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Working with children in disasters

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Introduction

Green social work as introduced by Dominelli (2012) is a holistic model of social work that offers an overarching framework in working with children in disasters. In her book entitled *Green Social Work: From Environmental Crises to Environmental Justice*, she defines green social work as

> that part of practice that intervenes to protect the environment and enhance people’s well-being by integrating the interdependencies between people and their socio-cultural, economic and physical environments and among peoples within an egalitarian framework that addresses prevailing structural inequalities and useful distribution of power and resources.
> Dominelli (2012: 8)

When viewed through the lens of green social work, disasters risk reduction and management seek to harmonise human activities with the environment rather than subdue it. Given this perspective, social workers engaged in child protection in disasters will not only prevent children from being harmed but educate them to become carers of the environment. This chapter also covers the importance of understanding trauma and its implication to the well-being of children during disasters; the policies and implementing guidelines for child protection, mechanisms, programmes and interventions, as well as roles of social workers in this setting.

Christine Wamsler (2009:III) observed that the frequency of natural disaster has grown significantly worldwide. The number of disasters quadrupled during the last 30 years (UNISDR, 2006 cited by Wamsler, 2009). Among the major natural disasters that caught worldwide attention was the Indian Ocean Tsunami on 26 December 2004. In the Maldives, the Ministry of Planning and National Development (2006:6) reported that 82 citizens died; 1,313 were injured; and over 15,000 lost their homes during that Tsunami.

The Philippines, a disaster-prone country, is visited on average by 20 typhoons a year, five of which may be destructive, like Super Typhoon Yolanda or Haiyan, its international name. Super Typhoon Yolanda made history on 8 November 2013 at 4:00 in the morning, as one of the most devastating tropical cyclones in the world. This super typhoon affected at least
16 million people and displaced 4 million people. Just before the year 2016 ended, another super typhoon, Nina, hit the Southern Luzon Region on the evening of 25 December 2016. However, a feared imminent disaster expected to occur anytime is the 'Big One', a magnitude 7.2 earthquake from the West Valley Fault which could impact Metro Manila. The West Valley Fault is a 100-kilometer segment of an active fault line in the Valley Fault System, which tends to have a 400-year cycle between earthquakes. Those near the epicentre of an earthquake will first feel an up and down ground motion, followed by a horizontal ground motion (de la Cruz, 2014). Given the certainty of occurrence of disasters in the Philippines, like flash floods in major cities, the social workers’ repertoire of skills must include working with children in disasters.

According to Dominelli (2010), the key aspects of professional social work interventions are orientated towards enhancing children's well-being. Moreover, protecting children from harm comprises the bulk of statutory social work. Promoting children's well-being and child protection occurs within an overarching perspective of emancipatory social work practice. This perspective is espoused by Dominelli (1997, 2009). This view is congruent with the social work belief in the inherent worth and dignity of every person. Emancipatory social work is one of the three key approaches of the profession (Dominelli, 2009). The other two are maintenance (Davies, 1985 cited by Dominelli, 2009) and therapeutic (Payne, 2005 cited by Dominelli, 2009). Maintenance practice assists service users to meet their basic needs. The therapeutic approach focuses on interpersonal relationship within and outside of the family, in the community, school and workplace. Neither the maintenance nor the therapeutic approach considers structural inequalities. The emancipatory social work practice, particularly the holistic variant, according to Dominelli (2009), seeks to address individual and structural problems because it views dealing with both as integral to enhancing individual and community well-being. Dominelli (2009: 158) added that 'promoting social work as both a political and moral profession means arguing for universal services, challenging taxation policies, addressing global interdependencies that have precipitated current crises for poor people like rising food and fuel prices and working to prevent diseases that have a global reach'. Emancipatory social work practice must underpin work with children in disasters, and it forms the basis for green social work which includes environmental hazards within its holistic approach as part of its commitment to enhance a social justice that incorporates environmental justice.

