



NATIONAL OPEN UNIVERSITY OF NIGERIA

COURSE CODE : CSS491

**COURSE TITLE:
EMERGENCY, RIOT AND DISASTER CONTROL
MANAGEMENT**



CSS491
EMERGENCY, RIOT AND DISASTER CONTROL
MANAGEMENT

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Introduction

CSS491: Emergency, Riot and Disaster Control Management is a 3-credit unit course. It is a compulsory course for all postgraduate students in the field of Criminology and Security Studies of the University. The course is also recommended for any other student(s) particularly those in the school of Arts and Social Sciences, who may have interest in the study and survey of security theory and practice. The course can also be taken as an elective or a required course by other students whose main field(s) of discipline is not Criminology and Security Studies. However the course shall consist of 20 units, which include the meaning and approaches to nature, forms, and types of Emergency, Riots and Disasters Management. In this study, Emergency, Riot and Disaster Control Management in Nigeria, Africa, other developing nations and countries in the Americas and Europe; both natural and man made disasters are given special attention with the aim of stimulating effective knowledge of the overall security situations and agenda in Nigeria and Africa, among the students so that they can identify, analyse, and proffer solutions to Emergency and Disaster problems locally and internationally.

The registration for the course does not require any compulsory prerequisite for it to be registered for. The course guide provides information informs us on what this course is all about, what student should appreciate in each unit, the text materials to be used and how to make the best use of these materials. This course guide also emphasises the need for students to take tutored marked assignments so seriously. However, necessary information on marked assignments shall be made known to students in a separate file, which will be sent to each of them at an appropriate time. This course is also supported with periodic tutorial classes.

The Message of This Course

CSS691: Emergency, Riot and Disaster Control Management as a course in the field of Criminology and Security Studies at the National Open University of Nigeria focuses on a wide range of issues that bother on ways to effect basic security measures and policies and identifying various disasters and threats that can jeopardise the safety of any people or community. This course deals with the analysis and assessment of various disasters, disasters prone areas, and their management and prevention where possible will be expected to identify these disasters and develop diagnostic frameworks through which they can proffer solutions towards hazard mitigation and effective disaster management. In this course, students and readers will be exposed to various measures

that can safeguard the protection of life and property against the incidence of disasters and other forms of hazards.

Nevertheless, the essence of these control and management measures is at least to provide students and readers with various ways through which they can minimise losses from any disaster that **cannot be** prevented. Knowing the impact that active involvement of civilians in disaster management can have in complementing and increasing the capacity of the security personnel to carry out their duties effectively, the course also explores the strategic importance of civil security and how it can contribute to effective disaster management and threat mitigation. The issue of intelligence is **relevant in** disaster management. **In recognition of this fact** a number of countries expend huge resources in human and financial terms for the prevention of disaster through promotion of science and technology in disaster management.

The course covers a wide range of issues regarding disaster management including the meaning of emergency, riots, disasters, management and control to mention a few. Every aspect of this course is very interesting and knowledge driven.

Course Aims

The overall aim of CSS491: Emergency, Riot and Disaster Control Management as a course is to introduce students to basic definitions of concepts relating to emergency, riots, disaster and disaster management. It is also aimed at exposing students and readers to knowledge of various disasters such as natural and man-made disasters. In the furtherance of its overall aim, the study will also explore some other issues like information on warning signs in disaster management, conflicts such as riots, war, hostage taking and negotiation approaches. The course will present the conceptual meaning, case studies and the impact assessment of these issues to illuminate how they constitute threat to human existence.

Undoubtedly, the way the course draws its references from Nigeria and Africa in the analysis of various disasters makes it astounding and thought provoking in providing a pathway for African Students and Scholars in the field of Criminology and Security Studies to instil analytical consciousness on the aspects of general practice of disaster management, which are vulnerable to human livelihood with hope of energising them towards developing viable frameworks through which disaster problems ravaging Nigeria in particular and Africa as a whole can be addressed. **There is a general belief that** disaster issues are very crucial and should be given attention. The course seeks to:

- Define and explain emergency situations
- Examine emergency management history, organization, terminology, resources, facilities, and agency responsibilities.
- Discuss emergency management systems (organizational, communication, response, warning, planning, recovery, and mitigation), mass media involvement in disasters, roles of non-profit organizations, and emergency management in the private sector. Students will examine
- Identify the basic ideas of what emergency entails
- Differentiate and clarify various forms of emergencies especially as they constitute threat to lives and properties.
- Understand the meaning and causes of civil disturbance with emphasis on riots
- Conceptualise the term disaster
- Clarify Natural and Man-made Disasters
- Elucidate Disaster Management
- Develop social responsibility by engaging with local organizations in need of emergency planning and management guidance.
- Understand the roles of federal, state, and local governments as well as community partnerships in emergency management planning, mitigation, response, and recovery.
- Examine Youths, Unemployment and substance use

Course Objectives

With utmost desire to achieve the above mentioned aims, the course has some set of objectives as demonstrated in all the units of the course. Each unit has its own objectives. Objectives are always included at the beginning of every unit to assist students in appreciation of what they will learn in the study of each unit to facilitate their understanding of the course, CSS. 691: Emergency, Riot and Disaster Control Management. Students are therefore advised to read these objectives before studying the entire unit(s). Thus, it is helpful to do so. They should always look at the unit objectives. In this way, they you can be sure of the expected outcomes of the unit. Stated below are the wider objectives of this course as a whole. By meeting these objectives, students would achieve the aims of the course as a whole.

At the end of the course, students should be able to:

- Assess and identify disasters prone areas in the country
 - a. Assessment method
 - b. The five-step risk process
 - c. Matching the response to the threat

- Measuring Risk
- Implement disaster avoidance strategies
- a. Avoiding disasters by taking effective
- b. preventive actions
- c. Creating contingency plans for unavoidable threats
- Organize team structures for use in an emergency
- Create a recovery plan from the response to a disaster
- Identify appropriate strategies to recover the infrastructures/
- Respond to recovery scenarios
- Organize and manage recovery teams
- Test and maintain an effective recovery plan in a rapidly changing technology environment

Working through this course

In completing this course, students are required to study the whole units, and try to read all (or substantial number of) the recommended textbooks, journals and other reading materials including electronic resources. Each unit contains self assessment exercise(s) and students are required to submit their assignment for the purpose of assessment. At the end of the course, student(s) shall be examined. The time of the final examination and venue shall be communicated to all the registered students in due course by relevant school authorities-study centre management. Below are the components of the course and what students are required to do

Course Materials

Major components of the course include:

1. Course Guide
2. Study Units
3. Textbooks
4. Assignments Files
5. Presentations Schedule

It is incumbent upon every student to get his or her own copy of the course material. Students are also advised to contact their tutorial facilitators if they have any difficulty in getting any of the text materials recommended for further reading.

Study Units

In this course there are twenty units which include:

Module 1

Unit1	Emergency: Meaning and Types
Unit 2	Natural Disasters and Emergency Reconstruction
Unit 3	Emergency Management History
Unit4	Riot and Disturbance Control Prevention Procedures and Techniques
Unit 5	Causes of Prison Riots

Module 2

Unit 1	Psychosocial Consequences of Disaster
Unit 2	The Stages of Psychological Response to Disasters
Unit 3	Community and Social Impacts of Disasters
Unit 4	Assessing the Psychological Impact of Disasters
Unit 5	Principles of Psychosocial Intervention Following Disasters

Module 3

Unit 1	Social Capital Utilization and Preparedness for Natural Disasters
Unit 2	Understanding Crisis
Unit 3	Crisis Intervention Goals and Steps
Unit 4	Crisis Intervention Assessment
Unit 5	Crisis Intervention Treatment Approaches and Techniques

Module 4

Unit 1	The Role of Microfinance in Disaster Settings
Unit 2	Disaster Myths, Media Frames, and their Consequences: A Case Study of Hurricane Katrina
Unit 3	Domestic Threats and the Niger Delta Region Crisis
Unit 4	Hostage Taking and Negotiation
Unit 5	Youths Poverty and Unemployment

Course Material

The first module consists of five units, which will expose students and readers to the conceptual definition of disaster and various approaches to the management of riot and disasters. The units' coverage includes forms of emergency; emergency management history; riot and

disturbance, control prevention procedures and emergency preparedness. The second module of this course to various techniques for handling unusual occurrences, organisational procedure and causes of civil disturbances. The meaning and understanding of civil disturbances from the social and criminological point of view shall be emphasised in order to illuminate further on the issue at hand (Emergency, Riot and Disaster Control Management). Agency approach and responsibility will also be discussed.

The third module will provide useful information on emergency management systems. Here the use of Geographic Information System for disaster management will be examined. Fire fighting principles and procedures in the course of youths' uproar and other civil disturbances will also be considered. The role of mass media in disaster management is paramount in the twenty-first century world of which Nigeria has an important role to play; hence particular emphasis will be placed on various contributions in the past, present and future. This shall be done by appraising media involvement within and outside the shores of the nation. Knowing fully well that in Nigeria like most developing countries the tasks of disaster management are usually ascribed to Governmental agencies, care will be taken to examine Non-Governmental efforts in the management of disaster and civil disturbances, alongside the concerted efforts of government over time.

Text books, Journals and References

The following Text books, Journals are recommended to each student taking the course

Introduction

Required Readings:

Haddow, G. D. & Bullock, J. A. (2003). *Introduction to Emergency Management*. Amsterdam: Butterworth-Heinemann.

International Association of Emergency Managers (2007). *Principles of Emergency Management*. IAEM Hand book.

Haddow, George D., Jane A. Bullock and Damon P. Coppola. (2008). "The Historical Context of Emergency Management." *Introduction to Emergency Management*. Third Edition. Burlington, MA: Butterworth-Heinemann. pp 1-26 (Chapter 1).

Kaplan, L. G. (1996). *Emergency and Disaster Planning Manual*. New York: McGraw-Hill. Response and Recovery from Disasters.

Required Readings:

- Golam M. Mathbor (2007). Enhancement of community preparedness for natural Disasters: The role of social work in building social capital for sustainable disaster relief and management. *Journal of International Social Work* Vol. 50; 357-369. Sage Publications: London
- Perry, Ronald W. and Michael K. Lindell (2007). “Disaster Response” (Chapter 9) and Phillips, Brenda D. and David M. Neal “Recovery” (Chapter 11) in *Emergency Management: Principles and Practice for Local Government*. Second Edition. William Waugh, Jr. and Kathleen Tierney (eds.) Washington, DC: ICMA Press. pp 159-182 (Chapter 9) and pp 207-234 (Chapter 11).

Hazard Mitigation Strategies***Required Reading:***

- Lindell, Michael K., Carla S. Prater and Ronald W. Perry. (2006). “Hazard Mitigation.” Chapter 7 in *Fundamentals of Emergency Management*. Washington DC: Federal Emergency Management Agency. pp 192-220 (Chapter 7).

Emergency Management Systems***Required Readings:***

- Hossain, H., C.P. Dodge and F.H. Abed (1992). From Crisis to Development: Coping with Disasters in Bangladesh. Dhaka: University Press.
- Waugh, Jr., William. (2007). “Local Emergency Management in the Post 9-11 World” and Rubin, Claire B. “Local Emergency Management: Origins and Evolution.” both in *Emergency Management: Principles and Practice for Local Government*. Second Edition. William L. Waugh, Jr. and Kathleen Tierney (eds.). Washington D.C.: ICMA Press. pp 3-37 (Chapters 1 and 2).

Warning and Evacuation

Required Readings:

Fitzpatrick, Colleen and Dennis S. Mileti. (1991). "Motivating Public Evacuation." *International Journal of Mass Emergencies and Disasters* Vol. 9, No. 2, pp 137-152.

Mileti, Dennis S. and John H. Sorensen. (1990). "Building and Evaluating a Warning System," and "Organizational Aspects of Warning Systems," *Communication of Emergency Public Warnings: A Social Science Perspective and State of the Art Assessment*. Oak Ridge, TN: Oak Ridge National Laboratory for FEMA.

Drabek, T. (2003). *Strategies for coordinating disaster responses*. Boulder: University of Colorado, Natural Research and Applications Information Centre.

Group disaster planning:

Required Readings:

Emergency Management Accreditation Program, Council of State Governments. (2006). *Assessing Your Disaster Public Awareness Program*. 36 pp. <http://www.emaponline.org/?299>

Federal Communications Commission (FCC) Emergency Alert System. (2002). *Guide to Developing a Public Warning Plan to Serve Local Areas*. 9pp.
<http://www.fcc.gov/documents/emergency-systems/eas-guideforlocalplans.pdf>

Erickson, Paul A. (2006). "The Emergency Response Plan." *Emergency Response Planning for Corporate and Municipal Managers*. Second Edition. Burlington, MA: Elsevier Butterworth-Heinemann. pp 65-94 (Chapter 3).

Role of Business and Non-Profit Agencies in Emergency Management

Required Readings:

Federal Emergency Management Agency. (2007). "Business Community Response in Hurricane Katrina." Chapter 11 in *Emergency and Risk Management Textbook*. FEMA Emergency

Management Institute Higher Education Project. (Chapter 11, 39 pp)

Waugh, Jr., William L. (2000). "The Involvement of Nonprofit and For-Profit Organizations in Emergency Management." *Living With Hazards, Dealing with Disasters*. Armonk, NY: M.E. Sharpe. pp 44-47.

Kapucu, N and Van Wart, M.V. (2006). The Evolving Role of the Public Sector in Managing Catastrophic Disasters: Lessons Learned. *Journal of Administration and Society* Sage Publication. Vol. 38; 279-308.

Media in Disasters

Required Reading:

Haddow, George D. and Kim S. Haddow (2009). "Disaster Communications in a Changing Media World" (Chapter 2) and "Principles of a Successful Communications Strategy"(Chapter 3) in *Disaster Communications in a Changing Media World*. Burlington, MA: Elsevier Butterworth-Heinemann. pp 23-44 (Chapter 2) and pp 45-65 (Chapter 3).

Dynes, R. R., & Quarantelli, E. L. (1977). *Organizational Communications and Decision Making in Crisis*. Columbus: The Ohio State University, Department of Sociology Disaster Research Centre. Cohen, S., Eimicke, W., & Horan, J. (2002). Catastrophe and the Public Service: A Case Study of the Government response to the Destruction of the World Trade Centre. *Public Administration Review*, 62, 24-32.

Social and Cultural Issues in Response and Recovery

Required Readings:

Lindell, Michael K., Carla S. Prater and Ronald W. Perry. (2006). "Myths and Realities of Household Disaster Response." Chapter 8 in *Fundamentals of Emergency Management*. Washington, DC: Federal Emergency Management Agency. pp 221-243 (Chapter 8).

Phillips, Brenda D. (1993). "Cultural Diversity in Disasters: Sheltering, Housing, and Long-Term Recovery." *International Journal of Mass Emergencies and Disasters*. Vol. 11, No. 1, pp 99- 110.

Enarson, Elaine. (2007). "Identifying and Addressing Social Vulnerabilities." Chapter 13 in *Emergency Management: Principles and Practice for Local Government*. Second Edition. William Waugh, Jr. and Kathleen Tierney (eds.) Washington, DC: ICMA Press. pp 257-278 (Chapter 13).

Fox, Fiona. (2001). "New Humanitarianism: Does it Provide a Moral Banner for the 21st Century?" *Disasters* 25 (4): 275–89.

International Emergency Management

Required Reading:

Lindell, Michael K., Carla S. Prater and Ronald W. Perry. (2006). "International Emergency Management." Chapter 13 in *Fundamentals of Emergency Management*. Washington, DC: Federal Emergency Management Agency. pp 373-391 (Chapter 13).

Application of Information Technologies in Emergencies

Required Reading:

Cutter, Susan L., Christopher T. Emrich, Beverley J. Adams, Charles K. Huyck, and Ronald T. Eguchi. "New Information Technologies in Emergency Management." Chapter 14 in *Emergency Management: Principles and Practice for Local Government*. Second Edition. William Waugh, Jr. and Kathleen Tierney (eds.) Washington, DC: ICMA Press. Pp 279-298 (Chapter 14).

Financial and Human Resources Issues in Emergency Management

Required Readings:

Lindell, Michael K., Carla S. Prater and Ronald W. Perry. (2006). "Emergency Management Standards and Evaluations." Chapter 12 in *Fundamentals of Emergency Management*. Washington, DC: Federal Emergency Management Agency. pp 346-372 (Chapter 12).

Sylves, Richard T. (2007). "Budgeting for Emergency Management." Chapter 15 in *Emergency Management: Principles and Practice for Local Government*. Second Edition. William Waugh, Jr. and Kathleen Tierney (eds.) Washington, DC: ICMA Press. Pp 299-318 (Chapter 15).

World Bank (2006) 'Social Capital'. Available online at: www.web.worldbank.org/wbsite/external/topics/extsocialdevelopment (accessed 18 August).

Assignment File

In this file students will find the necessary details of the assignments they must submit to their tutor for assessment. The marks they get from these assignments will form part of their final assessment in this course,

Assessment

There are two aspects to the assessment of the course: the tutor-marked assignment, and the written examination. In tackling the assignments, students are expected to apply information and knowledge acquired during this course. The assignments must be submitted to their tutors for assessment in accordance with the deadlines stated in the assignment file. The work they submit to their tutors for assessment will count for 30% of their total course work. At the end of the course, students will need to sit for a final three-hour examination. This will also count for 70% of the total course mark.

Tutor- Marked Assignment

There are twenty tutor-marked assignments in this course. Students need to submit four assignments out of which the best three will be used for assessment. These three assignments shall make 30% of the total course work. Assignment question for the units in this course are contained in the assignment file. Students should be able to complete their assignments from the information and materials contained in the recommended textbooks, reading and study units. However, students are advised to use other references to broaden their knowledge and provide a deeper understanding of the subject. Completed assignment should be sent together with TMA (Tutored-marked Assignment) file to the tutors as stipulated. The possibility of an extension can be discussed with tutors or the study centre manager if the deadline could not be met.

Final Examination and Grading

The final examination of CSS491 shall be of three hours duration and have a value of 70% of the total course grade. The examination shall consist of questions which reflect the type of self-testing, practice exercises and tutor-marked problems. All areas of the course will be assessed. Students are advised to revise the entire course after studying the last unit before they sit for the examination. They will find a review

of their tutored-marked assignments and the comments of their tutors very useful before the final examination.

