



SUPPORTING OUR CHILDREN

The stresses, anxieties, fears, and displacement wrought by natural disasters affect adults and children alike. But children differ from adults. Because they are still developing mentally and emotionally, they make sense of, respond to, and cope with traumatic experiences in a different way.

Children can be very resilient and “bounce back” from difficult circumstances, but they are able to do so with the support of adults who care for them. This handout provides basic information on how children may respond to natural disasters and how parents and other adults can help them recover from its negative aftermath.

How do Children Respond to Traumatic Events such as a Natural Disaster?



- Children are secure in their daily routines (wake up, eat breakfast, go to school, play with friends). When disasters disrupt routines, children may become anxious.
- Children will look to their parents and other adults for cues on how to respond to a disaster. If adults react with strong fear, anxiety, or sadness, then a child may become more frightened or feel their losses more strongly.
- Children may misunderstand information about the event as they try to make sense of it. They may blame themselves, feel that they are being punished, etc. Their fears may stem from their imaginations.
- Children are most afraid that:
 - the event will happen again
 - they or someone they love will get hurt
 - they will be separated from their family
 - they will be left alone

Child's age affects how the child will respond. Younger children (< 7) may feel more helpless, insecure, and anxious about parental separation. They are less able to understand and cope with strong emotions. Older children (7 and older) may develop more intense, specific fears because they understand better the events surrounding the disaster. They may inhibit strong emotions in an effort to cope, experience intrusive, repetitive thoughts and difficulty focusing on school work, and feel guilt over not having done enough to prevent the event.

Additional stresses and adversities often follow the disaster (e.g. evacuation, homelessness). These can reduce the emotional support and practical help that children can get from their family, school, or community. If hardships increase and interventions are insufficient, children may develop behavioral problems and experience depression.

Common Reactions to Traumatic Events:

Your child may exhibit any of the stress reactions listed below. It is up to an adult to observe these changes, because children will not typically report stress symptoms. These reactions are NORMAL in the weeks following the traumatic experience. Over time and with proper attention, the reactions should diminish. If they do not, then obtain help from a professional child care provider (social worker, psychologist, counselor, doctor).

- shadowing/clinging to parent
- excessive fears (of rain, darkness, being left alone)
- bedwetting
- thumb sucking
- regression to previous (younger) behaviors
- repetitive play
- nightmares and other sleep disturbances
- changes in eating habits
- inability to concentrate
- not wanting to go to school
- crying, listlessness, decreased activity
- withdrawal and isolation
- fighting or other unusual misbehaviors
- increase in physical complaints (headaches, stomachaches, diarrhea)

What Can Parents or Caregivers Do to Help Children Survivors?

- Parents should be aware that their reactions have an impact on the child. Parents should seek help and support when they need it, to be able to attend to their children’s emotional needs.
- Strive to maintain family routines when possible
- Avoid exposing the child to reminders of the traumatic event. Limit child’s exposure to news or TV coverage about the incident.
- Do what you can to reduce your child’s fear and anxiety, with reassurances, comfort, togetherness and information
- Reassure your child often that you are safe and together
- Spend extra time together in pleasant activities
- Allow them to talk about the disaster, ask questions, and share their feelings. Share your thoughts and feelings, too. Admit your anxieties, but emphasize your abilities to cope with the situation.
- Use stories, drawings, and music to help talk about the event with your child
- Present a realistic picture to your child that is both honest and manageable. Calmly and firmly explain the situation. As best as you can, tell children what you know about the disaster.
- Have children participate in the family’s recovery activities, such as cleaning and restoring the home. This will help them feel that they are able to help in getting their lives “back to normal”.
- Encourage children to participate in community relief and rehabilitation efforts to help them feel empowered (but be careful about exposing them to tragic scenes, lest this disturb them further).
- If child develops difficulties in school, talk to the teacher/ principal or counselor and seek help in the situation.
- Develop and practice a family disaster plan to prepare for the future. Teach your children what to do, who to call, and where to go, in case of emergencies. This will give them a sense of control.

WHEN TO SEEK HELP. (National Center for PTSD)

Children can have PTSD too. They may have symptoms described above or other symptom depending on how old they are. As children get older, their symptoms are more like those of adults. Here are some examples of PTSD symptoms in children:

- Children age birth to 6 may get upset if their parents are not close by, have trouble sleeping, or suddenly have trouble with toilet training or going to the bathroom.
- Children age 7 to 11 may act out the trauma through play, drawings, or stories. Some have nightmares or become more irritable or aggressive. They may also want to avoid school or have trouble with schoolwork or friends.
- Children age 12 to 18 have symptoms more similar to adults: depression, anxiety, withdrawal, or reckless behavior like substance abuse or running away.

LIST OF CLINICS AND CENTERS WILING TO WAIVE PROFESSIONAL FEES FOR SURVIVORS

CLINIC/CENTER	CONTACT NUMBER
The Medical City, Ortigas Avenue, Pasig (Outpatient care)	6898278 or 09175773362
AFP Medical Center, V. Luna Hospital, V. Luna Road, Quezon City	Dr. Mitch Maruhomadil 09178098948
Bulatao Center for Psychological Services Ateneo de Manila University	426 6001 loc. 5268 / 426 5982 / 091 8867912
MLAC Institute #30 Riverview, Blueridge B	+63 2 569-9726 ; +63 916-6821437
UP Center for Women Studies Ylanan St. UP Diliman	920-6880; 9206950; 09177953274
ILAW Center, Miriam College	5805400 to 29 extn 1134
UST Graduate School Psychotrauma Clinic	4061611 local 8325
Makati Medical Center	8888-999 local 20 – 21 Dr. Christine Leomo 09176023271
BAGUIO CITY SLU-Sunflower Children's Center	09177072496 or 0744465664

DAVAO CITY

New Day Recovery Center Beach Club Road, Lanang
Davao City Downtown office: NDRC Psychological
Services Beltran Bldg Palma Gil St.

(082) 2331719/23411002/
3009435/3009455

This primer was initially prepared by Ateneo Department of Psychology and adopted by the Psychological Association of the Philippines.