Promoting the Health and Well-Being of Families During Difficult Times

Supporting Families Following a Disaster, An Overview

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The purpose of this fact sheet is to provide a better understanding of a disaster and the impact it may have on families. The other fact sheets of this series will discuss general stress and coping skills and ways families can cope with specific stresses that are often associated with disasters, such as health, financial, family, interpersonal, and psychological stress. A disaster is an event that:

- Involves the destruction of property, injury, and/or loss of life
- Has an identifiable beginning and end
- Adversely affects a relatively large group of people
- Is "public" and shared by members of more than one family
- Is out of the realm of ordinary experience
- Is psychologically traumatic enough to induce distress in almost anyone, regardless of previous condition or experience (Saylor, 1993).

How Disasters Affect Families

To understand disasters, it helps to consider the types that exist, the duration of the disaster, and whether the disaster is natural or human-made. Each of these factors greatly influences the degree of stress that is felt within a family.

Disasters may be natural or human-made. Natural disasters are caused by forces of nature, such as floods, fires, hurricanes, or earthquakes. They can do minimal damage and affect a small number of people, or they can be catastrophic and create monumental damage, affect the lives of tens of thousands of people, and disrupt the lives of entire communities (American Academy of Pediatrics Work Group on Disasters, 1995). It is important to understand that natural disasters can be either immediate (as with a tornado) or on going (as with a drought). Human-made disasters, such as vehicle accidents, war, and terrorist attacks, create a different set of challenges for families and often create greater distress than natural disasters (Yule, 1993). Individuals and families perceive these events as involving someone or something (e.g., government, terrorists, business) that is to blame.

The type of disaster, duration, intensity, amount of destruction, and the duration of displacement can also greatly influence the lives of families. Research suggests that the severity of the experience is related to overall levels of adverse mental health effects (Yule, 1993).

Understanding the experience of families living with disaster also requires considering the family and the community context, including circumstances prior to, during, and after the disaster. The

National Institute of Mental Health (1983) suggests that assessment of the effects of a disaster requires considering all phases of the disaster.

- *Predisaster* community, family, and individual conditions prior to disaster
- *Warning* media gives word of the impending disaster
- *Threat* immediately precedes the actual impact
- *Postdisaster* survivors take inventory of events
- **Rescue phase** survivors and emergency workers join to save those affected by the disaster
- **Remediation** the Red Cross, insurance adjusters, Federal Government, and local relief efforts take action
- **Recovery period** physical structures are rebuilt, and families and individuals begin to cope

Understanding each phase of the disaster is important when working with families and their communities. It is also important to consider the impact of the disaster on the community. The American Academy of Pediatrics Work Group on Disasters (1995) notes that each disaster is different depending on its scope and intensity, and on characteristics of the community, family, and individual. It suggests that the effect of disasters on communities may include

- destruction of infrastructure
- absence of electricity, sanitation, and potable water
- destruction of physical contact with the outside world (e.g., roadways, phones, and bridges)
- vulnerability and exploitation due to disaster and media sensationalism
- potential recurrence

Understanding the stages of a disaster provides information that can be very useful when working with families because disasters often have surprisingly long-term consequences for families. Families may find that their normal routines have been completely altered. Parents may also be forced to address complex issues, including the loss of income or family farm. Parents may find it necessary to find new employment. It may even be necessary for parents or the entire family to move to a different city in order to find employment. A nonworking parent may have to return to work in order to assist with the economic hardships created by the disaster. Young people may find that they are sent to live with relatives until the damage from the disaster is repaired.