Course Marking Scheme

This table shows an outline of the assessment and marks in the course.

Assessment	Marks
Assignment 1-4	Four assignments are to be submitted, out of which the three best shall be considered at 10% each, making 30% of the overall scores
Final Examination	70% of overall course marks
Total	100% of course marks.

Table 1: Course Marking Scheme

Course Overview

The table brings together the entire units contained in this course, the number of weeks that will be taken, and the assignments that follow them.

Unit	Title	Week's Activity	Assessment (end of unit)
	Course Guide	1	
Module 1			
1	Emergency: Meaning and types	1	Assignment 1
2	Natural Disasters and Emergency Reconstruction	2	Assignment 2
3	Emergency Management History	2	Assignment 3
4	Riot and Disturbance Control Prevention Procedures and Techniques	3	Assignment 4
5	Causes of Prison Riots	4	Assignment 5
Module 2			
1	Psychosocial Consequences of Disaster	5	Assignment 6
2	The Stages of Psychological Response to Disasters	6	Assignment 7
3	Community and Social Impacts of Disasters	6	Assignment 8
4	Assessing the Psychological Impact of Disasters	7	Assignment 9
5	Principles of Psychosocial Intervention Following Disasters	7	Assignment 10

Module 3			
1	Social Capital Utilization and Preparedness for Natural Disasters	8	Assignment 11
2	Understanding Crisis	9	Assignment 12
3	Crisis Intervention Goals and Steps	10	Assignment 13
4	Crisis Intervention Assessment	11	Assignment 14
5	Crisis Intervention Treatment Approaches and Techniques	11	Assignment 15
Module 4			
1	The Role of Microfinance In Disaster Settings	12	Assignment 16
2	Disaster Myths, Media Frames, and their Consequences: A Case Study of Hurricane Katrina	13	Assignment 17
3	Domestic Threats and the Niger Delta Region Crisis	14	Assignment 18
4	Hostage Taking and Negotiation	15	Assignment 19
5	Youths Poverty and Unemployment Crisis	16	Assignment 20
	Revision	17	
	Examination	18	

Table 2: Course Overview

Presentation Schedule

The presentation schedule included in the course materials gives the important dates for the completion of tutor-marked assignments and attending tutorials. Students should remember to submit all their assignments by the due date. They should guard against falling behind in their work.

How to Get the Best from This Course

In distance learning the study units replace the university lecturer. This is one of the great advantages of distance learning; in which students can read and work through specially designed study materials at their own pace, and at a time and place that suit their best. This is considered as reading the lecture instead of listening to a lecturer. Like a lecturer reading is instructions on the study units guide students on reading. Just as a lecturer gives in-class exercises, the study units provide exercises for students to do at an appropriate time. Each of the study units follows a common format. The first item is an introduction to the subject matter of the unit and the course as a whole. Next is a set of learning objectives. These objectives guide the students towards completing the unit. Students should use these objectives to guide their study. When students have finished the units, they must go back and check whether they have actualised the objectives. If they have a habit of doing this

they will significantly improve their chances of passing the course. The main body of the unit guides students through the required reading from other sources.

Reading Section

Students should remember that they would be assisted by their tutor whenever they need help. Students should:

1. Read this Course Guide thoroughly.
2. Organise a study schedule and refer to the 'Course Overview' for more details. Note the time allotted to each unit and how the assignments relate to the units. Whatever method they chose to use, students should decide on and write in their own dates for working on each unit.
3. Once they have created their own study schedule, do everything they can to stick to it. The major reason why students fail is that they get behind with their course work. If students get into difficulties with their schedule, tutors should be informed before it is too late for help.
4. Turn to unit 1 and read the introduction and the objectives for the unit.
5. Assemble the study materials. Information about what is needed for a unit is given in the 'Overview' at the beginning of each unit. Students will almost always need both the study unit they are working on and one of the books on their desk at the same time.
6. Work through the unit. The content of the unit has been arranged to provide a sequence for follow up. As students work through the units they will be instructed to read sections from your books or other materials.
7. Review the objectives for each study unit for confirmation and assurance.
8. When students are confident that they have achieved a unit's objectives, they can then start on the next unit and proceed unit by unit through the course and try to pace their study on schedule.
9. When students have submitted an assignment to their tutors for marking, they should not wait for its return before starting on the

next unit. When the assignment is returned students should pay particular attention to their tutor's comments, both on the Tutor-Marked Assignment Form and also on what is written on the assignment. Consult your tutor as soon as possible if you have any questions or problems.

10. After completing the last unit, review the course and prepare yourself for the final examination. Check that you have achieved the unit objectives (listed at the beginning of each unit) and the course objectives (listed in this Course-Guide).

Facilitators/Tutors and Tutorials

There are between eight (8) and twelve (12) hours of tutorials provided in support of this course. The dates, time and venue of these tutorials shall be communicated to you. The name and phone number of your tutor will be made available to you immediately you are allocated a tutorial group. Your tutor will mark and comment on your assignments, keep a close watch on your progress and on any difficulties you might encounter and provide assistance to you during the course. You must mail your tutor marked assignments to your tutor well before the due date (at least two working days are required). They will be marked by your tutor and returned to you as soon as possible. Do not hesitate to contact your tutor by phone, e-mail, or discussion board if you need help. You will definitely benefit a lot by doing that. Contact your tutor if:

- You do not understand any part of the study units or the assigned readings;
- You have difficulty with the self-tests or exercises; and ;
- You have a question or problem with an assignment, with your tutor's comment on an assignment or with the grading of an assignment.

You should make an effort to attend the tutorials. Thus, it is the only opportunity you have to enjoy face contact with your tutor and to ask questions which are answered instantly. You can raise any problem encountered in the course of your study. To gain the maximum benefits from the course tutorials, prepare a question list before attending them. You will learn a lot from participating in discussion actively.

Summary

CSS491 aims to expose you to issues, ideas and methodologies to Emergency, Riot and Disaster Control as well as various techniques and technological advancement in the management of emergency and social

and cultural issues in response and recovery. As you complete this course, you should be able to answer the following questions:

- Explain the meaning of riots and disaster as an emergency issues
- Assess and identify disasters prone areas in the country
- Assessment method
- The five-step risk process
- Matching the response to the threat
- Measuring risk
- Implement disaster avoidance strategies
- Ways of avoiding disasters by taking effective and preventive actions
- Creating contingency plans for unavoidable threats
- Organize team structures for use in an emergency
- Create a recovery plan from the response to a disaster
- Identify appropriate strategies to recover the infrastructures/
- Respond to recovery scenarios
- Organize and manage recovery teams
- Test and maintain an effective recovery plan in a rapidly changing technology environment
- And other issues such as youths and unemployment substance use hostage taking deviance and criminality

Finally, you are advised to read the course material appreciably well in order to prepare fully and not to be caught pants down by the final examination questions. So, we sincerely wish you success in your academic career as you will find this course (CSS491) very interesting. You should always avoid examination malpractices!

Course Code CSS491
Course Title Emergency, Riot and Disaster Control Management

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MODULE 1

Unit 1	Emergency: Meaning and Types
Unit 2	Natural Disasters and Emergency Reconstruction
Unit 3	Emergency Management History
Unit 4	Riot and Disturbance Control Prevention Procedures and Techniques
Unit 5	Causes of Prison Riots

UNIT 1 EMERGENCY: MEANING AND TYPES

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2.0	Objectives
3.0	Main Content
3.1	Definition of Emergency
3.2	Emergency Types
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
7.0	References/Further Reading

1.0 INTRODUCTION

Emergency for a very long time has been an integral part of existence as well as the greatest concern to humanity, irrespective of the level of civilization- (developed, developing or underdeveloped); religious affiliation-(Traditional, Christianity, Islam, Hindu etc); or political inclinations-(democratic or undemocratic). Its importance to individuals, groups, organizations, nations and the international community cannot be overemphasized. Emergency occurrence in addition to its management determines human existence along with extinction from the surface of the earth. Its importance to preservation of humanity and global system is found in the pre-eminence given to it by all nations in the world with various agencies and organizations.

However, the last decades show that the world has witnessed unprecedented and dramatic increase in the number of emergency situations that have destroyed both lives and properties in large magnitude whether natural or man-made. Perhaps the losses are not due to the severity of the emergencies but rather due to poor or inadequate management strategies by the affected societies and nations. Equally their increasing occurrences and magnitude of destruction with reference

to natural disasters are most often an aftermath of human actions and inactions on the earth.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- define and explain the term emergency and other related concepts
- identify various types of Emergencies.

3.0 MAIN CONTENT

3.1 Definition of Emergency

The word emergency emanated from the Latin word *emergere* or *mergere*, meaning to rise out or move up, dive, or plunge. To a layman the word emergency means sudden crisis requiring action. It is an unexpected and sudden event that must be dealt with urgently. As a result of the universality of disaster occurrences and destruction associated with the concept nations, scholars and practitioners have given different definitions to the concept and management strategies. Some nations refers to emergency management as disaster or risk management. The *United Nations International Strategy for Disaster Risk Reduction (2004)* defines disaster management as the systematic process of using administrative decisions, organization, operational skills and capacities to implement policies, strategies and coping capacities of the society and communities to lessen the impacts of natural hazards and related environmental and technological disasters. This comprises all forms of activities, including structural and non-structural measures to prevent or to limit (mitigation and preparedness) adverse effects of hazards. Haddow and Bullock (2004) exchangeable present emergency management as disaster or risk management. For them it is the discipline of dealing with and avoiding risks. It is a discipline that involves preparing for disaster before it occurs, that is responding (e.g. emergency [evacuation](#), [quarantine](#), [mass decontamination](#), etc.), as well as supporting, and rebuilding [society](#) after [natural](#) or [human-made disasters](#) have occurred. In general, any Emergency Management is a continuous process by which all individuals, groups, and communities manage [hazards](#) in an effort to avoid or ameliorate the impact of disasters resulting from the hazards.

Each year, more than 700 major natural catastrophe events shatter lives, destroy assets, and disrupt communities across broad geographic regions, particularly in developing countries. What impact do these natural disasters have on the development of poor countries? It is well known that natural catastrophes cause sharp increases in poverty; what

is uncertain is the extent of their long-term impact on the economic viability of developing nations.

SELF ASSESSMENT EXERCISE 1

Define and explain Emergency

Emergency Types

Most emergency situations fall under two broad categories:

- a. Natural and
- b. Artificial Emergencies

Natural Emergency: Equally their increasing occurrences and magnitude of destruction with reference to natural disasters are most often an aftermath of human actions and inactions on the earth leading to climate change. Climate Change or Global Warming is measurable increases in the average temperature of the earth's atmosphere, oceans, and landmasses (Ayoade, 2003:6). Scientists believe earth is currently facing a period of rapid warming resulting from the rising levels of heat-trapping gases, known as greenhouse gases, in the atmosphere. Popular natural disasters consist of mostly drought, earthquake, flood, famine, forest fire, tsunami, hurricane and tornadoes etc. There is no continent in the world that has not been a victim of at least two or more natural disasters and Asia has been worst affected.

In the last few years, several earthquakes occurrences in China, Japan, Bangladesh, India, Indonesia and Pakistan buttress this point. In North America, Hurricane Katrina of 2006, the current forest fire incident, in Australia; several snow and wildfires in Europe and numerous cyclones, floods and landslides in South America also illustrates the severity and spread of natural disasters globally. Statistic available shows that of the ten top deadliest natural disasters that has ever occurred in the world, eight are in Asia with a total death toll of over 100 million between 1900 and 2004 (Wikipedia, 2008) These disasters have not only caused substantial loss of human lives and property, but also reduce the pace of sustained economic development often leading to heavy drain of the resources meant for developmental programmes and even threaten collapse or overthrow of government. In the United States of America, President George Bush government was criticized for late response to Hurricane Katrina in Michigan which later affected support for his government policies. More worrisome as observed by scholars is national and international tensions and threats generated in the course of natural disasters management in the contemporary world. In 2004, the United States of America and India had security tussle over relief

administration during the tsunami disaster and similar problem occurred in 2008 during earthquake in China, Pakistan, and Myanmar.

Africa is not an exception from natural disasters phenomena, although, it is not ranked among the worst affected continent in the world. Nevertheless, natural disasters have also increased in the continent lately. However, though minor, the level of internally displaced persons (IDPs) and other associated after-effects disaster problems seem to be enormous due to lack of well institutionalized and coordinated disaster management strategies and programmes. For example some of the countries in West African sub-region had the following figures of internally displaced persons arising from natural disasters: Mali-88,790, Senegal- 23,235, Burkina Faso- 366,606, Liberia-115,380, Sierra Leone-52, 000, Cote d'Ivoire- 545,100, Togo-12,500, and benin-25,500 (Abolurin, 2007:12). In addition, the number of people killed or affected by natural disasters per 100,000 inhabitants in 2005 for some selected African countries are: Malawi-37,376, Niger-30,863, Zambia-10,666, Djibouti-9859, Kenya-7497, Mozambique-7461(Ibid).

Even though the statistic for Nigeria is absent, the nation has also witnessed natural disasters with high level of human and material loses as well as displacement and other forms of suffering as an aftermath. The absent of statistic in Nigeria per chance shows the value placed on disaster issues in the country.

Artificial Disasters

Artificial disasters and their devastating consequences have also taken place in different countries in the world. Studies by scholars show that African countries seem to top the list in this category. Artificial disasters are those disasters caused by human action, negligence, error, or involving the failure of a system. Artificial disasters are in turn categorized as technological or sociological. Technological disasters are the results of failure of technology, negligence, carelessness or inability of managing mechanical eventualities such as engineering failures, transport disasters, or environmental disasters. Some of the major globally recognized technological disasters are the Chernobyl chemical discharge in Ukraine in 1986, various oil spills, aircrafts mishaps, maritime, military equipments explosions, terrorist attacks, and various occupational industrial accidents. Sociological disasters have a strong human motive, such as criminal acts, stampedes, riots, and war. In modern history, World Wars I and II and other international and national wars fall within the viewpoint of sociological aspect. The current wars in Iraq, Afghanistan, Somalia, Sudan, Democratic Republic of Congo (DRC) and East Timor have resulted in high rates of human casualties and material destructions. Most of these conflicts have been more

deadly than ever and even consume more lives and property than natural disasters especially in Africa.

In the context of Artificial disasters, Africa maintain the lead owing to conflicts arising from power struggle over land, positions etc. They arise mostly from struggle or conflict over control of human and material resources either by individuals, groups or nations as well as carelessness or negligence. There is no country in the continent that has not witnessed one form of sociological disasters or another. However, Angola, Burundi, Democratic Republic of Congo, Somalia, Rwanda, Sierra Leone, Liberia and Sudan top the list with several years of wars experiences. Report globally shows that between 1945 and 2005 of the 253 sociological orchestrated disasters (conflicts), over 50% took place in Africa (Clements, 2005:4). The severity of human suffering and destruction arising from these disasters has been worsening owing to lack of effective and efficient disasters management agencies and strategies.

SELF ASSESSMENT EXERCISE 2

Discuss some of the emergency situations you know and their magnitude.

4.0 CONCLUSION

Africa, particularly Nigeria is not an exception from natural emergencies especially as related to disasters phenomena, although it is not ranked among the worst affected continent in the world. Nevertheless, natural and artificial emergencies have also increased in the continent lately. However, though minor, associated after-effects of disaster problems seem to be enormous as a result of lack of well institutionalized and coordinated disaster management strategies and programmes.

5.0 SUMMARY

In this unit, our focus has centred on describing and explaining the meaning of the term emergency as it relates to disasters. Emphasis was also made on the types of emergency situations; artificial emergency and natural emergencies, and their magnitude in some countries. The writer wishes to inform you that there are other definitions and related issues on emergency around all other disciplines and life endeavours. Other issues not discussed here can easily be found on the internet and other scholarly materials recommended. In case you have any question regarding any aspect of this study group for assistance please contact your tutorial facilitator.

6.0 TUTOR-MARKED ASSIGNMENT

Write short note on emergency situations from the natural to artificial emergencies.

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UNIT 2 NATURAL DISASTERS AND EMERGENCY RECONSTRUCTION

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Natural Disasters and Emergency Reconstruction
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

The most common natural disasters are recurrent rather than single events: they strike the same nations repeatedly. When the devastation caused by storms, floods, earthquakes and other natural disasters in industrial and developing countries is compared, the injury and death rates can be up to 100 times higher in the poorer developing countries. Disaster prevention measures in industrial countries reduce the risk of disaster damage, thereby making insurance rates affordable. Conversely, in highly vulnerable areas of the developing world the certainty of disaster precludes the laying-off of financial risk outside the vulnerable area. Both the typically recurrent nature of disaster and the availability of technological, social, and organizational remedies make disaster response necessary for mitigation – policies and actions that are intended to reduce the impact of the next disaster.

2.0 OBJECTIVES

At the end of this unit, students should be able to:

- highlight common natural disasters and their cause and effects
- explain why developing nations are not emergency ready
- discuss emergency reconstruction in the pre-post disaster period and the way forward.

3.0 MAIN CONTENT

3.1 Disasters

Various definitions of disasters have been given by scholars, practitioners and disasters victims. However, despite different opinions on the concept, one common denominator that seems to be paramount is that disasters connote negative event leading to suffering and destruction. Etymologically, the word disaster originates from the French *désastre* and that from Old Italian *disastro*, which in turn comes from the Greek Pejorative prefix *δυσ-*, (*dus-*) "bad" + *αστήρ* (*aster*), "star"- Henry George Liddell and Robert Scott quoted in Susanna and Oliver-smith, (2002). The root of the word *disaster* ("bad star" in Greek) comes from an astrological theme in which the ancients used to refer to the destruction or deconstruction of a star as a disaster. Hornby (2001) defines disaster as an unexpected event such as a very bad accident, a flood or fire that kills a lot of people or causes a lot of damages. In this study, it is a sudden, accidental event that causes many deaths, injuries, destruction of property, and poverty. It is also interchangeably used with the word emergency. Both words refer to catastrophe, crisis, tragedy, calamity, predicament and crunch. According to South African Disasters Management Act (2002), disaster is a natural or artificial event, occurring with or without warning, causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope with its effects using only their own resources. It further adds that disaster is a function of the risk process. It results from the combination of hazards, conditions of vulnerability and insufficient capacity or measures to reduce the potential negative consequences of the disaster risk.