**Understanding disaster, trauma, traumatic stress and their impact on survivors**

There is wisdom in the adage, knowing the problem is half-solving the problem. Understanding disaster, trauma and traumatic stress prepares social workers in assisting service users to overcome the challenges brought about by disasters. James Lewis (1999) notes that disasters make news: floods in India, China or Bangladesh; earthquakes in Japan or Iran; and cyclones in the Philippines, Bangladesh or the Caribbean. He suggests that in disasters, reconstruction and development are simultaneous phenomena with each stage overlapping the others in the same or neighbouring places. This is opposed to the conventional way of viewing reconstruction and development in disasters as linear. Lewis (1999: 163) draws the following conclusions from the International Decade for Natural Disaster Reduction: 'There is wider realization that natural disasters are at least in part, man-made. There is a need for an active international platform to initiate the commitment, strength of purpose, resources, expertise and energy to merge palliative with preventive purpose into the next century'. El-Masri and Tipple (1997) explained that...
natural disasters are the outcome of interactions between natural events and human actions. Davis (1987 quoted in El-Masri and Tipple, 1997) opined that many of tragic impacts of natural disasters result from human misuse of resources, inappropriate actions, and lack of foresight. A tragic reminder of this observation is the trash slides due to heavy rains at Payatas, a solid waste dump in Quezon City, Metro Manila in 2000, where 288 people died and several hundred families were displaced (Co, 2010). Co cited that the Philippines’ location within the Circum-Pacific Belt (with its associated high levels of risk from earthquakes and volcanoes) coupled with its position along the typhoon belt of the North Pacific Basin and susceptibility to the El Niño phenomenon, mean that the country is regularly affected by earthquakes, volcanic eruptions, typhoons, storm surges, landslides, floods and droughts. As I write about these natural and man-made disasters that the Philippines has to pro-actively manage, I am convinced more than ever that the Philippines’ PSG (Policies, Standards and Guidelines for Bachelor of Science in Social Work and Master in Social Work) must be reviewed and revised to incorporate competencies for Social Work Practice in Disaster Risk Reduction and Management.

Disaster occurs when hazardous events strike vulnerable human settlements (Wamsler, 2009). The previous discussion on disasters shows that the tragic consequences of disasters are loss of life, properties, social and economic disruption, and physical destruction. Hence, disasters may lead to trauma, resulting in traumatic stress. Trauma is defined as

an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, and spiritual well-being. (SAMHSA, 2013 in Fact Sheet, 2016: 01)

Stress is the body’s alarm system while traumatic stress is the overwhelming of the body’s alarm system. According to the Iowa Trauma Informed Care Project, trauma affects the individual, families and communities by disrupting healthy development, adversely affecting relationships and contributing to mental health issues including substance abuse, domestic violence and child abuse. The study of adverse childhood experiences (ACEs) showed that ACEs can affect the individual’s physical and emotional health throughout the life span (Fact Sheet, 2016: 01). The impact of trauma (Hopper, 2009 in Michelfelder and Swoboda, 2012: 12) involves the activation of survival responses (fight, flight, freeze, or submit); shutting down of non-essential tasks; and potentially less rational thought at this time. Michelfelder and Swoboda (2012: 13) argued that prolonged exposure to trauma and/or repetitive traumatic events may result in emotional numbing, psychological avoidance and diminished sense of safety. The foregoing consequences of traumatic stress make it imperative to intervene in a timely manner to mitigate the adverse effects of disasters in children.

Child protection and the implications for the well-being of children in disasters

The evaluative study of long-term effects of psychosocial assistance and international solidarity work in Chile (Punamaki, 2000) enumerated three issues in recognising the ways in which children express their distress after traumatic events. First, the same symptoms may be adaptive and healthy at the acute stage of trauma but if symptoms persist, these become pathological. An example is a numbing of feelings that is initially helpful to cope with an overwhelming experience. Second, repetitive and ritualised expressions of distress tend to narrow and distort the child’s sense of reality. It is natural for a four-year old to play funeral after a family member
has died. This play activity becomes worrisome if repetitious and has no thematic change. Third, alongside psychological symptoms, trauma impacts on a child’s beliefs and attitudes, learning abilities and interpersonal relationships.

