

## **WOMEN AND CHILDREN FACING DISASTERS**

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by

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Disaster consequences, as extensively discussed in the literature, are experienced differently according to the degree of social and economic development of a given country. In developed societies, the consequences most likely will be shortlived because of the social and economic support systems available promoting rapid recovery through measures of preparedness and mitigation inserted in disaster management plans of these countries. In developing countries, the disaster consequences are magnified because of depleted social and economic system characterizing these countries, prior the onset of a disasters. Thus, the process of full recovery is slow and complex. In developing countries, only recently psychosocial aspects have been addressed, focused on interactive effect of social and psychological variables within the disaster context. Psychological reaction coupled with social effects (i.e. unemployment, hopelessness, frequent displacement to shelter-camps environments, loss of social

support and disorganizations of the community) lead to complex outcomes, particularly for women in developing countries, in the psychosocial domain.

Individuals exposed to natural (e.g. earthquakes, mudslides caused by volcanic eruptions, droughts and floods) and human-made disasters (e.g., war) show a noticeable and prolonged prevalence of psychological and social problems. There is strong research evidence that psychological and social stress is disaster-related among survivors. Common emotional distress variables (anxiety, depression, psychosomatic complaints) predicts needs of mental health care for survivors when they have experienced different types of natural disasters as occurred in Colombia (Armero) and Ecuador. Gender issues are often neglected in disaster research. It is, therefore, necessary to address the broad and complex spectrum of psychological and social consequences of natural disasters, taking into account the following premises:

**Interrelatedness of Mental Health Within Specific Social, Economic and Cultural Systems** In developed or developing disaster prone countries, there is emphasis on the role of the psychosocial characteristics of the human response to disaster events. These characteristics includes a number of stressors acting upon men, women and children resulting in distinct stress responses. Disaster stress, if not efficiently managed, will manifest itself on individuals who may display maladaptive response responses because they are subjected to intense human suffering due to sustained poverty and economic marginalization characteristics of pre-disaster in developing countries. In the context of natural disasters, in most of developing countries, gender issues play a fundamental role. In these countries the responsibility of coping with disasters falls disproportionately on women. In the majority of these societies, women's lives are already under stressful conditions prior the disaster impact. For example, women continue to work unpaid at home, while men earn money in paid labour force to support the

entire family. This process perpetuates the tradition that women should produce new workers by bearing children. In addition, at the end of each day, women as a head of their households in most cases, should also care for the present workers - their husbands and sons (and since the twentieth century, their daughters). These pattern of labour distribution produce a severe power imbalance in the private domain. All these factors are considerable as stressors affecting women's psychosocial well being when disaster strikes.

**Disaster Research was Focused on Groups.** For many years, disaster, research has been a field dominated by sociologists and geographers, thus the focus of the research has been from a group perspective. Consequently, individual differences have been downplayed. Psychologists became interested in this new area, by investigating gender issues as emergent subject, although based on purely psychological themes such as personality traits. Currently, social and cultural factors are being addressed as responses to the differences in reactions of men and women after a traumatic event. In the past, there was a general tendency to perceive the needs of men, women and children affected by disasters as restricted to shelter, food sanitation and immunization against disease the psychosocial needs of the disaster victims were either ignored or seen as too secondary to warrant the attention of the relief agencies, much less social scientists. Over the last few years, however a more sophisticated and comprehensive perception has materialized. There is now widespread recognition that men, women and children affected by disasters respond in predictable ways psychosocially and have critical psychosocial needs. These needs can either be anticipated and adequately met, thereby fostering rehabilitation and recovery or minimized and inadequately met, thereby fostering long term psychosocial disability and suffering.

**Psychosocial Responses on Women and their Dependent Children.** Even though women are disproportionately represented among populations whom disaster strikes in developing countries,

research regarding their stress-response syndromes to traumatic event in non-existent. Usually, women has been seen as more vulnerable to life events than men. One of the problems is that researchers often use measures of depression to evaluate stress levels, which has a higher incidence on women provoking misleading results. Women's vulnerabilities, within this context, is related to social organization, rather than to other factors. Men can use drugs or alcohol as maladaptive coping strategies facing disasters, while women may use other resources to maintain their social networks and social support previously available. Because women's roles as caretakers of their adult and children dependent's, their reaction to the disaster trauma might be maximized because of the uncertainty of survival of their dependents.

There are various psychological reactions such as denial of threat, no preparatory actions or hypersensitivity of people with disaster past experience. At the disaster impact, there is maximum stress upon victims, with reactions such as heightened arousal, fear and anxiety, panic, apathy, disorientation, surprise, perplexity and helplessness. During impact, severe psychological responses can developed allowing survivors to be categorized according to the severity of their reactions. Among acute reaction at the end of the impact, is disaster syndrome (e.g.) absence of emotions, inhibition of activity, docility, indecision, lack of responsaviness, automatic behaviour, and physical manifestations of fear). The syndrome differs from other behaviour such as hysterical reactions or psychosis. Most researchers are aware of the complexity of assisting survivors dealing with a multiplicity of stressors. Among stressors affecting women and their dependent children during recovery efforts, the social ones plays a major role. Social stressors on women (marital status, sole responsibility for family, number of children and unavailability of social network) halt full recovery, affecting also depending children.

Children's reactions to natural disasters rarely have been discussed. Disasters causes a «diffuse fear» among persons except for children, who presumably do not understand the seriousness of the event. It is generally assumed that children experiencing disasters (except for war trauma) do not show need for psychiatric care as long and their support group (immediate family or other group) holds together. Researchers are in agreement that children reactions to disasters is depending upon the emotional stability and well-being of their care-takers. Parental influences, might warrant the needed level of emotional stability resulting in better coping responses to disaster stress. Children are not necessarily traumatized by disaster experiences, if protective factors (e.g. supportive family and community and positive disposition) are available that will enhance children's resilience.