Disaster could be natural or artificial. Common natural causes of disasters include earthquakes, floods, hurricanes, typhoons, tornadoes, tsunamis, volcanic eruptions, drought, wildfires, landslides and avalanches. Artificial disasters comprise both technological and sociological disasters. Some of its examples are airplanes, ships, or railways, and vehicular mishaps. Other artificial disasters can be traced to the collapse of buildings, bridges, tunnels, and mines or bombs explosions and fires unintentionally triggered by humans, terrorism as well as violent conflicts and war whether international or national ethnic violence.

In contemporary academia, disasters are seen as the consequence of inappropriately managed risk. These risks are the product of hazards and vulnerability. Hazards that strike in areas with low vulnerability are not considered a disaster, as is the case in uninhabited regions (Quarantelli, 1998). Disasters are determined by death toll and their effects on human.

The consequences of disaster cut across political, social and economic, masses or elite, irrespective of the level of civilization- (developed, developing or underdeveloped); religious affiliation-(Traditional, Christianity, Islam, Hindu etc); or political inclinations- (democratic or undemocratic). Researchers in disaster management assert that each disaster strikes, deprives and deny victims of their source of livelihood, basic needs such as food, healthcare and housing which cansnowball into abject poverty. Observation also shows that world poorest nations (countries with Gross Domestic Product less than \$900 and per capita income less than \$1) are those worst affected by either natural or artificial disasters. Afghanistan, Burundi, Niger, Somalia, Albania, Yemen and East Timor top the list due to war and drought catastrophes (CIA World Factbook, 2005). Developing countries suffer the greatest costs when a disaster hits. According to [World Bank \(2004\)](#), more than 95 percent of all deaths caused by disasters occur in developing countries, and losses due to natural disasters are 20 times greater (as a percentage of GDP in developing countries than in industrialized countries).

On the classification of disasters researchers for more than a century have been studying disasters and for more than forty years disasters research has been institutionalized through the Disaster Research Center. The studies reflect a common opinion when they argue that all disasters can be seen as artificial, their reasoning being that human actions before the strike of the hazard can prevent it developing into a disaster. All disasters are hence the result of human failure to introduce appropriate disasters management measures (Wisner et al, 2004).

3.2 Emergency Reconstruction

Emergency must be an integral part of any strategy of both recuperation and pre-disaster planning. Of course, the longer the return period, the more difficult it often is for governments to justify the needed mitigation investments. Lack of mitigation is an indicator of underdevelopment as evident in most developing nations, one that the World Bank can help overcome. While the consequences of disasters are not entirely preventable it is often technically possible to mitigate them so that fewer lives and less of the constructed environment are lost. Systems of prediction and risk analysis and mapping for many types of natural disaster are well developed, and with suitable institutions and adequate resources catastrophe is avoidable. The problem in developing countries often comes down to making difficult development choices from among the many competing demands. Disaster mitigation, because it is a periodic need rather than a constant one, tends to lose out to other priorities – especially once the disaster has fallen out of the international media and the immediate relief needs have been met.

National agencies and the World Bank should be involved in natural disaster response from the outset. The use of consultative groups has been particularly effective in mobilizing aid resources and facilitating coordination in post-conflict situations. Consultative groups could also be used for natural disaster operations. Front-end preparation, including joint damage and needs assessments preparatory to consultative group meetings and robust institutional arrangements, should be undertaken before specific operations are put in place. Identifying strong local leadership and project management offices is particularly important. When disaster assessments are credible, and they include an assessment of the economic and social impact of the event as well as a physical needs assessment, countries ultimately mobilize more assistance than would be the case with clearly exaggerated claims.

Ways must be found for other multilaterals to work together or in parallel – in the short term – on a clearly defined set of activities with the same eligibility requirements and benefits.

Other potential collaborators include those bilaterals that are accustomed to post-disaster work.

Disaster management agencies should have sufficient authority to make programming and implementation decisions in the field, and experienced staff should be assigned to emergency operations. While experienced staff commonly comes forward to assist in such operations, there is no clear procedure for ensuring that the right staff are assigned. Over the longer term, the Bank needs to ensure that it continues to develop a cadre of experienced disaster professionals, and give them assignments that allow for their rapid deployment. The development of written guidelines for task managers confronting natural disasters should also be a priority.

Reallocating resources from existing projects, the traditional approach to emergencies affects the ability to attain long-term development goals and is less effective than specific reconstruction lending. While shifting resources from existing programs to rehabilitation and reconstruction efforts with very high rates of return can be justified, experience has shown that new financing well designed and managed by special disaster units that are authorized to respond quickly tends to be used more effectively. Restructuring old projects is often politically easier than new lending and allows the Bank to support government entities that are already accustomed to working with the Bank – but delivery by staff committed to the goals just abandoned is often not effective and eventually proves not to be very good for the programs the money has been earmarked.

Project design should be simple, based on extensive participation by the local communities and beneficiaries, and take into account local implementation capacity. More specifically, it should limit the number of implementing agencies and the numbers of sectors involved, and reduce the conditions placed on the lending. Implementation should be flexible to ensure responsiveness to community needs and rapidly changing conditions on the ground.

At the outset providing survivors with income earning opportunities tied to physical work often seems to help as much as grief counselling. In disasters that cause significant damage to housing, taking the time to ensure that all usable building materials are recovered and recycled is one way to ensure that the poor will be able to afford to rebuild. Once work opportunities associated with rubble clearance and materials recycling diminish, cash assistance targeted to affected families (especially) as they wait for more permanent shelter is very important – more important than providing food, blankets and clothing. Indeed in most disasters sending in canned food and used clothing from overseas is enormously counterproductive.

It is necessary to assess whether the reasons for relocation are technically correct before planning to relocate people or entire villages. Particularly when moving people away from coastal zones. The tendency to return is almost irresistible. When relocating people away from one risk, it is important to keep exposure to new risks in mind. While it may be important to settle people away from flood-prone areas, in situ reconstruction should be promoted after earthquakes to take advantage of existing infrastructure and community facilities, while minimizing resettlement and its attendant social dislocation. In situ reconstruction has stimulated considerable self-help efforts in low-cost reconstruction. It also provides a good opportunity to build on the knowledge growing out of the experiences of other developing countries as they face similar emergencies.

Reconstruction of damaged infrastructure is imperative, but insufficient. It is equally important to identify local vulnerabilities and determine how to reduce them in ways that lead to durable solutions. The sustainability of infrastructure reconstructed after disaster is always in doubt when long term measures to address disaster mitigation are absent. Reaching agreement on the mitigation measures with the government within the first three months is very important because it gets much harder to get politicians to focus on disaster once the memory of the emergency recedes. Once these agreements are reached they need to get locked into some form of public commitment - so that people can be reminded of it, and outcomes are usually better if some financing mechanism for the mitigation measures is discussed and locked in.

Options to be considered (within the context of what is affordable) include financial incentives, land use and management practices, a review of land tenure patterns, upgraded building codes, training for construction craftsmen, and other non-structural measures to lessen vulnerability.

SELF ASSESSMENT EXERCISE

What are the necessary steps in emergency reconstruction?

4.0 CONCLUSION

Disasters are seen as the consequence of inappropriately managed risk. These risks are the product of hazards and vulnerability. Hazards that strike in areas with low vulnerability are not considered a disaster, as is the case in uninhabited regions. The consequences of disaster cut across political, social and economic, masses or elite, irrespective of the level of civilization- (developed, developing or underdeveloped); religious affiliation-(traditional, Christianity, Islam, Hindu etc); or political inclinations- (democratic or undemocratic). It is against this background that disaster management experts assert that each disaster strikes deprives and deny victims of their source of livelihood, basic needs such as food, healthcare and housing which snowball into lack and abject poverty

5.0 SUMMARY

This unit examines the nature of disasters; natural or artificial. Common natural causes of disasters include earthquakes, floods, hurricanes, typhoons, tornadoes tsunamis, volcanic eruptions, drought, wildfires, landslides and avalanches. Artificial disasters comprise both technological and sociological disasters. Some of its examples were given as airplanes, ships, or railways, and vehicular mishaps. Other artificial disasters can be traced to the collapse of buildings, bridges, tunnels, and mines or bombs explosions and fires unintentionally triggered by humans, terrorism as well as violent conflicts and war whether international or national ethnic violence among others. Various steps necessary in emergency reconstruction were highlighted such as: traditional approach to disaster management; technical decision in emergency situations; community participation in disaster management; the importance of reconstructing damaged infrastructure.

6.0 TUTOR-MARKED ASSIGNMENT

- a. The concept of disaster to human life is inevitable. Discuss
- b. List and discuss the concept of emergency reconstruction.

7.0 REFERENCES/FURTHER READING

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UNIT 3 NATURAL DISASTER AND CIVIL DISTURBANCES

CONTENTS

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- 2.0 Objectives
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 - 3.1 Civil Disturbances: Causes and Effect
 - 3.2 Natural Disasters and Civil Disturbance: Similarities and Differences
 - 3.3 Natural Disasters and Emergency Reconstruction
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1.0 INTRODUCTION

Civil disturbance(s) occurs regularly in society. Most times disturbances are not envisaged or prepared for. For this reason it is necessary to note that in as much as human wants are insatiable and complex; the possibility of disturbances arising from action and inactions of some individuals in position of authority, civil disturbances should always be expected, be it mild or turbulent. Hence, the need to prepare and be familiar with the warning signs, in knowing how and when to curb, curtail, avoid, minimise or civil disturbances in case of occurrence or avoiding or minimising the catastrophic effect. In agitating for this study will throw more light on the meaning of civil disturbances, causes and effect and other related aspect of civil disturbances

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- meaning of civil disturbances, causes and effects and mitigation
- the relationship between civil disturbances and emergency management.

3.0 MAIN CONTENT

3.1 Civil Disturbances: Causes and Effects

Civil unrest is the result of groups or individuals within the population feeling, rightly or wrongly, that their needs or rights are not being met, either by the society at large, a segment thereof, or the current

overriding political system. When this results in community disruption of a nature where intervention is required to maintain public safety it has become a civil disturbance. Civil disturbance spans a wide variety of actions and includes, but is not limited to: labour unrest; strikes; civil disobedience; demonstrations; riots; prison riots; or rebellion leading to revolution. Triggers could include: racial tension; religious conflict; unemployment; a decrease in normally accepted services or goods, such as extreme water, food, or gasoline rationing; or unpopular political actions such as wars: civil and non civil. (www.wa.gov/doc)

Communal riots are types of disorders that are classified by direct battles between groups. Commodity riots are disorders that stress the economic and political distribution of power among groups.

Hazard Identification

Civil disturbances, while possible in any area where people live, typically occur presently in areas of dense population. The more urbanized a country is, the greatest potential for ethnic and racial tension, labour strife, organized demonstrations, and riots. Different disturbances will focus around different centres of the community. Labour disturbances will tend to happen at individual companies that are being struck, or during marches in support of the workers. Anti-abortion violence will happen around Planned Parenthood offices, or medical facilities that condone or perform abortions. Ethnic and racial violence will tend to happen in areas with high minority populations, especially when combined with high unemployment and/or other signs of poverty or low social/economic class. Violent confrontations can happen at universities especially during periods of protest against governmental policy, university policy, or during and after sporting events. Religious disturbances are also common place in countries where there are two dominants divide.

In the aftermath of the attacks on the World Trade Centre and the Pentagon, the Boko-Haram incidents, the 2009 Christmas suicide bombing attempts, there are the potentials for an elevated level of religious and ethnic strife. It could lead to an increase in hate crime against those who are believed to be foreigners, especially against those who manifest a “Middle Eastern” appearance. In areas of the Country with a lower population density, there are continued complaints from citizens that their rights are being violated through land use regulations, that their needs are being ignored, and that the more urbanized areas get most of the benefits. While much of this discontent is unorganized, the potential for civil disturbance is there.

Vulnerability Analysis

Large cities are the most highly vulnerable areas for civil unrest and civil disturbances. This does not imply that rural areas are exonerated. However, as cities grow, their vulnerability also increases. Demonstrations, strikes, riots or other forms of civil disturbance could disrupt the commerce of a Country. Highways and other portions of the infrastructure could be adversely affected. Businesses could be forced to close, and the economic impact to the region could be severely affected. A longshoreman's (dockworkers) strike could cripple the Ports cities of Lagos; Port-Harcourt; Calabar and Warri.

Some issues that could potentially flare up include, but are not limited to: conflict between anti-abortion demonstrators, gay rights campaigners and pro-choice advocates; military intervention overseas allowing all the anti-war groups to find a cause to rally large support around; labour strikes; disorder resulting from a controversial arrest or verdict; and white supremacy and neo-Nazi movements, which includes the potential for backlash and other activities.

History has shown that overcrowding in prisons or jails is the main cause of prison uprisings. This should not be the case with any of the very small facilities. However the possibility could arise within the larger facilities. Most prisons in Nigeria for years have had problem with overcrowding. This has led to the agitation by various human right activists and NGOs for the construction and expansion of prison facilities and the adoption of other modern corrective measures such as work release facilities and halfway houses. This should alleviate the overcrowding in the largest of the correction facilities in the County.

Effects

Civil disturbance can, in extreme cases, cause:

1. Extensive social disruption,
2. Loss of jobs,
3. Death, and
4. Property damage.

These may result either from those involved in the action or initiated by those in higher authority in response to what they perceive as a threat to either the status quo or their own authority. In addition, the government may also curtail certain civil liberties even to the eventual imposition of martial law. At the request of the Nigerian Military Government (headed by General Ibrahim Babangida), military men were sent into the street to

shoot at sight anybody demonstrating to restore order during the 1985 SAP riots as well as other riots

Looting and general vandalism are the most common activities associated with civil disturbance. Fire setting is also quite common and can quickly spread due to slow response times of overwhelmed fire departments. Transportation routes can become blocked making it difficult for non-rioters to leave the area and difficult for the emergency response personnel to arrive. Long-term effects may include a local depressed economy, environmental damage, social disruption, and long lasting animosity between the contending groups.

Mitigation

The variable nature of civil unrest demands a cautious approach to the actual situation. In order for society at large to prevent or mitigate civil unrest it must be responsive to social problems inherent in the community. As conditions that could lead to widespread civil unrest arise, the prevailing authorities must monitor the situation and then plan and execute whatever actions are needed in order to lessen the tension and/or resolve the dispute.

The ability to respond quickly to civil disturbances is a crucial mitigative act for both emergency practioners and the general public. Thus, emergency response agencies should plan and train for such events.

Current mitigation efforts vary widely from jurisdiction to jurisdiction, therefore it include both not limited to:

- a. Maintaining a list of local community contacts or leaders who are available to assist when strife or controversial events effect the community;
- b. Making sure there is an accurate and timely release of critical information to the public through a designated public information officer;
- c. Developing a disorder response team of personnel who are specially trained to intervene before minor disturbances escalate;
- d. Meeting with leaders of labour disputes before they escalate into strike or illegal activities;

- e. Holding meetings with members of the local community to listen to their concerns, both on a regular basis, to develop community trust, and when tensions arise.

SELF ASSESSMENT EXERCISE

Identify some of the basic ways of combating civil disturbances

3.2 Natural Disasters and Civil Disturbance: Similarities and Differences

The classification of the dimensions of disasters calls for attention to a generic class of social phenomena in stress situations (Barton, 1970:37, 47). Under this rubric a wide variety of events such the sudden death of a head of state, earthquakes, ghetto riots, the economic decline of cities, explosions, political purges, air bombings, and the status deprivation of untouchables in a caste system. In addition to suggesting this general typology of collective stress situations, it is important to outline some of the dimensions upon which it is based:

- a. Scope of impact
- b. Speed of onset
- c. Duration of the impact and
- d. Social preparedness

From these basic dimensions it becomes obvious that there are similarities and differences, hence this outline seeks among others to note some of the essential similarities and differences between two of the major types of collective stress events, that is, natural disasters and civil disturbances. There are similarities. For example, each produces a large number of sudden demands which threaten and/or disrupt the normal flow of community activities and each often creates an imbalance in the social systems involved. This disequilibrium is collectively perceived as a threat to the community by its members, and as a consequence they set in motion a wide range of activities designed to restore a systemic balance. Apart from this basic similarity, there are a number of fundamental differences between events such as floods, earthquakes, hurricanes, and so forth, and civil disturbances.

They have different patterns of origin, warning, scope and duration. And, in addition, they occur within differing consensual contexts. As a result of these differences, they produce differing demands on the communities in which they occur. In this unit we examine these similarities and differences in the context of their most common sequential development:

Origin

One of the fundamental differences between all natural disasters and civil disturbances is the origination of the stressful agent. Earthquakes, tsunamis, hurricanes, floods and similar events arise in a community's physical environment while disturbances have their origins in the thoughts and behaviours of people and social groups. Natural disasters arise from non-social forces which are external to a community's social systems; civil disturbances emerge from social sources internal to the system. Natural disasters occur as purposeless, asocial events; civil disturbances can be viewed as instrumentally initiated to achieve certain social goals which are in conflict with those of the wider society (Geschwender, 1971). It is important to state here that civil disturbances have a profound effect on a community and its emergency subsystems in terms of response and recovery.

Warning

Another difference between some natural disasters and civil disturbances is the type and amount of warning each affords. Drabek and Stephenson (1971), and Mileti (1975) have noted the crucial role that warning plays in a community's response to a disaster event. Many types of natural disasters provide definite clues to the likelihood of their occurrence; some of these are general in character, while others are quite specific. Hurricanes, for example, can be monitored, their speed measured and course determined; tsunamis can be reasonably predicted to follow severe earthquakes, and floods can be projected on the basis of meteorological and geographical factors. Civil disturbances, on the other hand, are more like earthquakes in what they provide little or no specific advance warning, and their occurrence is difficult to predict even when some general conditions known to be associated with them are present. Because of their unpredictability, civil disturbances pose serious for a community as it attempts to deal with the problems created by the emergency.

Duration

The duration of the collective stress situation is also extremely important in evaluating the impact it will have on a community and on the amount of time and resources required to return the community to some semblance of its pre-impact state. The duration of the disaster agent in natural disaster agent in natural disasters varies widely; tornadoes and earthquakes are usually over in a matter of minutes, hurricanes may last several days. Major civil disturbances are probably more like floods than any of the other natural disasters, since they tend to last for several

days and are marked by unpredictable alterations in location and intensity (Abudu et. al, 1972).