The demolition of informal settlers’ houses to remove them from hazardous areas or when legal land owners claim rights to their property exemplifies this. I recall my experience in social preparation work for the high-financed construction of a high-end commercial cum residential project. Children refused to go to school because the houses of their playmates had been demolished. Some clung to their mothers and cried whenever they were out of sight. A child who was left alone in the house was terrified of seeing their house being torn down. In the eyes of the child, the tearing apart of their house, a symbol of safety, is a violent scenario. Children showing symptoms of traumatic stress were also reported by mothers who were affected by the 7.8-magnitude earthquake that caused the collapse of a hotel in Baguio City, Philippines in 1990. During the psychological debriefing of survivors of the collapsed building, one mother reported that her six-month old baby became sensitive to noise. The baby was fretful and easily roused from sleep by any slight movement. A mother of a toddler observed that her child became afraid of the dark and started to bed wet.

Children, even in normal conditions, are vulnerable. This vulnerability is heightened during disasters. It was reported in World News (2010 cited by Dominelli, 2010) that paedophiles were abducting orphaned children in two disasters: the 2004 Asian Tsunami, and the 2010 Haitian earthquake. In the aftermath of Super Typhoon Haiyan, some evacuees were reported to have been lured into sexual activities in exchange for money. Unsupervised and unstructured daily situations in evacuation centres make children easy prey. Thus, in the Philippines, running child-friendly spaces (CFS) has become a valuable initiative among the international and local non-governmental organisations as well as faith-based institutions in collaboration with local government units.

**International and national instruments of child protection**

Selected legal instruments that set the standards for child protection are worth discussing briefly to provide the context in working with children in disasters. The *Hyogo Framework for Action* (2005–2015) shifted the global policy framework for disaster interventions from disaster response to disaster risk management and disaster risk reduction. This framework influenced the passage of the 2016 Philippine law that turned the National Disaster Coordinating Council (created by law in May 2010) into the National Disaster Risk Reduction and Management Council.

I also mention two relevant frameworks from the United Nations Children’s Fund (UNICEF): Core Commitments for Children in *Humanitarian Action for Children* (2010:01) and the *Joint Statement on Advancing Child-Sensitive Social Protection* (2009:01). The core commitments for children in its *Humanitarian Action for Children* are a global framework for humanitarian work with children undertaken by UNICEF and its partners to protect the rights of children affected by humanitarian crisis. It defines a humanitarian situation as: ‘any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors (www.unicef.org/emergencies/index_68710.html).

The *Joint Statement on Advancing Child-Sensitive Social Protection* aims to build greater consensus on the importance of child-sensitive social protection. The initial signatories are: DFID UK, HelpAge International, Hope and Homes for Children, Institute of Development Studies, International Labour Organization, Overseas Development Institute, Save the Children UK, UNICEF and the World Bank. In this *Joint Statement*, there are two principles of child-sensitive
social protection that helping professionals and humanitarian workers must bear in mind. First, avoid the adverse impact of humanitarian crisis on children and reduce or mitigate social and economic risks that directly affect children’s lives. Second, intervene as early possible where children are at risk to prevent irreversible impairment or harm [www.unicef.org/aids/files/CSSP joint statement 10.16.09.pdf].

In the Philippines, the 2007 definition of social protection included protection against hazards and improving people’s capacity to manage risks. In 2012, the social protection operational framework of the Philippines was issued. Environmental and natural risks were among the four risks and vulnerabilities to be addressed. On 27 May 2010, Republic Act No. 10121 instituted the Philippine disaster risk reduction and management system and framework and appropriated funds for it [www.officialgazette.gov.ph/2016/05/18/republic-act-no-10821/]. The child-sensitive law, Republic Act No. 10821 (passed on 18 May 2016), mandated the provision of emergency relief and protection for children before, during and after disasters. It describes disasters as a serious disruption of the functioning of the ‘community or socially involving widespread human, material, eco-environmental losses and impacts which exceed the ability of the affected community or society to cope using its own resources’ [www.ndrrmc.gov.ph/attachments/article/45/Republic_Act_10121.pdf]. Among the salient features of Republic Act No. 10821 are the following:

