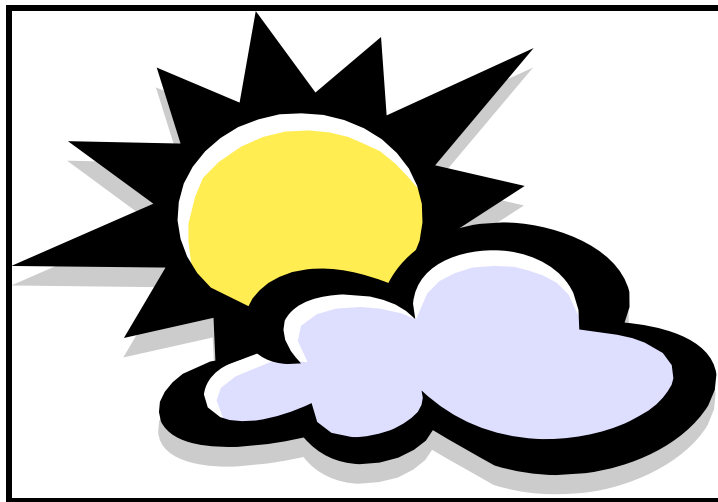

**AFTER DISASTER:
HELPING CHILDREN AND
FAMILIES COPE**



CHILD GUIDANCE PROGRAM

**FAMILY HEALTH SERVICES
OKLAHOMA STATE DEPARTMENT OF HEALTH**

2**COPING WITH DISASTER**

A violent disaster, whether natural or man-made, may leave devastation of property, and even life. Such tragedies also leave victims with a damaged sense of safety and well-being, and varying degrees of emotional trauma. Children are especially vulnerable because they do not have the life experience, coping skills or understanding that the disruption is time limited and that their world will return to normal. Their emotions and fears may be magnified, and their sense of order and security seriously disrupted.

Even if a child does not directly experience a disaster, the exposure to it may be the first sign that the world is not always a safe and orderly place. There may be signs of distress. Children need to be reassured that they will be taken care of.

Understanding predictable reactions to trauma and disaster, and learning simple strategies to respond to these stress signals is basic to helping children and families cope. This booklet is designed to provide that information.

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NORMAL RESPONSES TO TRAUMATIC EVENTS

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Disasters affect people in many ways. There is a natural grieving process following any loss, and may be more extreme if the disaster is directly experienced or witnessed. The emotional effects of loss and disruption may show up immediately or may appear weeks or months later.

Immediate responses may include:

- Fear
- Shock, disbelief
- Confusion, numbness
- Difficulty making decisions
- Need for information

Later responses may include:

- Anxiety and fear about the future
- Inability to concentrate
- Pounding heart, shortness of breath, digestive problems, fatigue, headaches, illness
- Loss of appetite, difficulty in sleeping
- Feelings of helplessness, feeling overwhelmed
- Sadness and crying for “no apparent reason”
- Moodiness and irritability, loss of intimacy
- Anger, bitterness, distrust, suspicion
- Being overcontrolling
- Guilt over not being able to prevent disaster
- Apathy and depression
- Withdrawal, isolation from family, friends or activities

The potential for severe and long-lasting responses increase if the person’s disaster experience:

- Is life threatening, causes physical harm, or death of a loved one
- Is extremely violent or destructive
- Involves loss of home or valued possessions

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Some people may have a higher risk for severe and long lasting stress responses if they have had exposure to other traumas, have chronic illness or psychological disorders, or have experienced recent major life stressors or emotional strain. A disaster may bring back memories of a previous trauma, and may intensify problems that existed prior to the disaster.

EFFECTS ON YOUNG CHILDREN

Children depend on daily routines and predictability. When a disaster interrupts these routines, children may become anxious or fearful. A child's reaction depends on how much destruction he or she sees. The death or serious injury of a friend or family member, or severe damage to the child's home or school, will probably result in a greater chance that the child will have difficulty.

Children, like adults, respond to disaster in different ways. Some who show few signs of distress, or have little change in behavior, may still need reassurance, extra attention, and help from adults.

It is particularly difficult for preschool aged children (1 to 5) to adjust to change and loss. They depend on adults to help them through difficult times and restore some sense of security. Children of this age are strongly affected by the parents' reaction to the traumatic event.