Variations in the duration of a collective stress agent are important to note since they affect the ability of a community to deal with the emergency. When the duration of the disaster agent is brief, such as in an earthquake or tornado, it takes community leaders a relatively short time to define the disaster situation, establish priorities and allocate the resources necessary to meet the demands created by the disaster agent. When the collective stress agent persists in a highly unpredictable fashion overtime, as in a major civil disturbance, it is difficult to arrive at a single and statistical definition of the emergency situation, the establishment of priorities becomes an ongoing process, the allocation of resources must be constantly reappraised and there is a great need for inter-organisational coordination and integration as first one organisation and then another has the resources relevant to the community's recovery. The unpredictability of human behaviour (the stressful agent) during civil disturbances is a significant problem for those attempting to deal with the crises being created. The human, volitional, anti-social dimension is rarely, if ever, a salient factor in community responses to natural disasters.

Scope

The scope of the two kinds of collective stress situations also varies. The threat posed by large floods, tornadoes, hurricanes or earthquakes tends to be a generalised one which affects or threatens the entire community. A typical example is the Fairbanks, Alaska flood of 1967. Transportation, communications, public services and most other community functions were severely disrupted for several days; more than 90 percent of the residents of the city were housed in public shelters at one time (Warheit, 1968). Civil disturbances, by contrast, have characteristically been confined to relatively small sections of the cities in which they have occurred. This is true even when the riots are defined as major ones. Although there may be perceived threat on the part of those outside the site of disturbance, the burning, looting, and snipping as the case may be is generally confined to very limited areas. Ironically those most immediately affected by civil disturbances are frequently residents of the same area as those actively involved in creating and sustaining it.

Community Contexts

As noted, the origins of natural disasters and civil disturbances differ markedly: natural disasters arise in the physical environment from asocial causes, while the community crises caused by the civil

disturbances which occurred during the 1960s in the United States were social acts which represented violations of the dominant norms of life and property held by the wider society. These differing origins produce two distinctively different normative contexts. Natural disasters create a social context marked by an initial overwhelming consensus regarding priorities' and the allocation of resources. This consensus is so pervasive that it frequently sweeps away, at least temporarily, long-established hostilities and divisions (Wenger and Parr, 1969). Individuals, small groups and community organisations unite in a common assault on the problems created by the disaster event. Often the efforts of individuals and informal, emergent groups are so pervasive that the primary tasks associated with search and rescue are completed before the community's formal emergency organisations get mobilised. This outpouring of citizen response is so extensive that it sometimes poses problems (eg., traffic control, the fragmentation of resources and overloaded communications) for the official emergency organisations in the community.

This is not to say that everyone in an affected community wishes to have it returned to its former condition. Fritz (1961) has noted that even in natural disasters, some groups may perceived the disruption of the social situation created by the disaster as desirable and may attempt to use it to effect changes in the social order. This desire was, of course, a component of the community crises created by the civil disturbances. This is however a basic difference between the latent aspects of social change implicit in natural disasters and the manifest and explicit desire for change associated with civil disturbances.

Civil disturbances, unlike natural disasters, reflect, intensify and produce a basic dissensus in the communities in which they occur. Thus, there are times such normative conflict inherent in civil disturbances represents an impediment to the community's recovery, since it militates against the vast outpouring of individual and small group response from the general public. And importantly, those officially responsible for dealing with the emergency are harassed by persons and groups in the disturbance area. Most often, the organisations (governmental and non-governmental) functioning in the affected sections of the community during civil disturbances are backed by the police, military and fire departments.

The varying normative contexts which constitute the operational climate within which a community's emergency sub-system functions is perhaps the most important differences between natural disasters and civil disturbances. This is true because the differing social definition of the event evoke dissimilar community responses.

Organisational Responses

Closely related to the problems associated with the differing normative contexts in which community recovery takes place is the problem of defining appropriate organisational behaviour. The task of defining the collective stress situation and the response a community's emergency-relevant organisations ought to make is much simpler in natural disasters than the civil disturbances. Following the onset of a natural disaster, the community's emergency organisations and public agencies have a clear mandate: to rescue and treat the injured, locate, remove and identify the dead, aid the victims and restore the community to a state of normality as quick as possible.

Police and other social control agencies are also faced with a number of highly ambivalent situations during civil disturbances. Probably the most difficult decision confronting them is that of defining the appropriate responses to crowd behaviour. Under normal conditions, police would not hesitate to arrest or perhaps kill individuals engaged in felonious activities; this not only within the province of their organisational domain, but is sometimes expected of them. However, when confronted with crowds of people, including women and children, engaged in a wide spectrum of illegal activities ranging from misdemeanours to felonies, it is sometimes difficult for police to define their appropriate responses. For example does one shoot a looter regardless of the value of the property being taken; and what about arsonist? Does the age or the sex of the looter make a difference? What about onlookers? These and similar questions plagued police officials during major disturbances in Nigeria like any other society. In light of these problems, which for the most part grew out of the unstructured social situation created by the disturbance, governmental and other organisational officials had to come to a definition of the emergency situation which would enable police and other social control forces to restore order. The declaration of a state of emergency and the establishment of a curfew becomes the techniques of definition. Once put into effect, these mechanisms clearly delineate the boundaries of behaviour for both social control agencies and citizens; anyone on the streets during certain hours would be subject to legal sanctions including arrest, and under certain circumstances would be liable to be shot (for a more vivid clarification read about the 1965 Watts disturbance, and 1967 Detroit disturbances).

The Evaluative Response

In both natural disasters and civil disturbances, there is always a period after the crisis had passed, when community officials, high-ranking officers in emergency organisations and public citizens evaluate the

causes and extent of the emergency, as well as the performance of those organisations charged with the responsibility of dealing with it. This period is marked with the assigning of blame and praise and by efforts on the part of public officials and organisational personnel to justify their actions or inactions.

4.0 CONCLUSION

On the basis of the analysis in this unit, it is possible to conclude that differing types of stressful agents produce contrasting kinds of community responses. Moreover, these differential responses can be attributed to the characteristics of the events, i.e., the amount of warning given, their scope and duration, and to the normative context produced by the emergency. Although these differences exist, there are also some similarities present in both types of collective stress situations. Both elicit organised context produced by the emergency. Although these differences exist, there are also some similarities present in both types of collective stress situations. Both elicit organised community responses that is vigorous efforts are made to restore the community as quick as possible to some semblance of its pre-crisis state and a period of assessment follows the emergency at which time an evaluation is made of what was done during the crisis.

5.0 SUMMARY

Civil disturbances occur when a group of individuals disrupt essential functions, damage property, or threaten the well being of other individuals. Large-scale civil disturbances rarely occur. Situations that spawn civil disturbances include: Labour disputes with a high degree of animosity between the dissenting parties; High profile or controversial judicial proceedings; Implementation of controversial laws or other governmental actions; Resource shortages because of catastrophic events; Disagreements between special interest groups; Perceived unjust death or injury of a person held in high regard by a particular segment of society. Civil disturbances can expand to cover large portions of a community and include individuals not associated with the initial conflict. Areas particularly vulnerable to civil disturbances include government buildings, military installations, universities, controversial businesses, service providers, and critical service facilities such as police and fire stations. Sports arenas and facilities for large gatherings can also be vulnerable. Prison uprisings are also a form of civil disturbance. Response to and recovery from civil disturbances involves many community agencies and the general public corporations.

6.0 TUTOR-MARKED ASSIGNMENT

1. Succinctly elucidate the basic similarities and differences between civil disturbance and disasters.
2. What are the basic assumption to be considered before embarking on a response mission?

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UNIT 4 THEORIES OF COLLECTIVE BEHAVIOUR AND PRISON RIOT

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
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 - 3.2 Emergency Types
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1.0 INTRODUCTION

Collective behaviour is “a type of social behaviour that occurs in crowds and masses (Johnson 2000). Collective behaviour deals with the way behaviours emerge as a response to problematic situations (Marshall, 1998). Collective behaviour includes crowds, riots, fads, disasters, panics, and social movements. To better understand civil disturbances such as these, it is therefore important to study collective behaviour, because knowledge of crowd behaviour and social movements can reduce loss of life and injury and help prevent conflict from rising in a destructive way. Most of the loss of life during civil disorders is caused by control agents who overreact because they lack experience in crowd control.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- understand the term collective behaviour and the six predisposing factors for occurrence of collective behaviour.
- comprehend major theories of collective behaviour.
- have a better understanding of prison riots.
- discuss factors that cause prison break.

3.0 MAIN CONTENT

3.1 Theories of Collective Behaviour and Social Disorder

Collective behaviour is “a type of social behaviour that occurs in crowds and masses” Collective behaviour deals with the way behaviours emerge

as a response to problematic situations. Collective behaviour includes crowds, riots, fads, disasters, panics, and social movements. There are different types of collective behaviour that emerge from a crowd. Collective behaviour can range from violent mobs and riots to harmless fads and fashions. The type of collective behaviour examined in this thesis is riots. A riot is “an outbreak of illegal violence against changing targets committed by individuals expressing frustration or anger against people or property” (Ballantine and Roberts, 2007). These outbreaks are often noisy and full of confusion. Riots typically start because of a sense of deprivation. Hunger, poor housing conditions, discrimination, or an unfair government are all factors that can start a riot.

One theory of collective behaviour that is particularly relevant to an understanding of prison riots is the **Minimax Theory**. The minimax theory, also referred to as game theory, is based on the principle that individuals try to minimize their losses and maximize their benefits. According to this theory, people are more likely to engage in risky behaviour if they feel that the rewards outweigh the costs. The Minimax strategy is based on the principles of rational choice theory. The basic idea of rational choice theory is that patterns of behaviour in society reflect the choices made by individuals as they try to maximize their benefits and minimize their costs. In other words, people make decisions about how they should act by comparing the costs and benefits of different courses of action (Scott, 2000). In 1921, French mathematician, Emile Borel, had the original idea for the minimax theory, which was developed further by John Von Neumann in 1928 (Heims, 2008). In a prison scenario, prisoners might become involved in a riot if they believe that the perceived outcome of the riot will be more satisfying than their current situation.

A second theory of collective behaviour relevant to understanding prison riots is the **Emergent Norm Theory**, developed by Ralph Turner and Lewis Killian in 1957. The emergent norm theory addresses the breakdown of norms where collective behaviour occurs. According to this theory, each individual in a crowd has different emotions and attitudes that help influence their behaviour. In a crowd situation, individuals tend to look to others for clues about how to act and what is acceptable (Ballantine and Roberts 2007:499). According to Turner and Killian (1991), when a crowd comes together, there is no norm and no leader in control of the crowd. The attention of the crowd is instead drawn towards those that act in a unique manner. This unique behaviour slowly emerges as the norm. As time passes, the norm becomes well accepted and there is pressure from the crowd to conform to the new norm (Turner and Killian 1991). If similar interests draw people together, distinctive patterns of behaviour will emerge in the crowd (Aguirre et. al., 1998). In a prison scenario, unique actions such as

yelling and fighting become the norm. The crowd then conforms to the norm and yelling and fighting become accepted behaviour. The third theory of collective behaviour is the **Value-Added Theory** developed by Smelser (1962).

According to the value-added theory, there are six necessary factors for collective behaviour. The first factor is structural conduciveness. This means that there must be an existing problem that creates a possibility for change. The second factor is structural strain, which occurs when the current social structure is not meeting the needs or expectations of the citizens and there is widespread dissatisfaction with current arrangements. The third factor is the spread of a generalized belief. Common beliefs about the cause, effect, and solution of the problem must spread through the population. The fourth factor is the precipitating factor, or what pushes people over the line. A dramatic incident occurs and it incites people to take action. The fifth factor of the value-added theory is the mobilization for action. Leaders come forward and set a path of action, or an emergent norm develops that stimulates common action in a population or crowd. The final factor in the theory is the failure of social control. If police, military, or leaders are unable to stop the crowd, a social movement is likely to occur. According to the value-added theory, when all six factors are present, some sort of collective behaviour will occur (Smelser, 1962).

SELF ASSESSMENT EXERCISE 1

Describe how relevant collective behaviour theories are to the study of social disorder

3.1.1 Prison Riot as a Form of Social Disorder

In a prison scenario, the above mentioned six factors must be present for there to be a prison riot. Due to their intense structural conditions, total institutions are a common site for collective behaviour. A total institution is “a place where people are bureaucratically processed, while being physically isolated from the normal round of activities, by being required to sleep, work, and play within the confines of the same institution” (Marshall 1998). A total institution keeps people away from the public when they are considered not suitable to live in society. Some examples of total institutions are mental hospitals, concentration camps, boarding schools, monasteries, and prisons. Erving Goffman, arguably one of the most influential sociologists of the twentieth century, described prisons as a type of total institution that is organized to protect the community against intentional dangers to the public (Goffman, 1959). Life in a total institution is very different than life outside the institution. In a prison, inmates’ individual possessions are stripped

away and the feeling of one's own identity is lost (Goffman, 1959). Inmates' clothes and possessions are taken upon entering the prison. Nothing from the outside is allowed in. Any personal property that is found therein leads to severe punishment. Prisoners are given new clothing that matches every other inmate. In addition, these clothes are clearly marked as belonging to the prison. Personal hygiene items are also provided by the prison. Perhaps the most significant identity possession taken is one's name. Names are replaced by numbers. Prisoners are then referred to as a number (Goffman, 1959).

Personal identity is not the only identity lost in a total institution. A prisoner's cultural identity is also restricted. One factor of cultural identity that is restricted by prison rules is a prisoner's religion. Religion can protect values within the community and promote a sense of belonging (Bhugra and Becker, 2005). In prisons, there is no preferential treatment for inmates with specific religious beliefs. For example, the Islamic faith has many religious duties and restrictions that are required by Islamic law. It is forbidden for Muslims to eat ram or pork in any form, even pork fat used in cooking (Ammar et. al., 2004). Prisons will not cook food separately, so Muslims either have to eat it or go without. Every Muslim is also required to pray five times each day at specific times and to wash their hands, head, face, and feet before prayer. Also, according to the Islamic faith, every Muslim should have access to the Koran. In prisons, it is not practical to accommodate these requirements, especially when outside material is not allowed inside.

Language and leisure activities are also significant to one's cultural identity and are restricted upon entering an institution. Immigrant inmates' cultural differences may be lost during the assimilation process. For example, non-English-speaking Hispanic inmates in American institutions must learn to speak English in order to fit in. Leisure activities, including, sports, music, movies, and literature, are all significant parts of one's culture. Inmates in prison are very limited in the activities they are allowed to take part in. Watching movies or listening to music is a privilege that is not easily earned. Instead, inmates are forced to live very boring lives. For example, inmates are allowed only minimal time outside of their cells for exercise. Most inmates' days are spent locked in a cell. In a total institution, the entire day is structured and the routine rarely changes. In the book, 'The Making of an Inmate', Cordilia (1983) describes inmates in a total institution: "The fact that they must constantly follow orders makes some inmates compare themselves to robots. They also commonly compare themselves to children. Like children, they lack freedom". There is a set time to wake up, a set time to eat, a set time for bathing, a set time for recreation, if allowed, and a set time to go to bed. Inmates feel great frustration at the powerlessness over their own lives.

Expressing those feelings, however, can come at a great cost. Inmates who recognize the power the system holds over their lives tend to go along with the situation, at least on the outside.

Inmates are completely at the mercy of those in charge; inmates who act against the rules of the prison are subject to punishment. Prisoners are often subjected to physical and verbal abuse from guards or other members with power. For example, in 1967, Arkansas prison, in the U.S officials were found guilty of crimes such as pushing hypodermic needles under the fingernails of inmates, as well as beatings with everything from fists to knotted ropes and shovel handles, to rubber hoses and straps of leather five feet long. There was also torture with pliers and burning with cigarettes (Goldfarb and Singer 1972). A less extreme version of physical abuse includes inmates being forced to bend over and hold their body in a humiliating pose or provide humiliating verbal responses (Goffman, 1959:22). One form of physical abuse that is frequently used today is confinement of inmates in isolation, or the "hole." A prisoner is sent to isolation for allegedly breaking the rules or causing trouble. Isolation consists of a small concrete cell with very little light and no ventilation. More common than physical abuse is verbal abuse. Staff frequently call inmates obscene names, curse them, point out negative attributes, and tease them.

In many cases, inmates do not report abuse because of the "prison code." The prison code, or convict code, is a formalized value system of norms that emphasize group cohesion. Studies of inmate subculture in the 1950s revealed increasing cooperation between inmates and the staff. Stastny and Tyrnaur (1982) observe that studies of prison life suggest that prison code can be classified into five major themes. First, do not interfere with inmate interests. Basically, never tell on a prisoner. Be loyal to your class, the convicts. Second, do not lose your head. Play it cool and do your own time. Third, do not exploit inmates. Do not break your word, do not steal from the cons, do not sell favours, and do not be a swindler or a cheat. Fourth, do not show weakness. Do not whine, and do not cry guilty. Be tough; be a man. Lastly, do not be a sucker. Stay sharp. Do not commit to values imposed by guards (Sykes and Messinger, 1975). Even though prisoners extremely dislike prison guards, the two actually need each other and exist in a collaborative reality. According to the inmate-balance theory, developed by Charles Tittle in 1995, there is a mutual relationship between inmates and authorities. Todd Clear, one of America's leading experts in the study of corrections, describes the inmate-balance theory as, "A prison system where officials must tolerate minor infractions, relax security measures, and allow inmate leaders to keep order, in order for the prison to operate effectively" (Clear et. al., 2000:321). This relationship allows inmates more freedom to engage in illegal activities, such as gambling and

sexual intercourse. In exchange, inmates will “police each other” to ensure that the prison is free of any major disruptions. Conversely, conflict occurs when prison officials break their unofficial contract with the inmates by cracking down on the illegal activities. With prisoners’ reasons to maintain order gone, some type of conflict is likely to occur. In contrast to the inmate balance theory, the administrative control theory is a result of authorities’ neglect rather than their awareness. The administrative control theory, created by John Dululio in the mid 1990s, states that “prison disorder results from unstable, divided, or otherwise weak management”, this theory argues that conflict results from the poor management of correctional facilities. Poor management has three central components: inadequate conditions, weak security, and the emergence of group formations among inmates, such as gangs. In poorly managed prisons, the more dissatisfied inmates are with the management of the prison, the more likely they are to engage in violence and collective action (Wood and Dunaway, 1997).

