006 (EMA 2007; see also Eyre, 2006, 2007).

For government, communicators and researchers, the lessons from both these stories of recovery are not only that funding must be available to assist with psychosocial as well as material recovery, but also that a significant part of this funding must be dedicated to a comprehensive, integrated, multi-media communication campaign directed at affected populations, in addition to information for the usual media stakeholders. Such a campaign must recognise the unique characteristics of diverse affected communities, must tailor and distribute messages appropriately, and must be responsive to expressed needs from the target audiences at the time, as well as ongoing according to need.



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7 July Assistance Centre.

Among future research areas to be explored are evaluations of response to recovery communication campaigns in the medium and long term, in order both to persuade government funding agencies of the efficacy of well-planned campaigns, and to improve on past practices; the use of websites for information and real-time online support; the relationship between public affairs activities, such as media releases and liaison, and editorial coverage in mass media supporting recovery communication efforts; and differences in audience needs after a “natural” disaster compared to a terrorism-caused disaster.

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