• Child Protection Working Group (CPWG) that coordinates child protection efforts in humanitarian settings to ensure that girls and boys are protected from abuse, neglect, exploitation and violence. The National CPWG is chaired by the executive director of the Council for the Welfare of Children (CWC) with a UNICEF representative as co-chair. The CPWG brings together in one forum child protection actors and partners operational in areas affected by both natural and human-induced disasters and to facilitate the development and coordination of child protection strategies and responses, including advocacy with authorities and humanitarian actors as necessary. Given the big membership of the CPWG, the Core CPWG was constituted. I sit in the core group, representing academia. The CPWG operates at the national and regional levels. The Regional CPWG coordinates the cities, towns and provinces under its jurisdiction. The CWC is under the aegis of the Department of Social Welfare and Development, which is under the Office of the President of the Philippines. Among the significant accomplishments of the CPWG worth mentioning is the localisation of the Child-Friendly Space Implementation Guidelines after a series of consultations with various governmental and non-governmental organisations involved in child protection and welfare.

At this juncture, I will briefly describe two important documents of a CPWG member, an international non-governmental organisation that kindly shared with me their documents which demonstrate why they are among the key actors in the area of child protection in emergencies. The first document is the Child Protection in Emergencies (CPiE) Results Framework (Plan International, 2015). It contains the list of global outcome indicators organised around pre-designed outcome statements that link Plan International’s Global Child Protection Strategy and current CPiE programming in an effort to standardise the monitoring of interventions and improve impact evaluations (by programme and globally). The framework provides guidance for country officers to frame their response and select quality indicators that focus on outcomes. The second document is the Disaster Preparedness Protocol Plan Philippines, Version Two, October 2014 (Plan International, 2014). This revised edition is a product of the extensive experience of Plan International Philippines’ staff in responding to small, medium and large-scale disasters into a guide of processes and priority
actions in child-centred community development and humanitarian work. In 2013, Plan International was involved in disaster response, recovery and rehabilitation of affected families during the Central Luzon flooding, displaced persons from the Zamboanga siege, the 7.2-magnitude quake of Bohol, and Typhoon Yolanda (Haiyan). The protocol is informed by the Philippines being ranked second for cyclones and earthquakes, fourth for landslides, fifth for tsunamis, and eighth for floods, among disaster-prone countries globally (Plan International, 2013).

- Comprehensive Emergency Programme for Children that takes into consideration humanitarian, inclusive, gendered and culturally sensitive standards for the protection of children, pregnant, and lactating mothers in emergencies.
- Psychological First Aid for Children.
- Establishment of Child-Friendly Spaces (CFS) to nurture the resilience and psychosocial well-being of children through community-organised structured activities and which are conducted in safe, child-friendly and stimulating environments to restore normalcy.
- Training emergency responders in child-focused emergency assessments, family tracing system/prevention of separation, mainstreaming child protection in other sectors, mental health and psychosocial support services, child-friendly spaces, Inter-Agency Steering Committee (IASC) Guidelines on Gender-Based Violence (GBV) and Child Protection in Emergencies.

Social work interventions in disasters, particularly in the area of child protection: social workers’ roles

Sheafor and Horesj (2008: 568–569) described the three stages in people’s responses to disasters: impact, recoil and post-trauma; and highlighted social worker’s roles in these. During the acute impact stage, one group may be calm, making sensible decisions and caring for themselves and others. Another group may be in state of emotional shock and disorientation but still able to communicate and follow instructions from others. The third one is a small number of groups who are hysterical or paralyzed by their fear. The third group runs the risk of taking action that may be harmful to themselves or to others. Among those who need special attention during the acute impact phase are young children, older people, persons with disabilities and those without social support networks. Some hours later the second, or recoil, phase occurs. Many people are emotionally exhausted and feel a strong need to talk about their experience. Sheafor and Horesj suggest mental health counselling and crisis intervention work at this stage, besides addressing people’s immediate needs.