SELF ASSESSMENT EXERCISE 2

Examine riot as a form of civil disturbance and a collective behaviour

4.0 CONCLUSION

The importance of an understanding of the nature of social disorder emanating from human actions is necessary, hence the need for theories that explain collective behaviour and other prerequisite conditions needed for social disorder to occur. Knowing fully well that most civil disturbances are usually caused by groups and not by a single person; even if the idea develops from a single individual, it will certainly take the combination of people in groups to execute an action that can lead or be termed social disorder/civil disturbance.

5.0 SUMMARY

This unit carefully examined key theories explaining collective behaviour, a type of social behaviour that occurs in crowds and masses. Emile Borel (1921) and John Von Neumann (1928) Minimax theory; Emergent Norm Theory, developed by Ralph Turner and Lewis Killian (1957); and Value-Added Theory, developed by Smelser (1962). These theories collectively explain probable causes of social disorder with particular emphasis on Prison riots. Searchlight was also placed on activities of inmates and prison officials and how strains in terms of deprivation and strict application of treatments on inmates could lead to disorder in prison as a form of total institution.

6.0 TUTOR-MARKED ASSIGNMENT

Critically appraised the various theories of collective behaviour

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UNIT 5 CAUSES OF PRISON RIOTS

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1.0 INTRODUCTION

Prison is meant to be an ideal and comfortable environment for reforming inmates. Recent developments arising from economic crisis in many nations, the increasing number of individuals in crime leading to the swell in the number of inmates - overcrowding, manpower shortage and other forms of deprivations, psychological, social and medical. These reasons have been attributed and linked as some of the causes of prison riots worldwide.

2.0 OBJECTIVES

At the end of this unit, students should be able to:

- explain some of the causes of prison riots in the world
- proffer solutions to some of the identified problems in the prison problems in Nigeria.

3.0 MAIN CONTENT

While the purpose of prisons has changed over the years, the factors that cause prison riots have not. There are many factors that cause prison riots. One major factor is overcrowding. Overcrowding in prisons has plagued many countries over the last thirty years. The massive influx of prisoners began in the late 1970s and still continues. An increase in prisoner population puts a strain on taxpayer's money. Overcrowding is a big problem in prison because it leads to unhealthy conditions. Prison cells are typically built to hold two people. However, overcrowding is such a problem that prisons sometimes put three or four people in a two person cell. When there are more than two people in an 8x12 cell, living conditions can be unhealthy. An overpopulated prison means that some prisoners must sleep on the floor. Crowding can be associated with low

psychological well-being. For example, the rate of suicide in prison increases with overcrowding (Lawrence and Andrews, 2004). Physical conditions are also worse due to overcrowding. In addition to a lack of facilities, there is a general overuse of plumbing. Overuse of equipment that is built to operate under “normal” conditions leads to frequent breakdowns (Freeman, 1999: 87). Hygiene is also difficult in overcrowded situations because access to showers is limited to once a day. Ventilation is especially crucial when temperatures outside rise. Ventilation can be a problem in overcrowded prisons because of the large number of people. In the summertime, inmates are living in hot overcrowded cells. When the temperatures rise to a certain point, inmates become agitated. Many become extremely violent (Cobb 1985).

The relationship between aggressive behaviour and crowding is well established in the prison system. Lawrence (2004) studied the influence of prison crowding on inmates’ perception of aggression. Lawrence showed that environmental conditions can influence how inmates interpret fellow prisoner’s behaviour. When individuals interpret others’ behaviour as aggressive, whether intentional or unintentional, they are more likely to retaliate. According to Lawrence, “Those who are subjected to crowded conditions, and who lack a social support network, may become more prone to distress. That distress is linked to an increase in aggression”. Overpopulated prisons also have a shortage of security staff. The ratio of prison guards to prisoners is growing daily. As a result, it is harder to monitor the prison as closely (Fong, 1990). With overpopulation, there is a limited amount of resources. In prisons, overcrowding leads to a fight for these limited resources. For one, the numbers of inmate work programs are limited. Only about fifteen percent of inmates have prison work jobs. These jobs offer inmates a break from the boredom of prison life. Prison work jobs also offer a way to rehabilitate prisoners by training them with job skills they might need in the future. Inmates with work jobs feel like they have more of a purpose in prison. Without correct rehabilitation, two-thirds of released prisoners will find themselves back behind bars within three years.

Inmates in prison must also fight for medical treatment. Overcrowding has stretched prison infirmaries’ supplies thin. Physical illnesses in prisons are treated poorly. Prisoners needing dental work do not always get adequate attention (Clark, 1972:17). In addition, conducting mental health evaluations in overpopulated prisons is an overwhelming job for psychiatrists. According to the Bureau of Justice Statistics in America, an estimated sixteen percent of adult prisoners report having a mental disorder. However, only a fraction of those who need treatment actually receive it (Pogorzeleski et al., 2005). In Nigerian cases figures are either not available or unreliable. While overcrowding alone does not start

prison riots, the tension that results from the strains caused by overcrowding may lead to violence (Cobb, 1985).

In America, race plays a significant role in prison riots. Racial tensions cause constant uneasiness between prisoners. Since the colonial era, racism has been a major issue in the United States. Discrimination against minorities in the treatment of prisoners continues to exist in virtually all prisons, especially in the South where racism was the strongest before the Civil War (Goldfarb and Singer, 1972:83). Hispanics now outnumber blacks in the United States and are now the largest minority (Nesser, 2003). More recently, tensions between Hispanics and African Americans have escalated, and are often rooted in access to jobs and political empowerment. For many African Americans, the “code of the street” is important in the understanding of how prisoners relate to one another in prison.

The code of the street is a way to measure status among group members. Ranking elements include the willingness to fight, protecting one’s manhood, living on the edge, risking death, and showing no fear as protection from being victimized by others. The basis of the code is respect or being treated right (Anderson, 2001:80). Respect for most African Americans is hard-won but easily lost. For that reason, blacks refuse to be oppressed by any racial majority without conflict. If a prisoner has the respect of other inmates, he can avoid “being bothered” by other inmates. When dealing with an overcrowded, mixed-race prison where cellmates are randomly assigned, tensions between different races can escalate to a full fledged race riot. In 2006, a race riot broke out among blacks and Hispanics at the Northern County Correctional Facility in Los Angeles, a maximum security prison. The fighting involved about two hundred inmates. One Black American was beaten to death and over one-hundred inmates were injured. Prison officials declared the riot a result of a feud between Hispanic and black gangs (www.msnbc.msn.com/id/11180457/).

Prisoners join gangs in prison for protection from other inmates. Typically, in minimum-security prisons, there are not going to be many gangs. In larger prisons, including maximum-security prisons, there will be much more gang activity. In more recent years, American prisons have seen a rise in violent, race-based prison gangs. The Aryan Brotherhood, a notorious and deadly white supremacist gang formed in San Quentin in the 1960s, was the first of these race-based gangs. Since then, gangs that are white, black, and Hispanic dominate in the prison system (Pitcavage, 2002). Being a member of a gang gives inmates a sense of belonging. When prisoners join a gang, typically they are in for life. The gang turns into a “brotherhood” for inmates. Like prisoners and the prison code, gang members must abide by a strict code of conduct.

The penalty for a violation of the code is most often death. A study by some sociologists, Bert Useem and Michael Reisig, (1999) showed that prisons that controlled the development and power of prison gangs experienced fewer riots (Useem and Reisig, 1999).

Another major factor that causes prison riots is a violation of prisoners' rights. Prior to the 1960s, the Supreme Court did not get involved in the issue of prisoners' rights. This period was known as the "hands-off" period. During this time, criminals upon conviction lost virtually all legal rights. Any rights they had were rights given to them by the state. Modern prisoners' rights cases began in the 1960s alongside the Civil Rights movement (Angelos and Jacobs 1985:102). In the early 1960s, courts demonstrated an increase in willingness to protect the rights of prisoners as stated in the Constitution. This period was known as the "rights period." The change can be attributed to several factors. First of all, prisoners began to be more aggressive in declaring their rights. Second, there was an increase in lawyers who were willing to take on prisoners' rights cases, mostly as pro bono work. Third, judges were presented with cases that involved such horrifying conditions that they insisted something be done to protect prisoners' rights.

Between 1960 and 1980, the courts began upholding two very important amendments involving prisoners' rights. The Eighth Amendment, which states that "excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted," protects inmates from cruel and unusual punishment (Patterson, 1971). The Eighth Amendment also forbids punishment that is disproportionate to the offence, or is excessive and unnecessary. Many prisoners believe that isolation, or solitary confinement, violates their Eighth Amendment rights. In 1969, the court case *Holt v. Sarver* was monumental in changing the way prisoners could be held in isolation. The court found that, "Confinement of inmates in isolation cells that are dirty, overcrowded, and unsanitary constituted cruel and unusual punishment". The court also stated that prolonged confinement of men in the same cell in unsanitary, dangerous conditions was "Mentally and emotionally traumatic, hazardous to health, and is degrading and amounts to cruel and unusual punishment".

Another important amendment is the Due Process Clause of the Fourteenth Amendment, ratified in 1868. According to this amendment, "No state may deprive any person of life, liberty, or property, without due process of law" (Patterson, 1971: 118). This meant that governments must extend most of the rights in the first ten amendments of the Constitution to all prisoners, such as freedom of speech, freedom of religion, and the right against unreasonable search and seizures.

Prison administrators are also no longer allowed to censor outgoing mail or prohibit visits from lawyers who were representing inmates.

The rights period started to collapse in the 1980s, when courts began ruling against inmates. In 1982, the Federal court case *Rhodes v. Chapman* found that double-bunking inmates in cells made for single occupancy was unconstitutional and violated inmates' Eighth Amendment rights. However, the Supreme Court overturned the case, ruling that "Double-bunking is not punishment and is therefore lawful, and the Constitution does not mandate comfortable prisons" (Angelos and Jacobs, 1985:104). During this time period, the Courts declared that an inmate is to have no say in the decision to transfer an inmate, as well as the decision to exclude visitors because of alleged misconduct on the inmate's part. The Court also ruled against search cases. In 1984, the Court case *Hudson v. Palmer* ruled that, "The Fourth Amendment, protection from unreasonable search and seizures, does not apply to cell searches because inmates have no expectation of privacy in their cells" (Call, 1995). The Court also ruled that "Inmates have no due process right to observe the shakedown searches of their cell" (Call, 1995).

Presently, any violation of prisoners' rights can lead to prison riots. Putting inmates in isolation for alleged bad behaviour or slight rule infractions makes prisoners angry. Forcing prisoners to live in overcrowded and unsanitary conditions is unconstitutional and intolerable. Denying prisoners medical attention increases tension between inmates and guards. Furthermore, if prisoners are being abused by guards, the inmates will eventually stand up for themselves, and some sort of disorder will occur. Many prison officials live in constant fear of riots. Prisoner uprisings frighten the warden, as well as the public. The warden is afraid he might lose his job and his reputation for good management, and the public worries about the loss of control. Prison riots call attention to some aspects of breakdown in prisons. They do not, however, call much attention to the real factors that provoke the riot. Instead, officials call for stronger steel, heavier bars, and a need for a more strict management of the prison (Meninger, 1972:52- 54).

SELF ASSESSMENT EXERCISE

What are the major causes of prison riot?

4.0 CONCLUSION

The need of adequate prison reforms and the rights of prisoners and waders should be taken seriously by government and other necessary parastatals, to avoid un-envisaged problems among inmates and prison officials. The negative impact of prison riot on the general public is a

grave cause for alarm and to the nation as a whole, apart from the stigma it places on government, it is also a sign that all is not well with the government of the day.

5.0 SUMMARY

Due to the limited space and time we have on each of our lessons, in this unit, we were only able to highlight some American based examples of prison reforms and riots. Notwithstanding attempt was made to look at the ideal nature of what the prison environment and facilities ought to be and major causes of prison riots as well as probable solutions in mitigating it.

6.0 TUTOR-MARKED ASSIGNMENT

Critically identify probable causes of prison riot and proffer some solutions to nip in the bud.

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MODULE 2

Unit 1	Psychosocial Consequences of Disaster
Unit 2	The Stages of Psychological Response to Disasters
Unit 3	Community and Social Impacts of Disasters
Unit 4	Assessing the Psychological Impact of Disasters
Unit 5	Principles of Psychosocial Intervention Following Disasters

UNIT 1 PSYCHOSOCIAL CONSEQUENCES OF DISASTER

CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	An Overview Of The Psychological Consequences Of Disaster
3.2	The Prevalence of Adverse Psychological Effects Following Disaster
4.0	Conclusion
5.0	Summary
6.0	Tutor-Marked Assignment
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1.0 INTRODUCTION

People all over the world know the destruction produced by weather, the devastation of geological disaster, the havoc of industrial and transportation accidents. Many know, as well, the misery of terrorism, chronic political violence, and war. Over the last quarter of a century, more than 150 million people a year have been seriously affected by disasters. The physical effects of a disaster are usually obvious. Tens or hundreds or thousands of people lose their lives. The survivors suffer pain and disability. Homes, workplaces, livestock, and equipment are damaged or destroyed. The short-term emotional effects of disaster-fear, acute anxiety, feelings of emotional numbness, and grief -- may also be obvious. For many victims, these effects fade with time. But for many others, there may be longer-term emotional effects, both obvious and subtle. Some of the emotional effects are direct responses to the trauma of disaster. Other effects are longer-term responses to the interpersonal, societal, and economic effects of the disaster. In any case, in the absence of well-designed interventions, up to fifty per cent or more of the victims of a disaster may develop lasting depression, pervasive anxiety,

post-traumatic stress disorder, and other emotional disturbances. Even more than the physical effects of disasters, the emotional effects cause long-lasting suffering, disability, and loss of income.

2.0 OBJECTIVES

At the end of this unit, it is expected that students should be able to:

Know some of the psychological consequences of disasters

Provide some reliable solutions and responses to psychological problems emanating from disasters

3.0 MAIN CONTENT

3.1 An Overview of the Psychological Consequences of Disaster

Have an insight into a brief excerpt into some major disasters in Asia

On Thursday, March 5, 1987, two earthquakes occurred in Ecuador, about 85 kilometres from the capital city, Quito. Heavy rains over the preceding weeks had softened the soil in the surrounding area and the earthquake caused massive landslides in the mountainsides. Debris dammed up the rivers, causing flash floods and destroying villages along the banks and polluting the water supply throughout the region. The main highways linking the region with the rest of Ecuador, as well as the secondary roads were destroyed. The oil pipelines linking the country's main oil fields with ports was shut off, cutting the nation's oil revenue by 50%. Thousands of people were put out of work. Rivers, a primary source of water, transportation, and food, and agricultural land, the source of livelihood for thousands of people, became unusable. Over 70,000 homes, as well as schools, hospitals, and public buildings were levelled. A thousand people were killed and another five thousand made homeless.

* * *

On the night of December 2/3, 1984, the city of Bhopal in central India was covered by a cloud of methyl isocyanate, a poisonous gas which had leaked from a tank at the Union Carbide India Ltd. factory. Around midnight, people downwind of the factory woke up with feelings of suffocation, intense irritation, and vomiting. Panic spread. People ran desperately to escape the gas. Many died on the spot; others fell while running to escape. Still others reached safety only after hours of running. About 300,000 people were exposed to the deadly gas. About 2500 died.

* * *

Hundreds of squatters make their living by picking through the main dump for the ten thousand tons of garbage produced in Manila, the Philippines, each day. On July 17, 2000, after a week of monsoon rains, the huge garbage mountain, fifty feet high and covering more than seventy-four acres, collapsed. Although the complete toll may never be known, at least eight hundred of them died, smothered to death. Complicating the rescue effort were the poisonous fumes emitted by the rotting garbage and the stench of decaying bodies¹.

Imagine yourself and your family the victim of a disaster: an earthquake, a tornado, a flood, an airplane crash in your community, the threatened meltdown of a nearby nuclear plant, a terrorist attack.

Almost instantly, in response to the sights and sounds of the event itself, our hearts pound, our mouths go dry, our muscles tense, our nerves go on alert, we feel intense anxiety or fear or terror. If there has been little or no warning, we may not understand what is happening to us. Shock, a sense of unreality, and fear dominate. Long after the event the sights, sounds, smells, and feelings of the event persist as indelible images in our memories. As the immediate shock and terror dissipates, longer-term effects appear. The disaster challenges our basic assumptions and beliefs. Most of us, most of the time, believe that our personal world is predictable, benevolent, and meaningful. We assume we can trust in ourselves and in other people and that we can cope with adversity. Disaster destroys these beliefs. We become aware of our vulnerability. We feel helpless and hopeless. We despair in our inability to make decisions and to act in ways that would make any difference to our families and ourselves.

In the wake of the disaster, we grieve for the death of loved ones and we marvel at own survival (and we may feel unworthy or guilty for having survived). We also grieve for our home, for treasured personal memorabilia, for lost documents, lost familiar neighbourhoods. If the disaster has disrupted our community's traditional subsistence activities or our community itself, we may feel intense feelings of loss tied to our cultural and social identity, as well. The loss of our personal world; of a sense of safety, of belief in ourselves, in the trustworthiness of others; or even in the benevolence of God are not just thoughts; they trigger deep feelings of loss and grief. In the days and weeks following the disaster, we may experience a wide variety of emotional disturbances. For some, chronic grief, depression, anxiety, or guilt dominates. For others, difficulties controlling anger, suspiciousness, irritability and hostility

¹ The brief accounts of the Ecuador and Bhopal disasters are drawn from articles by L.K. Comfort and by R.S. Murthy in the *International Journal of Mental Health*, 1990. The account of the Manila disaster is from the *New York Times*, July 18, 2000.

prevail. Yet others avoid or withdraw from other people. For many, sleep is disturbed by nightmares, the waking hours by flashbacks in which they feel as if the disaster is happening all over again. Not a few begin to abuse drugs or alcohol. There may be cultural variations in the precise patterns in which disaster-related symptoms appear, but reports from countries as diverse as China, Japan, Sri Lanka, Mexico, Colombia, Armenia, Rwanda, South Africa, the Philippines, Fiji, Bosnia, England, Australia, and the United States, among others, show that the emotional responses to disaster are broadly similar everywhere in the world.

