

## CHILDREN'S REACTIONS AND NEEDS AFTER DISASTER

7. By the

International Critical Incident Stress Foundation, Inc.

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1. Most children in the USA and even outside the USA will be directly and indirectly affected by this disaster (act of terrorism) to a greater or lesser degree.
2. In the light of the events, and the turmoil that followed, children may a) not understand, b) understand a little, c) understand a fair amount of what happened.
3. Children need to know the facts – appropriate to their age. You, the caregivers, (Parents, Grandparents, Teachers, etc.) must be the judge of what would be helpful for the child to know. Reassure the children of their safety and let them know what they need to know, in order to not be unnecessarily traumatized by rumors. At this time families need to reach out to each other.
4. The following behavior is to be expected during the next 2-3 weeks. In times of crisis the behavior of children regress. The following is a **list of behaviors** that children might exhibit during this time. Remember to **compare** the behavior to the way the child behaved **prior to this tragedy**.
5. **Warning signs of stress.** The following signs indicate a need for extra support. Look for behavioral extremes (shock-like behavior and “fading – out” vs agitation). Look for:

Pre-School – Kindergarten:

- Withdrawal (quiet, subdued, detached, mute)
- Denial (avoidance, ignoring, denial of facts & memories)
- Thematic play (re-enactment, ritualistic play of traumatic theme)
- Anxious attachment (clinging to parents & favorite objects, whining, tantrums, afraid of strangers)
- Fears (of violence, new situations, strangers, confinement, certain objects)
- Regression (to behavior they found successful at earlier developmental stages)

School Age Children: (any of above behaviors plus)

**Performance decline** (school, intellectual, sports, hobbies)

**Compensatory behavior** (deny, reverse facts, gain retribution through fantasy, play or interaction)

**Discrepancy of mood** (inappropriate moods and feelings following incident)

**Behavior changes/problems** (regressive behavior, attention seeking behavior, getting into trouble)

**Psychosomatic complaints** (stomach aches & upsets, headaches, bedwetting, nausea, rashes etc)

**Adolescents: (any of above behaviors plus)**

· **Acting out behaviors** (isolation, truancy, drug & alcohol abuse, sexual activity, delinquency, running away, suicidal expression/attempts, self destructive behavior)

· **Low self-esteem and self-criticism** (blame themselves, condemn own reactions to crisis, experiencing loss of control)

· **“Too old, too fast”** (develop life styles too advanced for their chronological age)

· **Displaced anger** (onto inappropriate recipients)

· **Pre-occupation with self** (adolescent self-centeredness amplified, disconnected)

**The following ways could help to re-adjust your child:**

**1. Talk and support the children:**

- Tell them the facts (appropriate to age)
- Listen to what they have to say
- Be honest – even if you do not know certain facts, tell them
- Tell them how you feel
- Provide reassurance of safety to the child – touch/hold if indicated
- Allow the children to grieve and mourn
- Validate normalcy of reaction
- Reaffirm life direction

**2. Support each other as a family:**

- In times like these families often re-unite – use the opportunity
- Talk to each other as indicated above

**3. Hold on to your faith/belief system**

Prayers may help

**Provide supportive climate in all classrooms and reach out to homes that are experiencing a crisis**

**5. By recognizing and monitoring the distress signals that a child exhibits, and by being supportive, we facilitate the normal recovery process.**

**6. If the abnormal behaviors of the children persist for longer than 3 weeks, please refer the child to a Mental Health Professional for help.**

**7. Teachers:**

**Extra care now can help prevent behavior and performance problems later:**

**Pre-school – 2<sup>nd</sup> Grade:** Routine is critical, as it conveys security. Little ones look to adults to figure out how serious things are. Project calm.

**3<sup>rd</sup> – 6/7<sup>th</sup> Grade:** Consider relaxing performance demands temporarily. Children's self – esteem is tied to their feelings about their performance.

**8<sup>th</sup> – 12<sup>th</sup> Grade:** Look for self – medication, acting out, and (with older kids) identity issues. Provide guidance and stress management.

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