Changes such as these require decisions that are difficult and often emotionally painful for all members of the family. Moreover, these changes often result in a decrease in time spent with children to provide much needed emotional support. Given the complexity and serious ramifications of these decisions to each family member, it is understandable that the family system may no longer be able to function as it did previously (Gordon, Farberow, & Madia, 1999). It is important to recognize that these events may cause changes in the family system that persist long after the disaster has subsided. These changes within the family may include

- Parental disorganization or dysfunction
- Increased alcohol or drug use by a family member
- Increased conflict or violent behavior between family members, or between family and others

- Relocation (including school changes)
- Job loss
- Decreased physical and emotional availability of parents
- Loss of children's social networks or the opportunity to participate in normal routines and activities (American Academy of Pediatrics Work Group on Disasters, 1995; Ebata & Borden, 1995)

Every year, families across the United States, including many farm families, find themselves in the difficult position of dealing with the ramifications of an ongoing natural disaster (drought), an immediate natural disaster (tornado, hurricane), or a human-made disaster (vehicle accident). Regardless of the type or duration of the disaster, such unforeseen events create a crisis for families. Families affected by disaster are forced to cope with the immediate disaster, and its long-term effects, in addition to the typical daily stressors faced by all families.

Internet Resources:

Federal Emergency Management Agency (FEMA): FEMA provides many programs, courses, and materials to support emergency preparedness and response for emergency personnel as well as the general public. http://www.fema.gov/

EDEN Disaster Network: The Extension Disaster Education Network (EDEN) links Extension educators from across the U.S. and various disciplines, enabling them to use and share resources to reduce the impact of disasters. From food safety to field safety, from the physical to the psychological, and from governmental process to community development, EDEN has resources you can use. http://www.agctr.lsu.edu/eden/

American Red Cross: Each year, the American Red Cross responds immediately to more than 67,000 disasters, including house or apartment fires (the majority of disaster responses), hurricanes, floods, earthquakes, tornadoes, hazardous materials spills, transportation accidents, explosions, and other natural and man-made disasters. When a disaster threatens or strikes, the Red Cross provides shelter, food, and health and mental health services to address basic human needs.

American Red Cross: http://www.redcross.org/

Southern Arizona Red Cross: http://www.tucson-redcross.org/

Northern/Central Arizona Red Cross:

http://www.arizonaredcross.org/main/home.asp?topic=HME&lngKey=en

<u>Centers for Disease Control and Prevention (CDC):</u> This site is sponsored by the U.S. Department of Health and Human Services, providing timely information about health issues. http://www.cdc.gov/</u>

<u>United States Department of Health and Human Services (HHS</u>): These sites provide information regarding such topics as disaster relief and safety, and the location of HHS offices. http://www.hhs.gov/

HHS for Kids: http://hhs.gov/kids/

<u>The University of Arizona College of Agriculture and Life Sciences Extension:</u> This Extension website is dedicated to bringing research-based information (about families, health, etc.) into communities to help people improve their lives. http://ag.arizona.edu/extension/

<u>North Carolina State University:</u> This Extension website offers consumer education regarding such topics as disaster safety, family relationships, and community and rural development. http://www.ces.ncsu.edu/resources/consumer/

Family Works: The University of Illinois Extension has designed a website to provide "strategies to build stronger families. It includes information about such topics as anger, discipline, and stress.

http://www.urbanext.uiuc.edu/familyworks/

<u>Supporting Families Following a Disaster:</u> Series of fact sheets covering special needs of families during difficult times. http://ag.arizona.edu/fcs/supporting families/

References:

American Academy of Pediatrics Work Group on Disasters. (1995). *Psychological Issues for Children in Disasters: A Guide for the Primary Care Physician*. Washington D. C.: National Mental Health Services Exchange Network.

Ebata, A. T., Borden, L. M. (1995). *Children, stress and natural disasters: A guide for teachers and school activities for children.* Champaign-Urbana, IL: University of Illinois.

Gordon, N. S., Farberow, N. L., & Maida, C. A. (1999). *Children & disasters*. Philadelphia, PA: Burnner/Mazel.

Saylor, D. F. (1993). Children and disasters: Clinical and research issues. In D. F. Saylor (Ed). *Children and disasters*. New York, NY: Plenum Press.

Yule, W. (1993). Technology-Related disasters. In D. F. Saylor (Ed). *Children and disasters*. New York, NY: Plenum Press.

La Greca, A. M., Silverman, W. K., Vernberg, E. M., & Roberts M. C. (2002). Helping children cope with disasters and terrorism. Washington, D. C.: American National Institute of Mental Health. (1983).