Secondary Traumatization: It is not only those who directly experience the disaster (the “primary” victims) who feel its emotional effects. “Secondary victims” – the families of those directly affected, onlookers and observers, and relief workers (both paid and volunteer) who seek to rescue the primary victims also may experience serious emotional effects. Medical and mental health workers and relief officials who subsequently work with the primary and secondary victims are constantly exposed to the physical and emotional effects of the disaster on others and may themselves be victims of “vicarious traumatization.” Even those investigating the disaster – journalists, relief organization workers doing needs assessments, human rights workers – may be traumatized. The “Second Disaster”: The primary source of emotional trauma is, of course, the disaster itself. But the sources of traumatization do not end when the disaster is over (in a literal sense) and when the victims have been rescued. After the disaster comes “the second disaster”-- the effects of the response to the disaster. The rapid influx of well-meaning helpers, who must be fed and sheltered, adds to the confusion and the competition for scarce resources. In some instances, poor people from outside the disaster area have flooded into a disaster area seeking their own share of the food and other supplies relief agencies are providing to disaster victims. This still further increases the burden on disaster workers and on the already stricken community.

Those forced to take refuge in a shelter or a refugee camp for shorter or longer periods of time are forced to confront the consequences of the disaster in an ongoing, unrelenting way. To personal and material losses, we now add loss of privacy, loss of community, loss of independence, loss of familiarity with the environment, and loss of certainty with respect to the future. Family roles and ordinary work roles are disrupted. Poor sanitation, inadequate shelter, and contaminated water and food may produce epidemics, with widespread illness and death resulting. In the shelter, personal assaults and rapes may endanger women, the elderly, and other vulnerable people. As the weeks and months go by, anger at the slowness of reconstruction or at corruption that prevents relief supplies from getting to victims may add to distress. In some

instances, such as Nicaragua after the 1972 earthquake and Mexico after the 1985 earthquake, such dissatisfaction produced widespread political unrest.

Delayed Effects of Disaster: Some emotional effects of the disaster may not appear until after a considerable delay. For some victims, initial relief at having been rescued and initial optimism about the prospects of recovery may produce a “honeymoon stage.” Over a period of months or even years, this may give way to a realization that personal and material losses are irreversible. Loved ones who died will not return. Disruptions in the family are permanent. Old jobs will not reappear. A long-term reduction in standard of living has occurred. Depression and anxiety may now appear for the first time in some victims, and the suicide rate may actually rise.

Other victims of disaster appear initially to be “doing well.” This may be illusory, however. To protect themselves, they may suppress or inhibit the processing of the impact of the disaster upon them. After a delay (considerable at times), stimuli associated with the disaster may trigger memories, pulling previously suppressed material back into consciousness. As a result, psychological responses to the disaster may “suddenly” appear, months or even years afterward.

SELF ASSESSMENT EXERCISE 1

1. What happens to us when we go through a disaster?
2. What do we feel and experience under such circumstances?

3.2 The Prevalence of Adverse Psychological Effects Following Disaster

Although the precise figures vary from situation to situation, up to ninety per cent or even more of victims can be expected to exhibit at least some untoward psychological effects in the hours immediately following a disaster. In most instances, symptoms gradually subside over the weeks following. By twelve weeks after the disaster, however, twenty to fifty per cent or even more may still show significant signs of distress. The number showing symptoms generally continues to drop, but delayed responses and responses to the later consequences of disaster continue to appear. *While most victims of disasters are usually relatively free of distress by a year or two after the event, a quarter or more of the victims may still show significant symptoms while others, who had previously been free of symptoms, may first show distress a year or two after the disaster.* Anniversaries of the disaster may be especially difficult times for many survivors, with temporary but unexpected reappearance of symptoms which they had thought were

safely in the past. Reports of widespread emotional distress ten years and more after disasters such as the 1972 flood at Buffalo Creek (USA) and internment in Nazi concentration camps have been well substantiated.

The extraordinary prevalence of such strong physiological, cognitive, and emotional responses to disasters indicates that these are *normal* responses to an *extreme situation*, not a sign of “mental illness” or of “moral weakness.” Nevertheless, the symptoms experienced by many victims in the days and weeks following a disaster are a source of significant distress and may interfere with their ability to reconstruct their lives. If not addressed and resolved relatively quickly, such reactions can become ongoing sources of distress and dysfunction, with devastating effects for the individual, their family, and their society.

Factors Affecting Vulnerability to Adverse Psychological Effects

Not everyone is equally affected by a disaster, and not all disasters are equally devastating in psychological terms. Several factors may increase the risk of adverse psychological consequences:

- The more severe the disaster and the more terrifying or extreme the experiences of the individual, the greater the likelihood widespread and lasting psychological effects. In extreme cases (e.g., the Nazi concentration camps, the Rwandan genocide, the Cambodian “killing fields”), virtually everybody exposed to the traumatic events suffers lasting effects.
- Some types of disaster may be more likely to produce adverse effects than others. In general, the psychological consequences of disasters which are intentionally inflicted by others (e.g., assaults, terrorist attack, war) are likely to be greater than those of disasters which may have been produced by human activities but which are unintentional (e.g., airplane crashes, industrial explosions). These in turn have a greater likelihood of producing adverse effects than purely natural disasters (e.g., hurricanes, tornadoes).
- Women (especially mothers of young children), children aged five to ten, and people with a prior history of mental illness or poor social adjustment appear to be more vulnerable than other groups. Those with a prior personal experience of trauma, whether individual (e.g., rape) or collective (e.g., earthquake, genocide) are also usually more vulnerable.

- Several specific kinds of disaster experience are especially traumatic. These include witnessing the death of a loved one, losing an adolescent or young adult child, being entombed or trapped or seriously injured as a result of the disaster, and being seriously injured or hospitalized as a result of the disaster.
- In addition to the “psychological” effects of disasters, some of the *physical* effects (e.g., head injuries, burns, crush injuries, exposure to toxins, prolonged pain) can directly produce, through physiological processes, adverse psychological effects such as difficulty concentrating, memory difficulties, depression, and emotional instability.
- Refugees from war, political oppression, or political violence are also at high risk of adverse effects. In addition to the effect of the events that may have driven them from their homes, negative experiences in shelters and refugee camps (e.g., malnutrition, widespread infectious disease, rape and other physical assaults) may themselves produce adverse psychological effects and psychological disorders.
- “Stigmatization” of the victims of a disaster makes healing more difficult. One unfortunately common situation in which this occurs is when part of the traumatizing experience has been rape. In many modern wars, rape has been used as a weapon of war. Rape is also a major hazard for women in refugee camps. Victims may be unable to tell their families and friends what happened, for fear of being blamed or even punished.
- Conversely, the availability of social support networks – supportive families, friends, and communities – reduces the likelihood of lasting adverse effects. And those who have successfully coped with trauma in the past may withstand subsequent disasters better, as if they had been “inoculated” against stress. For a minority of victims, the challenge of disaster may actually be positive and may lead to increased ability to deal with future life challenges.
- The more severe the disaster, the less the characteristics of individuals matter. In very severe disasters, virtually everybody shows adverse emotional responses. In relatively mild disasters, differences in vulnerability of different individuals may be of greater importance.

SELF ASSESSMENT EXERCISE 2

What are the Factors Affecting Vulnerability to Adverse Psychological Effects?

4.0 CONCLUSION

Considering the various factors affecting vulnerability to adverse psychological effects of disasters already discussed in the above unit you will definitely agree that knowing about some of the aftermath effects of disaster is necessary in the study of emergency management. With regards to all mentioned factors and consequences, this unit concludes that Even more than the physical effects of disasters, the emotional effects cause long-lasting suffering, disability, and loss of income. And again it is important to state also that in any disaster: major or minor; not everyone is usually equally affected by a disaster, and not all disasters are equally devastating in psychological terms. Several factors may increase the risk of adverse psychological consequences.

5.0 SUMMARY

In this unit we continued on our discussion on psychological consequence of disaster, a general overview was given. Prior to this some cases of disasters and their implication were discussed. Consequently, the prevalence of adverse psychological effects following Disaster was highlighted and explained as well the various factors affecting vulnerability to adverse psychological effects of disaster.

6.0 TUTOR-MARKED ASSIGNMENT

Several factors may increase the risk of adverse psychological consequences of disaster. Discuss.

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UNIT 2 THE STAGES OF PSYCHOLOGICAL RESPONSE TO DISASTERS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 The Stages of Psychological Response to Disasters
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

It is customary to conceptualize the aftermath of disaster in terms of a series of stages or phases, each of which has its own characteristics. The phases, we hasten to say, are not rigid. There is much variation at each stage and the stages overlap.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- the various stages in psychosocial response to disasters
- discuss community and social impacts of disasters.

3.0 MAIN CONTENT

3.1 The Stages of Psychological Response to Disasters

1. The “Rescue” Stage

In the first hours or days after the disaster, most relief activity is focused on rescuing victims and seeking to stabilize the situation. Victims must be housed, clothed, given medical attention, provided with food and water. During the rescue stage, various types of emotional response may be seen. Victims may shift from one kind of response to another or may not show a “typical” response of any evident response at all.

- **Psychic “Numbing”:** Victims may seem stunned, dazed, confused, and apathetic. Superficial calmness is followed by denial or attempts to isolate themselves. Victims may report feelings of unreality: “This is not happening.” They may respond to helpers in a passive, docile way, or may be rebellious and

antagonistic as they try to regain a sense of personal control. There may be an automaton-like carrying on of daily activities. This response pattern is usually transient and may be followed by (or preceded by) heightened arousal (see below).

- **Heightened Arousal:** Victims may experience intense feelings of fear, accompanied by physiological arousal: heart pounding, muscle tension, muscular pains, and gastrointestinal disturbances. They may engage in excessive activity and may express a variety of rational or irrational fears. This response pattern is likely to be transient and may be followed by (or preceded by) psychic numbing (see above).
- **Diffuse Anxiety:** Victims may show diffuse signs of anxiety: an exaggerated startle response, inability to relax, inability to make decisions. They may express feelings of abandonment, anxiety about separation from loved ones, a loss of a sense of safety, and yearning for relief.
- **Survivor Guilt:** Victims may blame themselves or feel shame at having survived, when others did not. There may be a pre-occupation with thoughts about the disaster and rumination over their own activities: Could they have acted differently? They may feel responsible for the unfortunate fate of others.
- **Conflicts over Nurturance:** Victims may be dependent on others, yet suspicious, and may feel no one can understand what they have been through. Some victims may feel a need to distance themselves emotionally from others and to keep a “stiff upper lip;” they may be irritable in the face of sympathy. Others may feel a strong desire to be with others at all times.
- **Ambivalence:** Some victims may show ambivalence about learning what happened to their families or possessions.
- **Affective and Cognitive Instability:** Some victims may show sudden anger and aggressiveness, or, conversely, apathy and lack of energy and ability to mobilize themselves. They may be forgetful or cry easily. Feelings of vulnerability and illusions about what happened are common.
- Occasionally, victims appear in an acutely confusional state. Hysterical reactions and psychotic symptoms such as delusions, hallucinations, disorganized speech, and grossly disorganized behaviour may also appear. These may be isolated and very short lived or may constitute a “Brief Reactive Psychosis.”

- Most victims act appropriately, to protect themselves and their loved ones. In most disasters, despite mythology to the contrary, victims show little panic and may engage in heroic or altruistic acts. Many of these behaviours have an adaptive quality. The behaviour of the majority of those affected by disaster, even when they seem abnormally intense or entirely unfamiliar, should be understood as normal reactions to abnormal or devastating conditions or events. They ensure short term survival and permit the victim to take in information at a controllable rate. But the symptoms themselves may be perceived by the victims as socially inappropriate, as a source of shame, guilt, and failure, as an evidence of inadequacy. Caregivers and rescue workers, in turn, may respond with irritation or withdrawal from the victims.

2. The “Inventory” Stage

Once the situation has been stabilized, attention turns to longer-term solutions. Heroic rescue efforts give way to bureaucratized forms of help. Over the next year or eighteen months, organized assistance from outside gradually diminishes and the reality of their losses dawn on victims. In the first weeks after the disaster, victims may go through a “honeymoon” phase, characterized by relief at being safe and optimism about the future. But in the weeks that follow, they must make a more realistic appraisal of the lasting consequences of the disaster. Disillusionment may set in. The effects of the “second disaster” are felt. During this phase, any of a wide variety of post-traumatic symptoms appears. Any of these symptoms may appear in isolation, but frequently victims show a number of these symptoms. Several distinct clusters of symptoms are common. Several of these - “Post Traumatic Stress Disorder,” “Generalized Anxiety Disorder,” “Abnormal Bereavement,” “Post Traumatic Depression” - deserve special attention. In addition, many patterns restricted to particular cultures may appear.

Post-traumatic Symptoms. The easily identified symptoms after a disaster are as follows:

- | | |
|-----|--|
| 1. | grief, mourning, depression, despair, hopelessness |
| 2. | anxiety, nervousness, being frightened easily, worrying |
| 3. | disorientation, confusion |
| 4. | rigidity and obsessiveness, or vacillation and ambivalence |
| 5. | feelings of helplessness and vulnerability |
| 6. | dependency, clinging; or, alternately, social withdrawal |
| 7. | suspiciousness, hypervigilance, fear of harm, paranoia |
| 8. | sleep disturbances: insomnia, bad dreams, nightmares |
| 9. | irritability, hostility, anger |
| 10. | moodiness, sudden outbursts of emotion |

11. restlessness
12. difficulties concentrating; memory loss
13. somatic complaints: headaches, gastrointestinal symptoms, sweats and chills, tremors, fatigue, hair loss, changes in menstrual cycle, loss of sexual desire, changes in hearing or vision, diffuse muscular pain
14. intrusive thoughts: flashbacks, feeling one is “re-living” the experience, often accompanied by anxiety
15. avoidance of thoughts about the disaster and avoidance of places, pictures, sounds reminding the victim of the disaster; avoidance of discussion about it
16. problems in interpersonal functioning; increased marital conflict
17. increased drug and alcohol use
18. cognitive complaints: difficulty concentrating, remembering; slowness of thinking;
19. difficulty making decisions and planning
20. feeling isolated, abandoned
21. “dissociative” experiences: feelings of being detached from one’s body or from one’s experiences, as if they are not happening to you; feeling things seem “unreal;” feeling as if one is “living in a dream”
22. feelings of ineffectiveness, shame, despair
23. self-destructive and impulsive behaviour
24. suicidal ideation or attempts
25. the “death imprint”: pre-occupation with images of death

Post Traumatic Stress Disorder: The characteristic symptoms of Post Traumatic Stress Disorder include:

- (a) **Persistent re-experiencing of the traumatic event:** recurrent and intrusive recollections of the events of the disaster; recurrent distressing dreams in which the disaster is replayed; intense psychological distress or physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event; or experiences in which the victim acts or feels as if the event is actually re-occurring. In children, repetitive play in which themes or aspects of the trauma are expressed may occur; trauma-specific re-enactments of the events may take place, and there may be frightening dreams without recognizable content.
- (b) **Persistent avoidance of stimuli associated with the trauma and continued numbing of general responsiveness:** efforts to avoid thoughts or feelings or conversations about the disaster;

efforts to avoid activities, places, or people that remind the victim of the trauma; inability to recall important parts of the disaster experience; markedly diminished interest or participation in significant activities; feelings of detachment or estrangement from others; restricted range of affect; or a sense of a foreshortened future, without expectations of a normal life span or life.

- (c) **Persistent symptoms of increased arousal:** difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hypervigilance; exaggerated startle response.

This general cluster of symptoms has been reported in every part of the world. In less industrialized parts of the world and among people coming from these areas, the avoidance and numbing symptoms have been reported to be less common and dissociative and trance-like states, in which components of the event are relived and the person behaves as though experiencing the events at that moment, may be more common.

Generalized Anxiety Disorder: The characteristic symptoms of Generalized Anxiety

Disorder includes the following:

- (a) Persistent and excessive anxiety and worry about a variety of events or activities (not exclusively about the disaster and its consequences).
- (b) The person finds it difficult to control the worry and the worry is far out of proportion to reality. It interferes with attention to tasks at hand.
- (c) The anxiety and worry are associated with symptoms such as restlessness or feeling on edge; being easily fatigued; difficulty concentrating or the mind going blank; irritability; muscle tension; and difficulty falling asleep or staying asleep.

Although individuals with Generalized Anxiety Disorder may not always identify their worries as “excessive,” they report subjective distress due to their constant worry and it may affect them in social, occupational, marital, or other areas of function. Somatic symptoms (e.g., cold clammy hands, dry mouth, nausea or diarrhea, urinary frequency) and depressive symptoms are also commonly present.

There is considerable cultural variation in how anxiety is expressed. In some cultures, it may be expressed more through somatic symptoms, in

others through cognitive symptoms. Children may reveal their anxieties through concern about their competence. Examples may include excessive concerns about punctuality, over-zealousness in seeking approval, and a conforming, perfectionistic personal style.

Abnormal Bereavement: Normally, after the death of a loved one, a sequence of stages of bereavement is expected. Often the first response is disbelief and denial. Feelings of numbness may give respite and allow the realization to seep in slowly. Then, as we begin to realize the reality and significance of the loss, feeling of distress, yearning for the lost person, anger at the loss, and anxiety at one's ability to cope without them may appear. A period of mourning ensues, as we review our memories of the lost loved one, and then gradually reduce the psychological bonds and free ourselves for life without the departed person. All cultures have rituals that, however much they vary, seem intended to facilitate this process.

Trauma may interfere with the ability to go through this process normally, however. The victim's own injuries, the loss of social supports and familiar communities, survivor guilt, and the victim's own psychological trauma may interfere with both expected rituals and internal grieving processes. Memories of the deceased may trigger the victim's own memories of the disaster. Post-traumatic rumination may block the victim from confronting the memories and thoughts that are central to grieving.

Posttraumatic numbing may interfere with the victim's engaging in supportive social interactions. There may be other, practical obstacles to saying goodbye, as well. For instance, legal processes may delay funeral proceedings or concerns about the bereaved seeing the body of the deceased due to injuries it may have sustained in the disaster may lead to the bereaved not having the opportunity to view the body. Most studies have indicated that not seeing the body of the deceased may contribute to abnormal bereavement and that seeing the body, even when it is disfigured, is not inherently damaging. Few victims who have been allowed to see the remains and have accepted the offer regret doing so.

