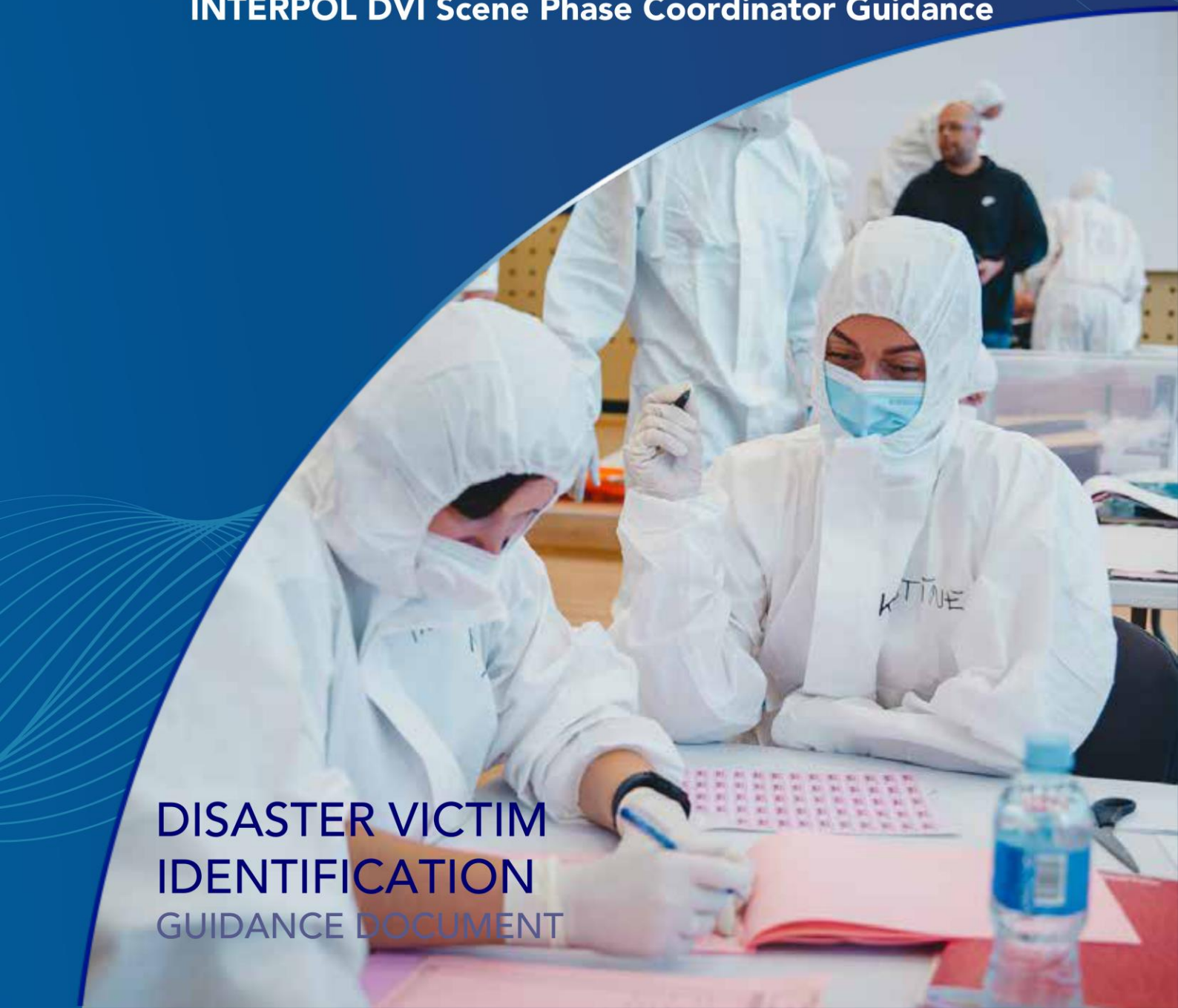
June 2026

INTERPOL

INTERPOL DVI MENTAL HEALTH PROTOCOL - FAMILIES & LOVED ONES

INTERPOL DVI Scene Phase Coordinator Guidance



DISASTER VICTIM IDENTIFICATION

GUIDANCE DOCUMENT

INTERPOL DVI MENTAL HEALTH PROTOCOL – FAMILIES & LOVED ONES

Purpose

Psychological care is an integral component of a dignified and humane disaster response.

The purpose of this protocol is to provide a comprehensive mental health framework for Disaster Victim Identification (DVI) operations and to safeguard the psychological well-being of victims' relatives.

This protocol aligns with and complements INTERPOL's *Disaster Victim Identification (DVI) Guide* and the *WHO Guidelines on Emergency Mental Health* by addressing emotional and psychological care for bereaved families.

It is intended to be universally applicable while remaining adaptable to local resources, cultural contexts, and legal frameworks.

Scope

This guide applies to all INTERPOL DVI deployments, national contact points, and supporting units. It covers the pre-deployment, operational, and post-deployment phases, as well as public-facing interactions with victims' families.

Implementation must comply with applicable national legislation, data protection laws, and judicial frameworks in the country of operation.

Roles & Responsibilities

DVI Commander

- Ensures that the mental health protocol is integrated into operational planning, including the establishment of formal coordination mechanisms with health services, the Red Cross/Red Crescent, and relevant NGOs.
- Establishes pre-arranged agreements at the district level for the operation of *Family Assistance Centers*.
- Liaises with psychologists and family liaison coordinators.

