

# Possible reactions of students after a natural disaster

Every  
child,  
every  
opportunity



This has been designed to assist **TEACHERS AND PARENTS** with possible **REACTIONS** of students after a Natural Disaster.

## Introduction

This booklet has been developed as a resource for teachers and parents to identify possible student reactions and the ways you can help.

Traumatic events such as bushfires will impact more on some students than others. Students will have individual responses to the event and be affected in different ways.

With a natural disaster such as a bushfire, once it has been ascertained that nothing “serious” has happened to a child, the child’s emotional needs are sometimes put aside. Children need reassurance by the actions of teachers and parents.

You need to firstly look after your own needs – you may need support/assistance to deal with feelings such as sadness, helplessness, fear, and anger. You will be unable to assist/support children until you have worked through your own issues.



## **NORMAL REACTIONS OF CHILDREN**

There is a whole range of normal reactions. There is no 'typical' reaction. This may be related to a number of reasons. Listed below are some of the reasons why children react in different ways.

- ❖ **Some children may have been more frightened than others.**
- ❖ **Some children may have been involved in evacuation. Other children may have been separated from their families. Either of these instances can be very distressing for children.**
- ❖ **Some children's loss may have been more than others.**
- ❖ **Children of different ages are quite likely to react differently. Young children's behaviour is often a guide as to how they are feeling whereas older children are more often able to tell you how they are feeling.**

**When a whole community is affected by a disaster sometimes children feel overwhelmed by the adult discussions they hear. It is necessary to decide whether discussing your and other adults' thoughts, feelings and emotions in front of children would be appropriate.**

## HOW CHILDREN REACT

The bushfires may have made children worry for the safety of their family, pets, possessions and self. Such events often result in signs of tiredness and anxiety. In children we may notice such behavioural changes as uncharacteristic quietness or teariness. This is not unusual.

**REMEMBER** that for each child you need to recognise differences in their experiences and responses.



## POSSIBLE REACTIONS STUDENTS MAY EXHIBIT AND WAYS YOU CAN HELP

- ❖ **Anxiety, fear and concern about the safety of themselves and others.**

**Children need to be able to talk or use play to communicate their concerns. This helps them to make sense and gain acceptance of their experience. You can validate their feelings by listening to them.**

**These fears usually diminish in a few weeks.**

- ❖ **Increased sensitivity to noise/smells relating to the bushfire such as fire, smoke, sirens, and loud noises.**

**You may need to explain noises such as sirens and the smell of smoke.**

**It may be useful to allow children to talk about why we need sirens; list all the different ‘smells’ of smoke and what they mean to the children.**

## ❖ Behaviour changes:

- Decreased concentration
- Angry outbursts
- Withdrawal
- Hypervigilance
- Reluctance to leave Mum and Dad
- Sometimes children take a step back in their development – for example bedwetting when normally dry or becoming more dependent. This is usually a temporary change but if it continues, seek help.

Children need as much normality in their lives as is possible.

They need boundaries and limits to be in place – this helps to restore safety and security.

Do not be alarmed by temporary lack of concentration.

Speaking and acting in a way that values what the children say and do will help them feel good about themselves.

- ❖ Increased somatic complaints such as stomach aches, headaches, pains are likely.

Children sometimes lose confidence – accept a child's worry about him/her self, while at the same time

offering encouragement to participate in enjoyable activities.

❖ **Overreaction to minor stress –**

- being ‘jumper’
- ‘crosser’
- and ‘out of sorts’

You will need to be sensitive and reassure children by giving them problem solving methods, such as:

‘What have you done in the past that has helped with a similar problem OR ‘let’s work this one out together’.

The above-mentioned temporary reactions are all **NORMAL** reactions to an unusual event. If reactions persist you may need to seek support from a mental health professional.

## **POSSIBLE REACTIONS PARENTS MAY SEE AND WAYS YOU CAN HELP YOUR CHILD**

**In addition to what has already been mentioned you may notice:**

- ❖ Altered sleep patterns – many children may have fears about going to bed or sleeping alone at night. Some may experience nightmares. Some children may have seen flames, seen or smelled smoke.**

**Children need comforting. They may want a hug, a special toy to take to bed, a night-light.**

**Children also need opportunities to tell you about their fears and what they have experienced.**

**It may be useful to do a relaxation activity with your child such as – ‘pretend you are a cat, stretch out, you are lying in the sun, wriggle around until you are comfortable, give a little purr and close your eyes’.**

- ❖ Changes in appetite – children may be less interested in food they normally enjoy.**

**Appetite changes usually disappear within a few weeks. It may be useful engaging your child in the selection and preparation of food for meals.**



- ❖ **Withdrawal – your child may become withdrawn or lose interest in normal activities – playing with their friends, schoolwork, sporting activities.**

**Children need time – with patience and loving gestures they will gain acceptance and know you are interested in what they are feeling.**

- ❖ **Feeling unwell – children may present with stomach pain, headaches. Minor cuts and bruises may cause more distress than usual. Sometimes feeling generally anxious can make our bodies feel more sensitive to knocks and aches. It can also be a way of seeking comfort and reassurance.**

**Children need to re-establish their security and safety and therefore may want you to ‘baby’ them – give gentle reassurances and hugs.**

**Try to keep your child’s routine as predictable and as normal as possible.**

- ❖ **Acting out – children may show signs of distress with ‘inappropriate’ behaviour and may also include provoking the limits set.**

**Children need to have boundaries to maintain security and safety. These boundaries need to be firm but gentle and sensitivity maintained. Allow plenty of time for talking and being with you – children need to express their emotions without hurting themselves.**

**Allow for expressions of anger.**

**Children respond to praise. Make every effort not to focus on a child’s inappropriate behaviour.**

**It is helpful if the family can continue doing enjoyable things together – this helps children accept their experience and move on.**

**These reactions usually last for a short time. Children whose thoughts, feelings and emotions are ‘up and down’ for some time after an unusual event are possibly trying to make sense of their experience.**

## **WHEN TO REFER A CHILD TO A MENTAL HEALTH PROFESSIONAL.**

If after approximately a month you notice a number of the following behaviours are continuing to manifest, mental health professionals are specially trained to assist. A good starting point for a teacher would be making contact with parents and then with guidance officer/social worker, Department of Education and Early Childhood Development in your area. Parents can contact the school and ask for help with a referral for their child to see a mental health professional.

### **POSSIBLE SYMPTOMS**

- ❖ Unwelcome memories
- ❖ Talkative about the event
- ❖ Bad dreams
- ❖ Reminders are distressing
- ❖ Fears about fires
- ❖ Somatic complaints – headaches, stomach aches.
- ❖ Numbness
- ❖ Withdrawn
- ❖ Sleep difficulty
- ❖ Irritable
- ❖ Concentration problems
- ❖ Hyper vigilante
- ❖ Separation problem
- ❖ Anxiety
- ❖ Aggressive or antisocial behaviour
- ❖ Eating problems

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