The third phase, post-trauma, may take months, years or a lifetime, depending on the adequacy of the crisis intervention services made available and used by each survivor. Survivors of disasters may experience the following: preoccupation with death and what they have lost, survivor guilt, and feelings of helplessness. Social workers’ enabling roles will include facilitating survivors’ adjustments to these challenges: accepting the reality of their loss (family members or material possessions); acknowledging the pain of the loss; adjusting to changes in their circumstances; and re-establishing their sense of identity, purpose and new meaning of life. These authors offer guidelines to social workers responding to disaster situations. Some portions of the guidelines are already being practiced in the Philippines as part of standard operating procedures by local and international organisations in their humanitarian activities. These include: securing proper authorisation from emergency response bodies; collecting accurate information (persons who are missing, have been killed or injured); location of survivors (to facilitate communication with relatives and reunification of families); information and referral services to avoid
unnecessary worry and fear; mental health and social services that address increased need for these services and engage in case finding and outreach; children kept with their families; housing family members together; and ongoing self-care for the social workers to prevent vicarious trauma. This guidance has been developed due to repeated exposure to distressed persons (e.g. intrusive thoughts, sleeplessness, feelings of guilt, and rage). In my previous work with an international non-governmental organisation, the protocol that we followed included the schedule to rest, be debriefed within the team, collectively reflect on what worked, what did not work and why, draw out lessons, revise the plan as needed and map out contingency plans for the following days.

**Psychosocial interventions**

The Trauma Informed Care (TIC) framework offers service providers generic sets of knowledge applicable to any setting or organisation working with trauma survivors. Social workers who are not familiar with TIC may want to explore it to inform their practice. The projects with the following interventions that apply the Trauma Informed Care framework are:

- **SAMHSA (Substance Abuse and Mental Health Services Administration)**, which has six key principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and cultural, historical and gender issues.
- **Iowa TIC Project**, sponsored by Orchard Place: TIC is an organisational structure and treatment framework that involves understanding, recognising and responding to the effects of all types of trauma.
- **Evidence-based Trauma-Informed Philippine Psychotherapy (TIPP)**: TIPP is considered a ‘journey toward healing’ (Guirguis et al., n.d.).

**Social work activities**

Sheafor and Horesj (2008: 498) provide detailed guidelines for working with children under age 12. Before interviewing a child, plan for alternative action in case the child cries, will not want to be left alone by the parent, or will not talk. Use some form of play to make the child feel comfortable and able to communicate. Make available some art materials like clay and building blocks as well as dolls, puppets, doll’s house and toy animals. For older children, use simple card or board games, toy telephones, puzzles and electronic games. Get started by placing yourself at the child’s level physically by sitting or squatting. Give a simple description of yourself and assure the child that he or she is not in trouble. Begin with some friendly conversation. If the child refuses to talk, engage him or her in a parallel activity. Children tend to act out their thoughts and feelings. Ask the child to use the set of dolls or draw a picture of a person or family to make up a story. Sheafor and Horesj cautioned that sometimes children may incorporate some themes drawn from TV programmes, books and stories from their friends. Being aware of the possibility that children may garnish their stories with themes outside of their own personal experience can remind social workers not to be quick in judging people. The Child Friendly Space (CFS) Implementation Guidelines make the setting up and running of CFS in the Philippines easy even for novices. All focal persons of the Regional Child Protection Working Group have been trained in the more extensive adoption of the CFS on the ground.

The Child Friendly Space was inexistent as a concept when my colleague and I processed the traumatic experience of Filipino children affected by the 1991 eruption of Mount Pinatubo in Central Luzon, Philippines, three weeks after the terrifying event. ‘It felt like it was the end of
the world’, was the description of the adults. Weeks before the eruption, the thick black smoke billowing from the mouth of the volcano was visible from provinces around Mount Pinatubo but the horrific experience that followed was beyond the imagination of the residents when the eruption buried many structures in the affected provinces. The parents of these children with ages ranging from two to eight narrated that at about 10:00 o’clock in the morning their surroundings were enveloped by dark ash-fall that quickly filled the rooftops and roads. Suddenly it was like night-time. Men had to shovel the ash-fall off the roofs and clear the roads. People had to regulate their food intake because they were unsure how long would the situation last. All stores were closed. In our session with the children, we used only crayons and paper for the children to draw what happened on that fearful day. What stood out most in my memory was the response of the two-year old boy whose vocabulary was very limited at that age. I showed him the photo of the church courtyard filled with ash-fall with what looked like snow capping the leaves of the plants. Immediately, he answered ‘ilaw’ (light) when I asked him what he wanted to draw. I drew a yellow speck. He repeated ‘ilaw’ many times. He seemed to be so dissatisfied with the number of specks of light I drew that he got the crayon from my hand and completely filled the paper with them. The mother who was within hearing distance explained that the boy had been scared of the dark since the eruption and wanted the lights on all the time.

