

A Quarterly Technical Assistance Journal on Disaster Behavioral Health Produced by the SAMHSA Disaster Technical Assistance Center

the Dialogue

IN THIS ISSUE

- 2 Post-Disaster Decline: Understanding Children's Vulnerability Before, During, and After Katrina
- **5** Meeting the Mental Health Needs of Older Adults in Disasters
- 7 All Hands on Deck for People Living With HIV and AIDS After Hurricane Sandy
- 9 Recommended Resources
- 10 Upcoming Events





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- 9 Recommended Resources
- **10** Upcoming Events

The Dialogue is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver effective behavioral health (mental health and substance abuse) responses to disasters. To receive *The Dialogue*, please go to SAMHSA's homepage (http://www.samhsa.gov), enter your e-mail address in the "Mailing List" box on the right, and mark the checkbox for "SAMHSA's Disaster Technical Assistance newsletter, *The Dialogue*," which is listed in the Newsletters section.

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the **Dialogue**

SPECIAL FEATURE

Post-Disaster Decline: Understanding Children's Vulnerability Before, During, and After Katrina¹

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We spent 7 years after Hurricane Katrina studying more than 650 children and youth as well as approximately 100 adults, including family members, neighbors, disaster relief workers, and teachers, among others. The children and youth whom we observed and interviewed lived in New Orleans and surrounding areas and were between 3 and 18 years old at the time of the storm. It was our goal to understand their experiences, identify how others assisted in their recovery, and document how they helped themselves and other children after Katrina.

We identified three distinct postdisaster patterns among the children whom we studied over time. These patterns, which are presented in our forthcoming book, *Children of Katrina*, included the following: (1) Declining Trajectory, where children and youth experienced simultaneous and ongoing disruptions in their families, schooling, housing, health and health care, friendships, and



other key areas of their lives, (2) Finding Equilibrium Trajectory, where after an initial period of disruption and minor decline, children were able to attain and maintain stability with mobilization of resources and social support, and (3) Fluctuating Trajectory, where children had a mixed pattern of post-Katrina stable moments followed by unstable periods in one or more key areas of their lives. Of the three post-disaster trajectories that we identified, the Declining Trajectory represents the children who were most susceptible to an array of negative outcomes. In this brief article, we present the factors external to the child that played the most substantial roles in shaping this pattern.

continued on page 3

¹ Portions of this article are excerpted from Fothergill, A., and Peek, L. (2015). Children of Katrina. Austin, TX: University of Texas Press.

the **Dialogue**

continued from page 2

What explains the Declining Trajectory? First and foremost, social location—such as social class, race, family structure, neighborhood location, resources, and networks-prior to the disaster determined, at least in part, many of the children's post-disaster outcomes. While this may not sound surprising, it is worth underscoring how and why a child's social location makes so much difference, especially because disasters are often depicted as events that affect everyone indiscriminately, regardless of social status. Contrary to this popular belief, we identified myriad ways that a child's social location shaped his or her pre- and post-Katrina experiences, ultimately influencing, directly and indirectly, various emotional and psychological outcomes.

Prior to Hurricane Katrina, for example, 38 percent of the child residents of New Orleans were living in poverty. These children's lives were characterized by severe difficulties prior to the storm: their households had serious financial troubles, often involving at least one parent who was unemployed and unable to find a good job; their housing situations were insecure and their neighborhoods unsafe; and their families had unreliable or no access to health care or nutritious food. In addition,

between one-quarter and onethird of New Orleans households had no access to a car before Katrina, and these households were disproportionately poor and black. When compared to their middle-class counterparts, children from low-income families were much more likely to be exposed to dire and life-threatening situations when the levees broke and New Orleans flooded. Furthermore, poorer children were more likely to be evacuated to mass shelters, which can be overwhelming and frightening, while children with more resources stayed with their families in hotels or with extended family or friends outside the Gulf Coast. The level of exposure to the disaster and the memories of what they witnessed were correlated with subsequent struggles among these children, such as challenges concentrating in school, higher anxiety levels, and more behavioral problems.

Before Katrina, more than half of New Orleans families with children under the age of 18 were headed by single mothers, many of whom were already struggling to find resources for their children. Many of these low-income single mothers were African American and relied on kin networks (Galea, Tracy, Norris, & Coffey, 2008). After the disaster, these mothers were among those who had little control over where they ended up, and many were displaced without their



networks, leaving them without much-needed economic and social support (Jones-DeWeever, 2008).

After Katrina, children from lowincome and working-class families were the ones most likely to be displaced furthest from home and subsequently to endure multiple displacements over time. We interviewed children who attended three or four new schools in the first year after the storm, and these repetitive displacements continued as the months and years passed. With each new move came more disruption. And although some of the children received a warm reception at their new schools, many encountered bullying and discrimination as a result of their race, class, city of origin, and/or status as a Katrina survivor.

Our work demonstrates how preexisting disadvantage—the crisis before the crisis—and the profound disruption caused by a disaster like Katrina can send already vulnerable children on a downward spiral.

continued on page 4

the **Dialogue**

continued from page 3

But these were not the only children who were at risk for decline after Katrina. We also observed children and youth who were in more stable situations before the hurricane whose post-disaster lives were marked by rapid increases in instability and cumulative vulnerability. This group, while smaller in number than the previous group, is also noteworthy. These children experienced a similar accumulation of risk factors and lost many of the protective support systems that provided a cushion before the storm. Their emotional and physical health and educational attainment suffered as a consequence. For these children, the decline was a shock, as their lives had been characterized (mostly) by stability prior to the storm. Many of them were doing well in school and had post-high school educational plans. Their parents had steady employment and access to working vehicles, and their families did not struggle with food insecurity. The parents were achieving a small measure of upward mobility, and they hoped to give their children opportunities they did not have. Yet, for these families, their pre-disaster lives were much more fragile than they realized, and indeed, they were one disaster away from serious instability and decline. For many, they could not regain their footing after they lost housing or jobs due to Katrina.

For both groups of children—those more vulnerable before and those with more stability—the level of exposure to the disaster as well as how their recovery unfolded also made a tremendous difference. When children experienced lifethreatening evacuations; when they were displaced multiple times to faraway places; when they were forced into unfamiliar and hostile new school and peer environments; and when their caregivers, siblings, or other family members began to struggle emotionally, economically, or otherwise after the storm, so too did the children. Moreover, the children whose lives were most disrupted and whose social support systems and family networks were shattered were left with few tools or resources to pick up the pieces. During the recovery period, many of these children and their families had trouble returning to New Orleans, as affordable rental units were scarce, several large housing projects had been torn down, and the few who had been homeowners prior to Katrina did not have the resources for repairs.

The lives of these children, and the many others whom we studied who fit the Declining Trajectory, shed light on the situational and social structural conditions that make children and youth vulnerable before a disaster strikes. Indeed, there are tens of thousands of children on the Gulf Coast who endured similar experiences to the children whom we feature in our book. It is important to note that we found that the children and youth of the Declining Trajectory were often strong, hardworking, resilient, and proactive. Many used creative problem-solving skills to cope and find solutions for themselves and their families. Moreover, the vast majority of the parents loved and cared for their children tremendously, and certainly no less than parents of the other trajectories. Thus, we found that structural disadvantages-not individual or personal factorswere what mattered most in determining a child's downward trajectory. In the United States, middle-, working-, and lowerclass and poor children lead very different lives from each other. And, indeed, after a disaster, unequal circumstances may become amplified and more life-altering and, in many ways, more cruel.

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