After a disaster, children are afraid that:

- it will happen again
- someone will be hurt or killed
- they will be lost, or separated from their family
- they will be left alone

Typical responses of preschool aged children:

- Extreme fear of separation from parent(s)
- Crying, whimpering, trembling, excessive clinging
- Return to “younger” behaviors such as thumbsucking, wetting themselves or the bed, wanting a bottle, etc.
- Show distress over the loss of a toy, blanket or things that are very important to the child
- Change in patterns of behavior—becoming noisy or aggressive, or shy and afraid
- Nighttime fears, not wanting to go to bed, wanting light left on, nightmares
- Changes in eating or sleeping habits
- Aimless motion, hyperactive or aggressive behavior
- Telling exaggerated stories about the event, or talking about it over and over
- Becoming withdrawn, less interactive
- Complaints of aches and pains

EFFECTS ON OLDER CHILDREN

Children ages 6 to 11 may have some of the reactions that younger children have. In addition, they may:

- Withdraw from friends
- Have problems paying attention or concentrating
- Fear going to school, or let school performance drop
- Have anger outbursts and fight
- Compete more for parents’ attention
- Have sleep problems and nightmares
- Complain of stomach aches or other physical ailments
- Revert to “childish” behaviors
- Show loss of trust, or anger toward adults (who were not able to control the disaster)

Adolescents (12-17) are likely to respond similar to adults. They may also show some of the behaviors common to younger children. Typical responses include:

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- Vague physical complaints
- Failing to do chores or school work
- Competition for attention
- Withdrawal, resisting authority, disruptive behavior
- Experimentation with high risk behaviors such as drinking or drugs.

Children who experience a traumatic event before they are 11 years old are three times more likely to develop psychological symptoms than those who experience their first trauma later. Most children can cope successfully with a traumatic event if parents, family, friends and other adults provide support and reassurance. Help should start as soon as possible after the event.

HOW TO HELP YOUR FAMILY

- **Talk about the event**, and encourage family members to describe what they saw, heard, thought and felt. Although there may be a tendency to want to protect children from emotional pain by “not talking about it,” this will only make the recovery more difficult.
- **Be honest, open and clear.** Give children the facts in words they can understand. Without facts, a child’s imagination will fill in the details, which may be more horrifying than the reality. Telling what will happen next provides a sense of security.
- **Give reassurance children will be taken care of.** You may need to reassure them many times. Give extra cuddling, hugs, and focused attention. Try to find a little extra time to spend with them, even if it means taking a break from important and pressing recovery tasks. Do not be afraid of “spoiling” children during this time.
- **Listen!** Children and adults need you to listen more than they need you to “make them feel better.” Be prepared to

hear or discuss the same details again and again. This is an attempt to regain some control by understanding the event.

- **Stay together as a family** as much as possible. Make children a part of what you are doing to recover. If you need to separate, reassure children you will return, and tell them when.
- **Include children in recovery activities.** Chores and responsibility appropriate to their age and abilities will help them feel less helpless. By helping and preparing for the future, they are reassured that life will return to normal.
- **Maintain normal routines as much as possible.** Children find comfort in the fact that routines provide predictability. Adults in distress often find this comforting as well. Take care to get plenty of rest and eat well. Healthy people are better able to cope and recover.
- **Modify your expectations.** Give yourself and family members “permission” to grieve and time to heal. Understand that performance at home, work or school may be affected temporarily. Set small, realistic goals. Break large overwhelming jobs into smaller manageable tasks. Allow others to help.
- **Let your children know others love and care about them.** Connect with family, friends and neighbors. Encourage them to share their experience by mailing letters or drawings, or talking on the phone.
- **Limit exposure to additional trauma, including news reports.** Watching sensational reports shown over and over again can cause people to re-live the traumatic experience. Reports of other disasters and “bad news” can also cause more distress than usual.
- **Reassure children the disaster was not their fault.** Survivors guilt, although not rational, is a common response. People often wonder if there is “something more they could have done.” Guilt may often be expressed in behaviors and emotions which are related to self-hatred or self-destruction.

POSSIBLE LONG-TERM EFFECTS

Most of the responses to disaster described in this booklet are normal responses to abnormal situations. However, excessive or prolonged reactions to the trauma beyond six to eight weeks may indicate a need for professional help. Preoccupation with death, unusual accident proneness or talk about suicide are reasons for immediate consultation with a professional. A child who has been seriously injured or lost someone close to them may also benefit from additional help.

RESOURCES FOR HELP

A network of Child Guidance Programs located in County Health Departments throughout the state provide family support, parenting education and counseling services for families in Oklahoma. For assistance, contact the County Health Department nearest you.

Or contact:
Child Guidance Program
Family Health Services
Oklahoma State Department of Health
1000 NE 10th
Oklahoma City, Oklahoma
73117-1299
Phone (405) 271-4477