Mental Health Officer (MHO) / Deployed Psychologist

- Trains and briefs personnel before deployment on stress management and communication with victims' relatives.
- Leads family support services in collaboration with family liaison officers.

Family Liaison Officer (FLO)

- Serves as the main point of contact between families and DVI operations.
- Follows the approved communication guidelines (Section 6).
- Coordinates with the MHO in cases of acute distress.
- Ensures consistency, accuracy, and sensitivity in all communications with families.

Mental Health Support for Relatives of Victims

Initial Contact Guidelines

Closed disasters: Make contact in person whenever possible, accompanied by a police officer and a trained support person.

Open disasters: Ensure that hotline operators are trained in Psychological First Aid (see Annex B below), that information is verified sensitively, and that intrusive questioning is avoided.

Ongoing Communication

- Assign a single point of contact (FLO) to each family.
- Provide regular updates, even when there is no new information. Agree with families on their preferred communication methods, frequency, and timing while ensuring operational feasibility. Clarify whether updates will be provided only after significant events or at every stage.
- Offer private meetings with psychologists and/or direct families to relevant support agencies.

Psychologist Involvement

Early psychological intervention is critical. Initial psychological support should be offered to families as soon as possible, ideally within the first 48 hours following notification or initial contact, to reduce acute distress and the risk of long-term psychological harm.

- Be present during body viewings or the return of personal effects.
- Be available for group briefings and one-to-one consultations.
- Coordinate with local mental health services for long-term follow-up.

All interventions should follow trauma-informed, culturally sensitive, and evidence-based practices.

Group Psychological Support (Post-Operation)

Group psychological support sessions should be offered to families and loved ones following the operational phase. These may include facilitated group discussions, psychoeducation on grief and trauma responses, opportunities to develop shared coping strategies, and peer-support groups. Participation must always be voluntary and culturally appropriate. Group support should complement, not replace, individual psychological care.

Training should also include the practical application of the 6Cs (see Annex D below) through role-play, reflection sessions, and supervision to ensure that these values are upheld in interactions with families.

Training Requirements

All DVI personnel who interact with families should receive pre-deployment training and guidance covering:

1. Psychological First Aid (PFA)
2. Trauma-informed communication

- Self-care and peer support
- Role-specific simulations
- De-escalation skills

Confidentiality & Reporting

- All mental health records must be kept separate from operational records.
- No personal mental health information may be disclosed without consent, except when safety is at risk.

All communication must be coordinated with authorized spokespersons and comply with the DVI Media Management Protocol.

Evaluation & Continuous Improvement

- Conduct a post-operation review of the mental health component.
- Collect and analyze anonymous feedback from staff and families.
- Revise the protocol annually based on lessons learned.

Psychological Communication Plan for Media Coordination

A psychological communication plan must be integrated into media coordination to protect families and responders from additional harm. This includes coordination between DVI command, mental health officers, and media spokespersons to ensure messaging is accurate, compassionate, and non-sensational.

Media releases should avoid graphic detail, speculation, or timelines that could retraumatize families. Families should be informed in advance of major public communications whenever possible. Mental health professionals should be available to advise on high-impact announcements.

Annex A: Communication Do's & Don'ts

DO: Use clear language, show empathy, verify facts before sharing them, and listen actively.

DON'T: Speculate, use jargon, make promises you cannot keep, or rush the conversation.

Annex B: Psychological First Aid Checklist

1. Ensure safety.
2. Approach respectfully.
    3. Listen without adding pressure.
    4. Provide practical assistance.
5. Connect individuals with social support networks.
6. Provide information on coping.

Annex C: Cultural Sensitivity Guidelines

- Respect religious customs during body handling.
- Use interpreters where necessary.
- Avoid culturally insensitive gestures or expressions.
- Be aware of culturally specific mourning practices and family structures.

Annex D: Sample Family Update Log

Date | Family Name | Contact Method | Update Summary | Follow-up Actions

Annex E: Core Values: The 6Cs

All staff engaging with families must demonstrate the 6Cs as the foundation of family support in Disaster Victim Identification (DVI) operations. These values underpin every interaction, ensuring dignity, compassion, and professionalism throughout the process:

1. **Care:** Providing emotional and practical support in all interactions.
2. **Compassion:** Demonstrating empathy, patience, and understanding.
3. **Competence:** Applying trauma-informed expertise and evidence-based practices.
4. **Communication:** Ensuring clarity, transparency, and consistency in all interactions.
5. **Courage:** Making difficult decisions, voicing concerns, and advocating for families' needs.
6. **Commitment:** Remaining dedicated to supporting families beyond the immediate response, including through follow-up care.

Annex F: The 6Cs in Family Engagement

This annex provides examples of how each of the 6Cs should be demonstrated when supporting families and loved ones during DVI operations:

- **Care:** Offering comfort, providing practical information, and showing presence.
- **Compassion:** Listening actively, showing empathy, and validating feelings.
- **Competence**: Applying psychological first aid, grief support, and cultural awareness.
- **Communication:** Giving updates clearly, avoiding jargon, and ensuring interpreters are used where needed.
- **Courage:** Supporting families through body identification, voicing concerns, and developing appropriate solutions in difficult situations.
- **Commitment:** Following up with families after the immediate response and ensuring referrals to long-term support services.