



Children: Stress, Trauma and Disasters

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Table of Contents

Introduction	7
Chapter 1: Stress and Trauma	11
Chapter 2: Natural and Human-Generated Disasters	21
Chapter 3: The Context of Trauma	45
Chapter 4: Children's Psychological Responses to Disasters	61
Chapter 5: Children with Special Needs during Disasters	79
Chapter 6: Traumatic Bereavement	91
Chapter 7: Child and Family Assessment	103
Chapter 8: Interventions	113
Epilogue : Generally Accepted Truths: The Psychological Effects of Trauma on Children	128
References	131

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INTRODUCTION

Children: Stress, Trauma and Disasters

One out of every four children experiences a significant traumatic event before reaching adulthood (Costello et al., 2002). While chance, geography and other variables determine risk, all of us are confronted with threats to well-being or even to life itself as we move across the life cycle. The world has become increasingly dangerous.

Disasters, whether natural or human-generated, involve an encounter between forces of harm and a human population in harm's way, in which the demands of the situation exceed the coping capacity of the affected population (Shultz et al., 2007; WHO, 1992). We hear almost daily the horrific accounts of the effects of natural disasters and extreme events including earthquakes, monsoonal rains, flooding, tornadoes, hurricanes, droughts, and global warming. As if the "acts of nature" were not enough, we increasingly see the derivative effects of human-generated violence. Wars, civil strife, ethnic conflict and acts of terrorism encircle the globe and only few seem safe from such possible happenings. Millions of children are growing up in families and communities torn apart by armed conflict. It has been reported that two million children have been killed in wars, five million have been disabled and 12 million have been left homeless (UNICEF, 1997). Acts of terrorism against our homeland have occurred in recent history and will occur again. The child's psychological reactions to disaster, and the responses of the family, are shaped by the distinguishing features and unique forces inherent in each type of disaster.

This book is an effort to bring together our understanding of the effects of stress, traumatic events and disaster on children and their families. While children are generally exposed to the same spectrum of hazards as adults, they are still maturing physically, emotionally, cognitively and socially. Thus, the impact of perceived threat or physical harm must be understood in terms of the child's developmental level and also within the family and social context within which the child lives.

We begin by defining terms essential to understanding the psychological effects of trauma exposure such as stress, primary and secondary stressors, the acute traumatic moment and traumatic reminders. We will see that the child's psychological response to trauma exposure is influenced by a complex array of contextual factors operating at individual, family, community and societal levels. For children, individual factors include age, gender, race, educational level, medical and psychiatric history, trauma history and the child's level of functioning before and during the disaster. Family factors such as family structure and cohesiveness, communication patterns, parental response to disaster impact and post-disaster family functioning are powerful predictors of the child's response. Salient community and societal factors include culture, ethnicity, socioeconomic status, social support networks and post-disaster community functioning.

When a community and its children are impacted by disaster, some definable groups of children will require additional, customized or specialized approaches to assure their protection and to facilitate their recovery from the extreme event (Flynn, 2006). Children with special needs include those who are developmentally disabled, children who are medically or psychiatrically ill, children living in poverty, foster care children and children who have suffered from repetitive exposure to interpersonal violence or maltreatment.

When mass casualties occur in a disaster, survivors are exposed to scenes of death. Death from disaster usually occurs suddenly and unexpectedly, striking down the healthy and taking life prematurely. Children may experience the death of parents, siblings or close friends. Children's early exposure to death, the discovery that life is not permanent, the realization that the body is susceptible to harm, and the loss of important, care-giving relationships in their daily lives, are traumatic experiences. Children suffer not only from the premature loss of a family member, but also from exposure to the cruel and violent nature of the death. Psychological and physiological reactions to bereavement are processed differently in children compared with adults because of the child's cognitive, emotional, and physical immaturity. Various strategies for support and intervention for the bereaved child will be discussed.



To confront the psychological consequences of trauma exposure and to optimize recovery, timely assessment and intervention are essential to mitigate the child's risk for ongoing distress, impairment and psychiatric illness. We discuss the parameters for providing careful and ongoing assessment of children's psychological reactions to disaster and trauma. As research on traumatized children and their families has increased, so has the level of thoughtfulness regarding psychosocial interventions to facilitate recovery. Psychological First Aid is a promising early intervention, implemented in the immediate aftermath of disaster, designed to reduce the initial distress and foster adaptive coping for survivors of all ages (NCTSN/NCPTSD, 2006). Effective intervention restores function and enhances recovery; creates a safe and secure environment; reduces uncertainty, fear and anxiety; and mobilizes family and social supports. Evidence-based empirical studies have begun to define the most effective interventions for use throughout the post-impact period to sustain long-term recovery.

Working with children exposed to traumatic events is emotionally demanding and "gut wrenching" in its painful confrontation with the child's lost innocence and premature exposure to the uncertain realities of life threat and the inevitable losses that are part of the life cycle. This book is an effort to facilitate an understanding of that process so that we may be more able to support children and their families as they cope and adapt to stress, disasters and traumatic life experiences.

