How Can I Expect My Child to React to Disaster?

PRE-SCHOOL: AGES 1 TO 5

Children in this age group are particularly vulnerable to changes in their routine and disruption of their previously secure environments. They generally lack the verbal and conceptual skills necessary to cope effectively with sudden stress by themselves. They are particularly dependent on family members for comfort. In some cases they might be affected as much, or more, by the reactions of parents or other family members as they are by direct effects of the disaster. Responses might be geared toward reestablishing comforting routines, providing opportunity for nonverbal as well as verbal expression of the child's feelings, and giving lots of reassurance. (Table 1)

TABLE 1. Â Reactions of Pre-School Children to Disaster

Regressive Reactions	Physiological Reactions	Emotional/behavioral reactions
â€¢Resumption of bedwetting â€¢ Thumb sucking â€¢Fear of animals â€¢Fear of â€œmonstersâ€ â€¢Fear of strangers	â€¢Loss of appetite â€¢Overeating â€¢Indigestion â€¢Vomiting â€¢ Bowel or bladder problems (e.g. diarrhea, constipation, loss of sphincter control)	â€¢Nervousness â€¢ Irritability â€¢ Disobedience â€¢ Hyperactivity â€¢ Tics â€¢ Speech difficulties â€¢ Anxiety about any separation from parents â€¢ Shorter attention span

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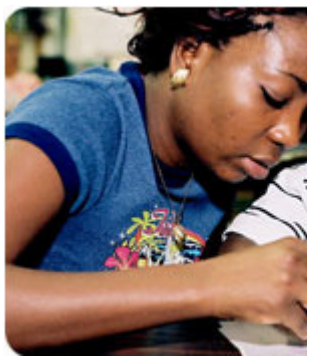

For preschool children respo reestablish comfortable routi
Jeffrey Austin

	â€¢ Sleep disorders and nightmares	â€¢ Aggressive behavior â€¢ Exaggeration or distortion of the disaster experienceRepetitive talking about experiences
Possible Responses		
â€¢Give additional verbal assurance and ample physical comfort (e.g., holding and caressing). â€¢ Give warm milk and provide comforting bedtime routines. â€¢ Permit child to sleep in parentsâ€™ room temporarily. â€¢ Provide opportunity and encouragement for expression of emotions through play activities such as drawing. â€¢ â€œPlay actâ€ the disaster. â€¢ Allow the child to explain or talk about the experience. â€¢ Encourage healthy attempts to integrate the experience.		

CHILDHOOD: AGES 5 TO 11

Regressive behaviors are especially common in this age group. Children may become more withdrawn, more aggressiveâ€”or both. They might be particularly affected by the loss of prized objects or pets. Verbalization and play enactment of their experiences should be encouraged. While routine expectations might be temporarily relaxed, the goal should be for the children to resume normal function as soon as possible. (Table 2)

TABLE 2. Â Reactions to Disaster Typical of Childhood

Regressive Reactions	Physiological Reactions	Emotional/behavioral reactions
â€¢Increased competition with younger siblings for parentâ€™s attention â€¢ Excessive clinging â€¢ Crying or whimpering â€¢ Wanting to be fed or dressed â€¢ Engaging in habits previously given up	â€¢Headaches â€¢ Complaints of visual or hearing problems â€¢ Persistent itching and scratching â€¢ Nausea â€¢ Sleep disturbance, nightmares, night terrors	â€¢School phobia â€¢ Withdrawal from play group and friends â€¢ Withdrawal from family contacts â€¢ Irritability and hyperactivity â€¢ Disobedience â€¢ Fear of wind, rain, etc. â€¢ Inability to concentrate and drop in level of school achievement â€¢ Aggressive behavior (e.g. fighting with friends and siblings) â€¢ Repetitive talking about experiences â€¢ Sadness over losses
Possible Responses		
â€¢Give additional attention and consideration, as well as physical comforting. â€¢ Provide gentle but firm insistence on more responsibility than can be expected of the		

Play sessions wit adults and youngsters cope.
Tyrone Turner

younger child and positive reinforcement of childâ€™s age-appropriate behavior.
â€¢ Temporarily lessen requirements for optimum performance in school and home activities.
â€¢ Reassure the child that competency will return.
â€¢ Provide opportunity for structure but not demanding chores and responsibilities.
â€¢ Encourage physical activity.
â€¢ Encourage verbal and written expression of thoughts and feelings about the disaster.
â€¢ Provide play sessions with adults and peers.
â€¢ Rehearse safety measures to be taken in future disasters.
â€¢ Encourage attempts to integrate experiences.
â€¢ Encourage child to verbalize feelings of loss, to â€œgrieveâ€ loss of pets or toys.

