

Impact of Disasters on Children

Children respond to trauma or disasters in many different ways. Some may have reactions very soon after the event; others may seem to be doing fine for weeks or months, and then begin to show worrisome behavior. The child's age and developmental level, current physical and mental health, and past experiences all influence how a child will react to disasters. Some children will show a greater degree of resilience and some children will require greater support.

The experiences children have as a result of a disaster depend on the kind of disaster it was, whether there was forewarning and time to prepare, the extent of the impact on the community, and how much direct exposure the children or their families might have had. However, there are two basic kinds of experiences that children who live through a disaster have: (1) the trauma of the disaster event itself; and (2) the changes and disruption in day-to-day living caused by the disaster.

Some children may have sought shelter or prepared for the disaster but didn't experience any direct impact of the disaster. These children may still feel fear and anxiety. Some children may have had homes, schools, child care programs, and communities that were damaged. Adults who cared for them may no longer be able to provide care because of damage to their own homes and businesses. Even if children's basic physical needs are being met, experiencing multiple life changes will cause children to feel emotional distress.

Life might not return to normal quickly following a disaster. There may be changes in living conditions that cause changes in day-to-day activities – including strains in the relationships between family members or between friends, changes in expectations that family member have for each other (along with changes in responsibilities). These disruptions in relationships, roles, and routines can make life unfamiliar or unpredictable, which can be unsettling or sometimes frightening for children.



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Changes to living conditions that can cause difficulty include:

- Having a home destroyed
- Having to be relocated when a home is destroyed or damaged. This might mean:
 - Living in temporary housing or with relatives or friends; possible crowding and tensions
 - Moving to a new community, going to a new school; having to adjust to a new environment and make new friends
 - Having to experience new child care providers in a new place
- Being separated from family members
- Loss of livestock or pets
- Financial pressures from unemployment or loss of family farm or business; loss of summer employment for area teens

Changes that disrupt relationships, roles, and routines include:

- Not having parents physically or emotionally available following the disaster (because they are busy cleaning up or are preoccupied, distracted, or distressed by disaster related difficulties)
- Being expected to take on more adult roles (watch siblings, help with cleanup efforts, listen to parents' concerns and worries, etc.)
- Not being able to spend time with friends or participating in activities, groups, hobbies, interests, or routines that children usually have (e.g.. working with livestock for fair, summer vacation, trips, etc.)

As fall approaches there may be an increase in anxiety in children, especially school age children and teens. Many students were relocated to places outside of their normal school district. Some schools were damaged and will not re-open. Those students will face much anxiety about what will happen to them and where they will go to school.

It is also important to remember that many of Iowa's children live in families who were experiencing stress before the disasters. Families who are considered at-risk and who were already in need of assistance, will find daily living even more challenging. Those families were attempting to balance all of the families' needs with little resources and may not have had a safety net. Children in those families may not be as resilient as other children. A very concerted effort must be made to locate and support those families.

An effort will be made to connect with schools (administrators, counselors, nurses, teachers), child care programs, Head Starts, libraries, health providers, community centers, and other places where families participate, to provide resources and contact information for mental health services.



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