These psychological and practical obstacles to a "normal" response to the death of a loved one may contribute to a feeling of lack of closure or permit magical fantasies that the deceased person has not, in fact, died. Any of several abnormal bereavement syndromes may appear. (*Note: Different cultures vary widely with respect to what is "expected" after the death of a loved one. Among some peoples, open expression of emotion is frowned upon. Among others, public displays of emotion are expected and lack of overtly expressed emotion is suspect. In some*

cultures, people are expected to publicly grieve only briefly and then to return to normal activities. In others, a prolonged grieving period is expected. Evaluation of the significance of the following patterns depends on an awareness of what the cultural norms are in the particular culture).

- (a) **Inhibited Grief:** The bereaved exhibits a pattern characterized by psychic numbing, over-control and containment of emotions, little display of affect. They may be seen as “coping well,” yet this pattern is associated with later depression and anxiety.
- (b) **Distorted Grief:** The bereaved shows intense anger and hostility which dominate over their sadness and guilt. This anger may be directed at anyone the bereaved associates with the deceased’s death. For instance, the bereaved may be hostile to workers.
- (c) **Chronic Grief:** The feelings of sadness and loss do not dissipate. Frequent crying, pre-occupation with the loss are unremitting.
- (d) **Depression:** The bereaved lapses into depression, with prolonged grief, despair, and a sense that life is not worth continuing. Sleep and appetite disturbances may appear. The bereaved may have active fantasies of being reunited with the deceased and suicidal ideation or attempts may occur.
- (e) **Excessive Guilt:** The bereaved may show excessive self-recrimination and guilty pre-occupations, which eclipse their sadness. Self destructive, yet not overtly suicidal behaviours, such as frequent accidents or excessive drinking may occur.

Post Traumatic Depression: Protracted depression is one of the most common findings in studies of acutely or chronically traumatized people. It often occurs in combination with Post Traumatic Stress Disorder. Trauma can produce or exacerbate already existing depression. Common symptoms of depression include sadness, slowness of movement, insomnia (or hypersomnia), fatigue or loss of energy, diminished appetite (or excessive appetite), difficulties with concentration, apathy and feelings of helplessness, anhedonia (markedly diminished interest or pleasure in life activities), social withdrawal, guilty ruminations, feelings of hopelessness, abandonment, and irrevocable life change, preoccupations with loss, and irritability. In some cases, the person may deny being sad or may complain, instead, of feeling “blah” or having “no feelings.” Some individuals report somatic complaints, including widespread aches and pains, rather than sadness. Suicidal ideation or attempts may appear. With children, somatic complaints, irritability, social withdrawal are particularly common. In

some cultures, depression may be experienced largely in somatic terms, rather than in the form of sadness or guilt. Complaints of “nerves”, headaches, generalized chronic pain, weakness, tiredness, “imbalance,” problems of the “heart,” feelings of “heat,” or concerns about being hexed or bewitched may appear.

Culture-specific Disorders: The boundaries between anxiety, depression, dissociation, and emotional disorders that have predominantly somatic symptoms are very porous.

Victims often have symptoms running across these categories. In many societies and cultural groups, traditional patterns of expression of emotional distress take the form of combinations of symptoms that have no exact equivalent in standard international categories of mental illness. The intermediate term response to disaster may take the form of one of these “culture-specific disorders.” These may include, for example, *susto* and *ataques de nervios* (Latin America and the Caribbean), *amok* (the South Pacific), *dhat* (India), *latah* (Southeast Asia and the South Pacific), and *khoucheraug* (Cambodia)². In many parts of the world, the conventional idiom for expressing emotion may be somatic (e.g., chronic fatigue, generalized aches and pains, gastrointestinal disturbances, feelings of “heat”) or fears of somatic illness (such as hypochondriasis, fears of infection). In some cultural groups, the distress of a disaster may also take the form of a “trance disorder.” A “trance” is a temporary, marked alteration in the state of consciousness or a loss of the customary sense of personal identity, associated with either stereotyped behaviours or movements that are experienced as beyond one’s control or by a narrowing of awareness of one’s immediate surroundings.

3. The “Reconstruction” stage

²*Susto* is prevalent among some Latinos in the United States and among people in Mexico, Central America, and South America. Typical symptoms include appetite disturbances, inadequate or excessive sleep, troubled sleep or dreams, feelings of sadness, lack of motivation, feelings of low self-worth, and somatic symptoms. *Ataques de nervios* is recognized among many Latin American, Latin Mediterranean, and Caribbean Latinos. Commonly reported symptoms include uncontrollable shouting, attacks of crying, trembling, heat in the chest rising into the head, verbal and physical aggression, a sense of being out of control, and sometimes dissociative experiences, seizure-like or fainting episodes, and suicidal gestures. *Amok* is recognized in Malaysia and, under varying names, in the Philippines, Puerto Rico, and elsewhere. It is described as a dissociative episode characterized by a period of brooding followed by an outburst of violent, aggressive, or homicidal behaviour directed at people and objects, ending with exhaustion. *Dhat* is a term used in India to describe a syndrome of severe anxiety, headaches and body aches, loss of appetite, hypochondriacal concerns associated with the discharge of semen, and feelings of weakness and exhaustion. *Latah*, found under various names in the South Pacific and Southeast Asia, involves hypersensitivity to sudden fright, often with an apparently senseless and automatic repetition of the words or actions of others and dissociative or trance-like behavior. *Khoucheraug*, found in Cambodia, includes excessive worry and rumination over past events.

A year or more after the disaster, the focus shifts again. A new, stable pattern of life may have emerged. In any event, the distinction between disaster relief and the larger pattern of national social and economic development begins to diminish and eventually disappears. During this phase, although many victims may have recovered on their own, a substantial number continue to show symptoms much like those of the preceding (“inventory”) stage. A significant number who were not symptomatic earlier may now exhibit serious symptoms of anxiety and depression, as the reality and permanence of their losses becomes evident. The risk of suicide may actually increase at this time. Other characteristic late-appearing symptoms include chronic fatigue, chronic gastrointestinal symptoms, inability to work, loss of interest in daily activities, and difficulty thinking clearly. The notion of “post traumatic stress disorder” described earlier derives mainly from observations of the symptoms of survivors of relatively circumscribed traumatic events. A number of studies suggest that more complex syndromes may appear in survivors of prolonged, repeated, intense trauma, such as those who have been held hostage, who have been repeatedly tortured or exposed to chronic personal physical or sexual abuse, who have been interned in a concentration camp, or who have lived for months or years in a society in a chronic state of civil war.

Among victims of such disasters, a “survivor syndrome” may appear. People showing this syndrome have been described as walking through life “without a spark.” Chronic depression, anxiety, and survivor guilt appear, or, alternately, chronic aggression and an “addiction to hate.” Social withdrawal, sleep disturbances, somatic complaints, chronic fatigue, emotional lability, loss of initiative, and general social, personal, and sexual mal-adaptation are present. The “joy of life” is gone, replaced by a “pervasive pattern of sluggish despair.” Relationships with spouses and children are disturbed, often creating significant disturbances in later generations.

Other victims of prolonged or repeated and severe traumas have been described as exhibiting “complex post-traumatic stress disorder.” Symptoms of “complex posttraumatic stress disorder” include:

- a Difficulties in regulating affect (e.g., persistent depression, suicidal preoccupation, self-injury, explosive anger)
- b Alternations in self perception (e.g., shame, guilt, sense of defilement, a sense of difference from others or helplessness)
- c Alterations in consciousness (e.g., amnesia, transient dissociative states, intrusive thoughts, ruminative preoccupations)

- d Difficulties in relations with others (e.g., isolation, disruption in intimate relationships, persistent distrust)
- e Disruptions in systems of meaning (e.g., loss of faith, a sense of hopelessness and despair)
- f Alterations in perceptions of the perpetrator of the atrocities (e.g., a preoccupation with revenge, unrealistic attributions of total power to the perpetrator, or, paradoxically, gratitude toward the perpetrator).

SELF ASSESSMENT EXERCISE

1. Identify some culturally specific Post-traumatic Symptoms you know.
2. Secondly, categorise them into different stages based on occurrence.

4.0 CONCLUSION

There are various terminologies given to conditions of human behaviour related to the aftermath of a major disaster, which in one way or the other brings about setbacks which are sometimes permanent or temporary. Apart from knowing these conditions it is important as students also to know the various approaches needed in providing solutions at different stages in the life of survivors.

5.0 SUMMARY

This study aims to provide basic knowledge about the basics and characteristic features of psychosocial traumatization during rescue stage in disaster management, various types of emotional response after disaster among survivors. Issues relating to cultural specific trauma or disorders were highlighted and discussed with relevant examples. The nature of individual reactions to post traumatic and generalised anxiety disorders as well as some culturally frowned reactions was examined.

6.0 TUTOR-MARKED ASSIGNMENT

What is the relevance of psychological response to disasters?

7.0 REFERENCES/FURTHER READING

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UNIT 3 COMMUNITY AND SOCIAL IMPACTS OF DISASTERS

CONTENTS

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COMMUNITY AND SOCIAL IMPACTS OF DISASTERS

1.0 INTRODUCTION

Disaster as an event takes different shapes and affects individuals differently. The effect is commonly based on age, gender and physical and mental well being of individuals prior to and after a disaster. For instance a lot of children, women, elderly, and the physically challenged are found to be more vulnerable to disaster than others (male, able-bodied and adult). Responses by individuals also has been discovered as well as the various manifestation of symptoms to disasters.

2.0 OBJECTIVES

The main objective of this unit is for students to be able to:

Identify some community and social impact disasters create
Other objectives are to:

Examine the various impact on different social groups and

As well as other cross cultural issues.

3.0 MAIN CONTENT

3.1 Community and Social Impacts of Disasters

Disasters directly affect their individual victims. But beyond that disasters create tears in the tissue of social life. Sometimes this is direct and total, as when, as a result of disaster, people are forced to leave their land and migrate elsewhere. In other cases, the rapid influx of helpers,

the presence of government officials, press, and other outsiders (including mere curiosity seekers), the flood of poor people from outside the disaster area into a disaster area seeking their own share of the food and other supplies relief agencies are providing to disaster victims, combine to further disrupt the community. Even when the formal structure of a community is maintained, the disaster can disrupt the bonds holding people together, in families, communities, work groups, and whole societies. When those bonds are destroyed, the individuals comprising the affected groups lose friends, neighbours, a community, a social identity. These collective effects of disaster may ultimately be as devastating as the individual effects. The consequences of disaster for families, neighbourhoods, communities, and societies are many:

Family dynamics may be altered. Disaster-produced deaths or disabilities, family separations, and dependency on aid givers may undercut the authority of the traditional breadwinners, supplant traditional activities in the home, and force people out of traditional roles or into new ones. Symptoms of individual family members affect their interactions with other family members. The intimate penetration of a community by outsiders may upset or challenge traditional child rearing practices and traditional patterns of male-female relationships. In the wake of disaster, marital conflict and distress rises; increases in the divorce rate in the months following disasters may occur. Parent child conflicts also increase. Increases in intra-family violence (child abuse, spouse abuse) have been reported. Disasters may physically destroy important community institutions, such as schools and churches, or may disrupt their functioning due to the direct effects of the disaster on people responsible for these institutions, such as teachers or priests. Traditional patterns of authority are disrupted along with customary social controls on individual behaviour. Several studies have shown an increase in the rates of community violence, aggression, drug and alcohol abuse, and rate of legal convictions in the wake of disaster.

Disasters disrupt the ability of communities to carry out customary or traditional activities central to people's individual, community, and social identity, ranging from work and recreational activities to accustomed rituals. Some of these disruptions are temporary, but others are hard to reverse. For example, a flood may permanently damage farm land, making a return to traditional farming untenable, or an oil spill off the coast may permanently alter traditional fishing grounds. With people forced away from their homes and land for shorter or longer periods and with personal and community records lost due to a disaster, opportunities appear for looting. This may be limited to personal possessions or may lead to permanent loss of tools, animals, and land. The community, whose members can no longer farm their traditional land, carry out traditional craft production activities, or hunt or fish in

traditional ways is disrupted and its sense of identity attacked. Disasters place a strain on traditional community social roles, patterns of social status, and leadership. Police, local housing agencies, local health facilities are overwhelmed and face a new task of integrating their work with that of volunteers, often from outside the community. There may be anger at inequities in the distribution of post-disaster aid.

These inequities may exacerbate the gap between the rich and the poor. Outside aid agencies may threaten the traditional roles of local agencies and institutions. Outside experts may pose a threat to local professionals. In the wake of disaster, new leaders may emerge in a community, due to the role of these people in responding to the disaster. Conflicts between these new leaders and traditional community leaders may appear. Outside assistance may be necessary in the wake of a disaster, but it can also promote a sense of community dependency. Insofar as the necessities of life are supplied from outside, incentives to resume traditional work activities are reduced. This is not just a matter of psychological “dependency.” Provision of food and other supplies may compete with local production, disrupting traditional pricing and wages and damaging attempts to recreate the old productive patterns. Added to this, the disaster itself may have destroyed the tools, workshops, animals, or other necessities of production. Disaster may lead, directly or indirectly, to permanent changes in productive patterns, especially patterns of land ownership and use. Shifts from subsistence agriculture to wage labour, land looting, migration and uprooting and resettlement play a role.

Schisms may appear in a community, as cohesion is lost. One danger is that of scapegoating, either of individuals or using traditional divisions in the community (e.g., along religious or ethnic lines). In communities with a history of past disaster, whether naturally caused or manmade, the trauma produced by a new disaster may re-arouse old feelings. Memories of genocide, civil war, social oppression, or racial or ethnic division and of the feelings they produced, and feelings of marginalization and helplessness may be exacerbated. In some communities that have had to deal with repeated natural disasters such as flooding, on a more or less regular basis, disaster and the response to it may be integrated into community rituals and belief systems, as well as into community structure and people may ascribe cultural meaning to disasters. Communities may have traditional rituals for dealing with the effects of disaster. Not only the disaster, but outside intervention may interfere with these traditional rituals, responses, and attributions of meaning and may be experienced as an ambiguous blessing or even as a source of additional stress.

Disasters have impacts on individuals, families and communities. These are not distinct, separable effects. The devastating effects of disaster on the individuals making up a family or a community play a major role in creating the family and community effects. Even more important, social support systems play an extremely important role in protecting individuals from the impact of the disaster and from the impact of stress in general. Social disruption both reduces and interferes with the healing effects of the family and the community and is itself an enormous source of stress on the individuals who make up the family or community. Disruption of the family or community may be more psychologically devastating, both in the short run and especially in the long run, than the disaster itself.

SELF ASSESSMENT EXERCISE 1

Describe Some Community and Social Impacts of Disasters.

3.2 Effects of Disaster on Specific Groups

Disasters do not affect everyone in the same way. At an individual level, some may experience a disaster with few or no psychological consequences, while others will go through the same disaster and be emotionally devastated. Beyond individual variation, certain *categories* of people are especially vulnerable or vulnerable in specific ways. People's responses to emergencies are grounded in their on-going relationships with their community. Differences in power or access to power and different pre-disaster stressors and pre-disaster social roles affect how individuals experience a disaster. In general, those with the least power and resources are most exposed to the adverse effects of the disaster and its aftermath and have a harder time recovering from it. Pre-disaster high levels of stress, lack of resources, lack of information, lack of access to power, lack of access to transportation, lack of marketable skills, lack of literacy, all take their toll.

For example, structural changes in the world economy have adversely affected women in many societies, reducing their standard of living, undermining their household based security, and intensifying their load of paid and/or unpaid work. For the impoverished, uprooted peasants, urbanization may mean less substantial housing, relocation to more environmentally dangerous locales (e.g., flood plains, mudslide-prone hillsides), and exposure to toxic materials. Ethnic tensions, manageable before a disaster, may become the source of scapegoating and acute ethnic conflict in the wake of disaster. To the degree that inequality in the impact of disaster is rooted in the unresolved dilemmas of global political, economic, and social development, issues of social justice and

sustainable development can be understood as disaster preparedness and response issues.

In this unit, we focus on practical issues specific to each of several groups – their health care needs, legal rights, compensation issues, employment and self employment issues, and the like, as well as psychological issues. This discussion should not be understood in too rigid a fashion. Not everyone in a given category has the experiences described, and an individual may fall into more than one group (e.g., be female *and* aged). They are intended to alert the reader to some issues that *may* apply. Goals, experience, and needs must be assessed on an individual basis.

CHILDREN

Two myths are potential barriers to recognizing children's responses to disaster and must be rejected: (1) that children are innately resilient and will recover rapidly, even from severe trauma; and (2) that children, especially young children, are not affected by disaster unless they are disturbed by their parents' responses. Both of these beliefs are false. A wealth of evidence indicates that children experience the effects of disaster doubly. Even very young children are directly affected by experiences of death, destruction, terror, personal physical assault, and by experiencing the absence or powerlessness of their parents. They are also indirectly affected through identification with the effects of the disaster on their parents and other trusted adults (such as teachers) and by their parents' reactions to the disaster.

Another barrier to recognizing children's responses to disaster is the tendency of parents to misinterpret their children's reactions. To parents who are already under stress, a child's withdrawal, regression, or misconduct may be understood as wilful. Or, parents may not wish to be reminded of their own trauma or, seeking some small evidences that their life is again back in control, may have a need to see everything as "all right." In either case, they may ignore or deny evidence of their children's distress. The child, in turn, may feel ignored, not validated, not nurtured. This may have long term consequences for the child's development. In the short run, feeling insecure, the child may inhibit expression of his or her own feelings, lest he or she distress and drive away the parents even more.

Most children respond sensibly and appropriately to disaster, especially if they experience the protection, support, and stability of their parents and other trusted adults. However, like adults, they may respond to disaster with a wide range of symptoms. Their responses are generally

similar to those of adults, although they may appear in more direct, less disguised form.

Among pre-school children (ages 1-5), anxiety symptoms may appear in generalized form as fears about separation, fears of strangers, fears of “monsters” or animals, or sleep disturbances. The child may also avoid specific situations or environments, which may or may not have obvious links to the disaster. The child may appear pre-occupied with words or symbols that may or may not be associated with the disaster in obvious ways or may engage in compulsively repetitive play which represents part of the disaster experience. The child may show a limited expression of emotion or a constricted pattern of play may appear. He or she may withdraw socially or may lose previously acquired developmental skills (e.g., toilet training).