My other experience is being a member of a crisis intervention team assigned to process the experience of a group of Vietnamese children who were stranded in the open sea for almost a month. They were pushed away from the shoreline of Thailand by the storm. Their food supply for a week ran out and they filled their stomach with anything available in the boat. They arrived in the Philippines, famished and grief-stricken. Half of the boat passengers had died. We welcomed them with bright smiles but no one reciprocated with a smile. There was no eye contact with us. They quietly obliged when we invited them to sit on the mat where pencils, crayons and papers were spread out. Some responded hesitantly, taking the paper and crayon in slow motion. Others were motionless. Initially, there were just scribbles of dark colours like black, grey and brown. In the afternoon, there were some forms. Mostly, pictures of boats. After mid-afternoon, some started talking to each other, followed by giggles. We quietly joined the conversation together with our interpreters. They were talking about their boat experience. Many drew the boat they rode in while others drew other boats that passed by. Some drew the sea creatures on the water that caused the giggles. They talked excitedly about them. Arts bring out the creative side of children that can be energising.

It brings to my mind another arts activity with Vietnamese asylum seekers that included children that demonstrated how a simple activity like drawing can help them express feelings of anxiety, giving way to clarity of mind to get out of the tunnel and expand their horizons. The expansion reveals opportunities and options that are liberating. To my mind, this is emancipatory social work practice. It is also consistent with green social work which focuses on listening to people, and using creative means to help them express their emotions and articulate their experiences. A 17-year old Vietnamese boy dreaded returning to Vietnam. He anticipated the horrible situations that awaited him and thought he would rather be dead than go back there. This was our conversation on the eve of his repatriation. The following day, the interpreter informed me of the bad news and handed me the boy’s drawing. There was boy with a bubble enclosing the tall buildings, factory and a family. The interpreter explained that the boy visualised that when he returns home to his family, he will find a new Vietnam that is progressive. The boy was stimulated by the daily drawing activity to internally process his ambivalence and fear and come up with his own resolution to his internal conflict.

Traumatic memories, when narrated in a supportive environment, can be funny. I recall a psychological processing I carried out with survivors of a mud-flood brought about by torrential
rains in Southern Luzon, Philippines. Everybody laughed as a 17-year old boy narrated how he saved himself from the rising flood water at 11:00 o’clock in the evening. When he reached the top of the coconut tree, he found a rooster that kept him company until he felt he was falling down slowly. In the nick of time, he was able to move to a mango tree. The mango began to tilt, so he quickly jumped to the nearby madre de cacao tree. He stayed there until 5:00 o’clock in the morning. Only when his feet touched the ground, did he realise that the flood had stripped him of his clothes, including his underwear. Fortunately underwear that had been swept by with the current was hanging on a fence. As he was walking home, he noticed people were laughing at him. He looked funny because he was fully covered with mud except for his eyes and nostrils.

Conclusion

Among the lessons that I extract from my work with children in disasters is an appreciation of the inner child. This may be tapped to connect the children with the practitioners that work with them. This gives way to the harmonious flow of energy that stimulates a healing engagement with the children. As the saying goes, ‘we are ministered as we minister’.

The literature on children affected by traumatic stress, as in situations of disasters, underscores that early interventions with children should be mainstreamed in all policies and programmes concerned with disaster risk reduction and management at all levels. This is to prevent the long-lasting adverse effects of traumatic stress on children. Green social work and emancipatory social work practice skills include competencies in working with children in disasters. For Dominelli (2012), green social workers involved in child protection must realise that the needs of children are different from those of adults (e.g. keeping them safe from exploitation by adults and other children); getting them into school routines quickly; teaching them about how to restore their damaged environment; and becoming involved in preventative behaviours in looking after their environment to protect them and prevent further disasters from occurring. Children who have been involved in disasters must be helped back to normalcy; taught that human behaviour turns natural hazards into disasters; and be informed of their roles in safeguarding their futures.

References


**Useful Websites**