YOUTH: AGES 11 TO 14

Peer reactions are often very important to this age group. The children need acceptance from their friends and to feel that their feelings and fears are normal. Anxiety and tensions might manifest in a number of ways including aggression, rebellion, withdrawal, or attention-seeking behavior. â€œSurvivorâ€™s guiltâ€ might emerge in children of this age. Group discussion with peers and adults is effective in reducing the sense of isolation and in normalizing the childâ€™s feelings.
Resumption of group activities, routines, and involvement in physical activity that might relieve tension are helpful. (Table 3)

TABLE 3.Â Reactions to Disaster Typical of Youth Aged 11 to 14

Regressive Reactions	Physiological Reactions	Emotional/behavioral reactions
â€¢Competing with younger siblings for attention â€¢ Failure to perform chores or fulfill normal responsibilities	â€¢Headaches â€¢ Complaints of vague aches and pains â€¢ Overeating or loss of appetite â€¢ Bowel problems â€¢ Skin disorders â€¢ Sleep disorders (including sleeping excessively)	â€¢Loss of interest in peer activities â€¢ Drop in level of school performance â€¢ Disruptive behavior â€¢ Loss of interest in hobbies and recreation â€¢ Resistance to authority â€¢ Increased difficulty relating to siblings and parents â€¢ Sadness or depression â€¢ Antisocial behavior (e.g., stealing or lying)
Possible Responses		
â€¢Give additional attention and consideration. â€¢ Reassure the youngster that ability to concentrate, etc., will return. â€¢ Temporarily lower expectations of performance at school and home. â€¢ Encourage verbal and written expression of feelings. â€¢ Provide structured but undemanding responsibilities. â€¢ Encourage taking part in home or community recovery efforts. â€¢ Rehearse safety measures to be taken in future disasters.		

â€¢ Encourage physical activity. â€¢ Encourage play or contact with friends.

YOUTH: AGES 14 TO 18

Most of the activities and interests of the adolescent are focused on the peer group. Fear that feelings or reactions are unusual or unacceptable might push the adolescent toward withdrawal or depression. Psychosomatic reactions are common. The adolescent might tend to resent the disruption of social activities and contacts and be frustrated by not having full adult responsibilities in community efforts. Frustrations, anger or guilt might manifest in irresponsible even delinquent behavior. Adolescents should be encouraged to maintain contacts with friends and to resume athletic and social activities. Group discussions are helpful in normalizing their feelings. They should be encouraged to participate in community rehabilitation efforts. (Table 4)

TABLE 4.Â Reactions to Disaster Typical of Youth Aged 14 to 18

Regressive Reactions	Physiological Reactions	Emotional/behavioral reactions
â€¢Resumption of earlier behaviors and attitudes. â€¢ Decline in previous responsible behavior â€¢ Decline in emancipatory struggles over parental control â€¢Decline in social interest and activities	â€¢Bowel and bladder complaints â€¢ Headaches â€¢ Sleep disorders â€¢ Disorders of digestion â€¢ Vague physical complaints or exaggerated fears of physical problems â€¢ Painful menses or cessation of menses	â€¢Marked increase or decrease in physical activity level â€¢ Expression of feelings of inadequacy and helplessness â€¢ Delinquent behavior (e.g., stealing, vandalism) â€¢ Increased difficulty in concentration on planned activities â€¢ Depression â€¢ Isolation; withdrawal from family and peers
Possible Responses		
â€¢Encourage discussion of disaster experiences with peers and significant others. â€¢ Encourage involvement in rehabilitation and recovery efforts in the community. â€¢ Temporarily reduce expectations for level of school and home performance. â€¢ Encourage resumption of social activities, athletics, etc.		

Source:Â Spiritual and Emotional Care With Children Who Have Experienced Disaster Situations, Written and compiled by Virginia Miller and Barbara Weaver, Disaster Response Consultants and Child Care Workers, Members of the United Methodist Committee On Relief Catastrophic Disaster Response Team, General Board of Global Ministries, United Methodist Church. Tables used by permission of the National Institute of Mental Health.

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