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Children, Youth & Families

background

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Child Victims No Longer An Afterthought

More emergency response plans recognize the needs of children

The terrorist attacks of Sept. 11, 2001 and the devastation wrought by Hurricane Katrina on the Gulf Coast both underscored the importance of retooling the emergency response capabilities of communities to quickly and effectively address the behavioral health of children and families who fall victim to natural disasters and large-scale criminal acts.

Some states and counties across the nation have acted swiftly to rewrite disaster plans to accommodate the behavioral health needs of victims, particularly children. But as the aftermath of Hurricane Katrina has shown, others have been slow to respond.

For many Pennsylvania communities, the Sept. 11, 2001 terrorist attacks was the wake-up call.

In Allegheny County, only 10% of Lucille Underwood's workday as a mental health specialist with the Department of Human Services was spent on issues related to disaster preparation and response. That quickly changed.

"I can tell you that in the past five years, my job has become 90% disaster preparation and response," said Underwood, who is assigned to the department's Office of Behavioral Health.

Katrina

Hurricane Katrina struck the Gulf Coast of the United States in August 2005 delivering high wind, rain, floodwaters and a disaster the scale of which the nation had never before experienced. In Louisiana alone, 650,000 people were displaced and many more were evacuated in Mississippi and other Gulf Coast states.

According to a report by a trauma team from the Louisiana State University Health Sciences Center that worked with displaced children and families in New Orleans, all levels of government response failed to adequately address their needs in the wake of the storm.

Children were put in overcrowded trailers and mass shelters. Many were separated from relatives and friends. They were moved frequently. They were unable to attend school initially and moved to different schools. They witnessed fighting and domestic violence. They lived for long periods without adequate money, clothing and food.

Half of the children surveyed after Katrina met criteria for mental health services, according to the report. Common symptoms reported in more than 30% of children included depression, loneliness, sadness and anger. Many reported headaches, stomach aches and symptoms of post-traumatic stress disorder. And the symptoms tended to be higher among children who were separated from their caregivers as a result of evacuation and displacement.

Even the basic needs of Katrina survivors were found to be lacking. Few received adequate mental health services from a system that was poorly prepared, then stretched thin in the aftermath of the hurricane.

The report concluded that the lack of a clear, articulated national plan for responding to children and families during a major disaster was a key reason why so many children and families were left so vulnerable in the aftermath of Katrina.

Impact On Children

How a child will respond to the trauma of a criminal act or a disaster cannot be predicted with confidence. Several factors come into play.

Responses tend to vary according to age and developmental stage. A young child might, for example, express fear, separation anxiety and regressive behaviors. A school-age child may report difficulty concentrating or having fun. An adolescent might react with greater risk-taking behaviors, such as fighting and alcohol abuse. Resilience is another factor. Not all children exposed to trauma experience distress, symptoms or worries.

Some children are more vulnerable, including those who have experienced trauma before, have mental health problems, or are directly affected by a disaster or criminal act. Children may also experience increased symptoms if their parents are not doing well due to previous exposure to violence, depression, a mental disorder or other problems.

Although responses can vary according to individual circumstances, several common reactions among children to trauma have been identified. For example:

- Children who have experienced trauma may have a shaken sense of safety and security.
- They may return to behaviors they

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abandoned earlier, such as thumb sucking, bedwetting or nail biting.

- They may be irritable, aggressive or show “acting out” behaviors.
- Children may withdraw.
- They may have trouble sleeping or being left alone.
- They may complain of headaches, stomach aches, fatigue or other ailments they didn’t have before.

“What I generally tell teachers and caregivers is to look for differences from the behaviors you know to be typical of a child,” said Prabha Sankaranarayan, a child development specialist based in Wexford, Allegheny County, who is involved in statewide and regional emergency response planning and had worked with relief efforts in Sri Lanka following the 2004 tsunami. “If you knew the child had no problem separating from parents and all of a sudden he can’t let go of his father who drops him off, you might wonder what that is about.”

Western Pennsylvania

In western Pennsylvania and across the state, emergency response plans have been rewritten in recent years to include such considerations.

In Allegheny County, the emergency response plans designate which of two agencies will lead the behavioral health response after a natural disaster and in the aftermath of a criminal act. The county is part of a regional emergency plan that coordinates response in 13 western Pennsylvania counties.

The county Office of Behavioral Health is typically the lead agency during a natural disaster and the Center for Victims of Violence and Crime (CVVC), a Pittsburgh-based nonprofit, takes the lead following a criminally related event.

Victims of criminal events and victims of natural disasters face many of the same issues and show many of the same reactions. But there are some differences. For one thing, restoring trust can be an issue for victims of crimes committed by a fellow human being, said Mary Jo Harwood, CVVC associate director of programs and services. “An act of violence by another person messes with people’s trust,” she said. “It messes with people’s ability to, at least temporarily, rely on skills and strengths and levels of resiliency that they have depended on in the past. It throws off a person’s or community’s equilibrium.

“Our goal in intervening is to get them back to a place of equilibrium, where they can then draw on resources that were always there for them.”

Regardless of the nature of a traumatic event, an important role of the response teams is to reach victims quickly and begin to work to reduce the chances of the traumatic experience causing long-term problems.

During a natural disaster, for example, country Office of Behavioral Health teams typically visit shelters for victims as soon as possible and begin to engage the children and parents there. The first visit is generally short – a time to listen, mostly, and show sympathy. As simple as it sounds, these brief encounters help identify a family’s needs and offer early signs of problems that may require more intensive assistance. “Usually families open up and we hear whether children are having problems,” said Underwood.

Workers usually revisit a family two or three times to monitor progress, advise, work with children and, if needed, make referrals for further intervention.

Strategies for children who have experienced a criminal act include reestablishing a sense of safety and security and offering children a chance to talk about their experience so they can acknowledge having witnessed something horrible and share their feelings. These tactics also provide an opportunity to reassure children that such feelings are normal, to predict what they may experience in the days to come and to offer them ways to cope.

Such considerations and strategies for children and families illustrate the shift in state and regional emergency planning.

“If something happened in Pittsburgh that was criminally related – if a tunnel was blown up, for example – I would get a phone call and be told to report to the [county] Emergency Operations Center immediately,” said Harwood. “There is a chair there now for victim’s services. Ten years ago, we would have been an afterthought.”

references

Osofsky, J.D., Osofsky, H.J., & Harris, W.W. (2007). Katrina’s children: Social policy considerations for children in disasters. *Social Policy Report*, *21* (7), 3-18. www.srcd.org/documents/publications/spr/21-1_hurricane_katrina.pdf

for more information

For information related to preparing children for disasters and other traumatic events, visit the Department of Homeland Security website: www.ready.gov/kids/home.html

For more information about the Center for Victims of Violence and Crime in Pittsburgh visit: www.cvvc.org/index.php

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