Older children (ages 6-11 or so) may engage in repetitious play in which the child re-enacts parts of the disaster or in repeated retelling of the story of the disaster. The child may express (openly or subtly) concern about safety and preoccupation with danger. Sleep disturbances, irritability, or aggressive behaviour and angry outbursts may appear. The child may pay close attention to his or her parents’ worries or seem to worry excessively about family members and friends. School avoidance (possibly in the form of somatic symptoms) may appear. The child may show separation anxiety with primary caretakers, “magical” explanations to fill in gaps in understanding, and other behaviours usually characteristic of much younger children. Other changes in behaviour, mood, and personality, obvious anxiety and fearfulness, withdrawal, loss of interest in activities, and “spacey” or distractible behaviour may appear.

As children approach adolescence, their responses become increasingly like adult responses. Greater levels of aggressive behaviours, defiance of parents, delinquency, substance abuse, and risk-taking behaviours may be evident. School performance may decline. Wishes for revenge may be expressed. Adolescents are especially unlikely to seek out counselling. Children of all ages are strongly affected by the responses of their parents or other caretakers to disaster. Children are especially vulnerable to feeling abandoned when they are separated from or lose their parents. “Protecting” children by sending them away from the scene of the disaster, thus separating them from their loved ones, adds the trauma of separation to the trauma of disaster.

Symptoms Shown by School-Aged Children

- depression
- withdrawal
- generalized fear, including nightmares, highly specific phobias of stimuli associated with the disaster
- defiance
- aggressiveness, “acting out”
- resentfulness, suspiciousness, irritability
- disorganized, “agitated” behavior
- somatic complaints: headaches, gastrointestinal disturbances, general aches and pains. These may be revealed by a pattern of repeated school absences.
- difficulties with concentration
- intrusive memories and thoughts and sensations, which may be especially likely to appear when the child is bored or at rest or when falling asleep
- repetitive dreams
- loss of a sense of control and of responsibility
- loss of a sense of a future
- loss of a sense of individuality and identity
- loss of a sense of reasonable expectations with respect to interpersonal interactions
- loss of a realistic sense of when he or she is vulnerable or in danger
- feelings of shame
- ritual re-enactments of aspects of the disaster in play or drawing or story telling. In part, this can be understood as an attempt at mastery. Drawings may have images of trauma and bizarre expressions of unconscious imagery, with many elaborations and repetitions.
- Kinesthetic (bodily) re-enactments of aspects of the disaster; repetitive gestures or responses to stress reenacting those of the disaster
- omen formation: the child comes to believe that certain “signs” preceding the disaster were warnings and that he or she should be alert for future signs of disaster
- regression: bed wetting, soiling, clinging, heightened separation anxiety.
- Post Traumatic Stress Disorder syndromes much like those of adults, although possibly with less amnesia, avoidance, and numbing evident.

Ehrenreich, J. H. (2001). *Coping With Disasters. A Guidebook to Psychosocial Intervention*. <http://www.mhwwb.org>. Retrieved 10/09/2009

For an adult, although the effects of disaster may be profound and lasting, they take place in an already formed personality. For children, the effects are magnified by the fact that the child's personality is still developing. The child has to construct his or her identity within a framework of the psychological damage done by the disaster. When the symptoms produced by disaster are not treated, or when the disaster is ongoing, either because of the destruction wrought (e.g., by an earthquake) or because the source of trauma is itself chronic (e.g., war or relocation to a refugee camp), the consequences are even more grave.

The child grows up with fear and anxiety, with the experience of destruction or cruelty or violence, with separations from home and family. Childhood itself, with its normal play, love, and affection, is lost. Longer-term responses of children who have been chronically traumatized may include a defensive desensitization. They seem cold, insensitive, lacking in emotion in daily life. Violence may come to be seen as the norm, legitimate. A sense of a meaningful future is lost.

WOMEN

Women's roles and experiences create special vulnerability in the face of disaster. In poorer countries, women are more likely to die in disasters than men are. In richer countries, as well, women often show higher rates of post disaster psychological distress – depression, PTSD, and anxiety. Several aspects of women's experience of disaster may contribute to these results: Women are often assigned the role of family caregivers. As such, they must stay with and assist other family members. This may affect their willingness to leave their homes when a disaster (such as a storm) threatens. While their own threshold for leaving may actually be lower than men's, their actual willingness to go may depend on their being able to leave with their children. Women may be more isolated and home-bound, due to their traditional roles and occupations. As a result, they may have less access to information (both before a disaster and after). They may also be more vulnerable to the physical effects of a disaster on their house itself, both with respect to their physical safety and to the integrity of their work areas.

In the aftermath of disaster, women may face another threat: violence. This threat may take several forms. Within the immediate family, disaster may initially lead all members of the family to unite in their efforts to deal with the crisis. Over the course of weeks or months, however, the continued strain may be divisive. As family stress mounts, women may become more exposed to physical or emotional abuse from their spouse. Other women, who have previously fled their marriage to avoid beatings, may be inadvertently re-exposed to their abusers (e.g., in shelters). Women may also be exposed to rape and other forms of violence in shelters or refugee camps. In war situations, women and girls may be specifically targeted.

Post-disaster, women often get less assistance. Their husband, as "head" of the household, often becomes the conduit for assistance to the family, which may or may not be equitably shared within the family. In some instances of food shortage, women have been given the lowest priority for getting a portion of what food is available. Discrimination with respect to food and medical attention in shelters has also been a problem in some instances. Health care facilities in shelters and refugee camps

often do not attend to women's needs with regard to reproductive health, and providing for relief of other sources of strain on women, such as responsibilities for childcare, often get a low priority. In the aftermath of disaster, women who have been widowed by the disaster may find it harder to remarry than men. Lacking skills that are saleable in the paid job market, they may be left destitute. Alternately, husbands may leave the disaster community, seeking paid work elsewhere, leaving their wives more dependent on outside assistance and more isolated. The experience of women in disaster, it should be emphasized, can create opportunities for women, as well. Women may have better social networks and hence, more social support than men. They may emerge as the leaders of grass-roots level organizations. They may be able to use disaster aid to develop skills and acquire tools and take on non-traditional roles. These changes are not without risk, however, since they may lead to intra-family conflict.

THE ELDERLY

Reports on the responses of the elderly to disaster are inconsistent. In some disasters, they seem no more vulnerable than younger people. In others, they appear more vulnerable. Despite the inconsistency in formal research studies, there are reasons to believe that the elderly are at increased risk for adverse emotional effects in the wake of disaster. They may live alone and lack help and other resources. Depression and other forms of distress among the elderly are readily overlooked, in part because they may not take on exactly the same symptom pattern as younger people. For instance, disorientation, memory loss, and distractibility may be signs of depression in the elderly. The elderly are also more vulnerable to being victimized. In the context of increased stress on the family and community, meeting their special needs may take on a lowered priority. One particular issue that may appear is feelings that they have lost their entire life (loss of children, homes, and memorabilia) and that, due to their age, there is not enough time left in their life to rebuild and recreate. The elderly are also more likely to be physically disabled (see below).

THE PHYSICALLY, MENTALLY, OR DEVELOPMENTALLY DISABLED

Although people who are physically disabled, mentally ill, or mentally retarded have distinct needs from one another, all three groups are at especially high risk in disasters. For those in each group, the normal patterns of care or assistance that they receive and their own normal adaptations to produce acceptable levels of functioning are disrupted by disasters. For instance, supplies of medication, assistive devices such as wheelchairs, familiar caretakers, and previously effective programs of

treatment may in turn, may exacerbate pre-existing mental illness. There may also be special needs with regard to housing or food. Those who were mentally ill or developmentally delayed may also have fewer or less adaptable coping resources available and less ability to mobilize help for themselves. The ongoing problems of the disabled may seem to the other victims of the disaster to be of only minor importance in comparison to their own acute and unaccustomed suffering. Their disabilities may even seem like an obstacle to dealing with the disaster itself. The disabled are especially vulnerable to marginalization, isolation, and to “secondary victimization.” They are at greater risk of post-disaster malnutrition, infectious disease (e.g., in a shelter situation), and of the effects of lack of adequate health care.

REFUGEES FROM WAR AND OTHER FORMS OF POLITICAL VIOLENCE

Most of the discussion in these units focuses on victims of “disasters” in the usual sense. The experience of refugees from war and political violence (and even from famine and other economic hardship) bears many similarities to the experience of the victims of natural disasters, however. Those who have been tortured or the victims of systematic violent political terrorization are especially vulnerable to adverse psychological effects (as well as lasting physical effects) from their experience.

Many of the comments in this section apply directly to refugees. In addition, even when “former” refugees have been “resettled” in host countries far from home, although they may no longer be physically separated out from others as identifiable “refugees,” they may continue to bear the emotional consequences of their history. When new disasters (earthquakes, hurricanes, etc.) hit, their previous experiences may complicate their responses. At any given time in the last decade, some fifteen million people were refugees. Another twenty million were “internally displaced persons,” refugees who have left their homes but have not crossed international boundaries.

Refugees have, typically, experienced personal terror or witnessed the physical abuse or death of loved ones. They have suffered the destruction of their homes and communities, the loss of their traditional livelihoods and of material possessions. They may have been forcibly detained or spent periods in concentration camps and may, prior to arrival in the refugee camp, have been tortured, raped, or otherwise physically abused. Their personal status, belief in themselves, trusts in others, and hopes for the future have been shattered. They feel vulnerable and mistrustful. They have become dependent on others for the physical necessities of life. In refugee camps, they may experience

poor housing, disruption of personal networks, lack of medical care, and interruption of their children's schooling, uncertainty regarding their rights and legal status and future. The refugee camp itself is likely to be a source of ongoing stress, with overcrowding, lack of privacy, poor sanitation, long periods of inactivity, noise, disrupted sleep, and dangers of assault or rape.

Many of these experiences are especially problematic for women. Since they are often the ones responsible for preserving their home and their family, disruption of home and family may be especially distressing. As "little" a thing as not being able to cook for their family may be a source of stress. They may also suffer from changes in family relationships. If their husband is dead, missing, injured, traumatized, or separated from the family, the woman becomes the "head" of the family and must take on unfamiliar and traditionally male roles. This may confuse the children or lead to intra-family conflict. Alternately, an immature son may be forced to take on age-inappropriate roles. There may not be any socially accepted role for a female single parent or widow. The woman may find herself victimized by relatives. Lack of education or marketable skills may make reintegration into a new social environment especially difficult.

Another danger for women, while fleeing and in refugee camps and shelters is rape. Rape may be a source of shame, guilt, and denial of the woman's own needs. She may "escape" into illness or become socially isolated. In war settings, rape may take the form of mass or repeated rape. This may be a form of torture, aimed at extracting information from the woman or from her family, or it may be part of a systematic program of terrorization of a civilian population. Children, especially those who have been separated from their families are also especially vulnerable. One unique group is children who have served as soldiers. In addition to being traumatized and brutalized by their experiences at a developmentally sensitive time in their lives, they are a stigmatized group, isolated from their former communities. For men and for women, being a "refugee" may prolong the trauma and prevents self-healing. The usual model of response to disaster assumes that once the disaster is "over," the victim is in a safe, peaceful, "post-traumatic" environment. For refugees, this is not true. They remain in a highly stressful, even repeatedly traumatic situation, and may have little prospect of escaping it.

Just as with other forms of trauma, responses may vary from person to person. A central theme that may emerge is *mistrust*. The experience of many refugees has been that their trust has been repeatedly and violently violated. They have been exposed to death, danger, and fear, often at the hands of neighbours or government officials. Initially, the refugee camp

may seem like a haven, but after several weeks, with no permanent refuge in sight, the refugee's hopes seem once again to have been betrayed. In this context, feelings of anger, betrayal, scepticism, and hostility are both common and normal. Refugees may express or enact distrust of camp officials, aid givers, mental health workers, and relatives back home. Scapegoating, ostracizing others in the refugee camp, victimization of individuals or ethnic minorities may also occur. Apparently "irrational" fears for personal safety may dominate behaviour. For instance, a visit to a medical facility may trigger memories of torture experiences. Other common responses seen among refugees are prolonged mourning, homesickness, prominent fears, dissociative disorders, and prominent somatic reactions, even several years after initial flight. In refugee camps, suicide attempts are relatively common (especially among rape victims). Domestic violence, physical and sexual abuse of women and children, apathy, hopelessness, sleep disturbances, and learning difficulties may be endemic. Being a refugee continuously distorts people's reactions. What was useful or adaptive before they became refugees (skills, beliefs, knowledge, relationships) is no longer so. This poses many problems for assessing the needs and responses of refugees. Is a child's violence, for instance, a response to traumatization? A means of assessing others in the context of the refugee camp? A pre-existing personality pattern?

RESCUE AND RELIEF WORKERS (AND JOURNALISTS, HUMAN RIGHTS WORKERS AND OTHER OBSERVERS)

Disaster workers, including both those involved in rescue efforts immediately following the disaster and those involved in longer term relief work, are at very high risk of adverse emotional effects. *Many of the same factors affecting direct rescue and relief workers affect human rights workers, officials of humanitarian organizations, reporters, and others who investigate disasters and their aftermaths.*

- a They may themselves be primary victims of the disaster, with the same burdens as other primary victims.
- b They are repeatedly exposed to grisly experiences (e.g., recovering bodies), the powerful emotions and harrowing tales of victims.
- c Their tasks may be physically difficult, exhausting, or dangerous.
- d The demands of their tasks may lead to lack of sleep and chronic fatigue.
- e They face a variety of role stresses, including a perceived inability to ever do "enough." Even if the limits of what they can

do are imposed by reality or by organizational or bureaucratic constraints beyond their control (e.g., lack of supplies, lack of manpower), they may blame themselves.

- f They may feel guilt over access to food, shelter, and other resources that the primary victims do not have.
- g They may identify with the victims.
- h They may feel guilt over the need to “triage” their own efforts and those of others or may blame themselves when rescue efforts have failed.
- i They are exposed to the anger and apparent lack of gratitude of some victims. In addition to post traumatic responses much like those of the primary victims of the disaster, rescue and relief workers may evidence anger, rage, and despair, feelings of powerlessness, guilt, terror, or longing for a safe haven. These feelings may be distressing and may make the worker feel that there is something wrong with them.

Their sense of humour may wear thin, or they may use “black humour” as a way of coping. Toleration for others’ failings is reduced and the anger of other relief workers or victims may feel like a personal attack. Belief in God or other religious beliefs may be threatened by a feeling of “How could God let this happen?” After a prolonged period of time on the job, evidence of “burn-out” may appear. Professional rescue workers, such as policemen and firemen, have some unique sources of vulnerability. Their professional identity may depend on a self-image of themselves as strong and resilient. Allowing themselves to “feel” their emotions about the situations to which they are exposed may challenge their self respect or make them feel like they are letting down co-workers or make them feel they are risking the ridicule of other workers. In addition, professional rescue workers may have been exposed to many previous traumatic situations. The new experiences may activate unresolved feelings from past traumatic events.

Symptoms of “Burnout” Among Relief Workers

- Excessive tiredness
- “Loss of spirit”
- Inability to concentrate
- Somatic symptoms (e.g., headaches, gastrointestinal disturbances)
- Sleep difficulties
- Grandiose beliefs about own importance (E.g., engaging in heroic but reckless behaviors, ostensibly in the interests of helping others; neglecting own safety and physical needs (e.g., showing a “macho” style of not needing sleep, not needing breaks)
- Cynicism
- Inefficiency
- Mistrust of co-workers or supervisors
- Excessive alcohol use, caffeine consumption, and smoking

Ehrenreich, J. H. (2001). *Coping With Disasters. A Guidebook to Psychosocial Intervention.* <http://www.mhwwb.org>. Retrieved 10/09/2009

Those providing mental health services to disaster victims and to relief workers and those investigating disasters (e.g., journalists, human rights workers, officials of humanitarian organizations doing “needs assessments”) also face special stresses. Their central role is as *witness* to the sufferings of others. They may identify with their clients and share their emotions. “Vicarious traumatization” is not uncommon. In contexts of continuing conflict (e.g., civil conflict, political repression, war refugee camps), health care workers of all sorts are themselves increasingly targets of violence. Contact with survivors and providing advice and support to the local population may be seen as a threat to the state, to one or the other side in the conflict, or to powerful forces in the refugee camp. They may face harassment, arrest, detention, or assault. In some situations, they can not evoke the law for their own protection, because the police or the army are “part of the problem.” The result may be a heightened sense of powerlessness, anger, fear and anxiety, and a pre-occupation with clients’ safety and one’s own safety. There may be feelings of betrayal and loss, of vulnerability, of loss in a belief in an orderly or just world.

Disaster workers of all kinds face additional stress when they complete their tasks and return home, to their “regular” life. Their experience has diverged in a variety of ways from the experiences of their families and in the absence of preparation of workers and their families, a variety of marital and parent-child conflicts and stresses may appear. Distressing or problematic emotional responses are extremely common among relief workers. For example, in one air crash, more than eighty per cent of the rescue workers who had to deal with the bodies of victims showed some post traumatic symptoms, more than half moderately severe symptoms.

Almost two years after the crash, a fifth of the rescue workers were still symptomatic.

Rescue and relief workers are rarely prepared ahead of time either for their own reactions or to deal with the reactions of primary victims. Providing psychosocial assistance to these workers and providing them with adequate shelter, food, and rest, even when these are not available to the victims themselves, is a very high priority in disasters. It may seem unfair, but if the rescue and relief workers are unable to function efficiently, they can not help any one else.

SELF ASSESSMENT EXERCISE 2

What are the major problems a relief/rescue worker may face in the course of discharging his/her duties?

What are the major problems an individual may face in a refugee camp?

4.0 CONCLUSION

The physical and mental effect of disaster cannot be overemphasised in relation to the adverse physical and mental effect; this therefore has clarified the doubt that various individuals in society are also affected if not effected differently. Disasters effect varies from one individual to another. Specifically the impact of disasters on children and women in any society as shown by various evidences and statistics outweigh that of adult and men. This is also evident among the physically challenged and the elderly, as against able-bodied and youthful population. These among other discussions in previous and subsequent units are important in the study of disaster, emergency and management options.

5.0 SUMMARY

This unit examines the Community and Social Impacts of Disasters. Relating to these are issues surrounding the direct and indirect effect of disasters on individual victims, displacement of lives and properties migration and resettlement problems and inherent lost familial bond and inequality. The second part of this unit specifically dealt with the effects of disaster on specific groups, the most vulnerable as reflected by children, women, the elderly and physically challenged persons. Other categories of less vulnerable were identified: men and adult population. Lastly among others some assumptions about responses to disasters by children were also discussed and symptoms identified.

6.0 TUTOR-MARKED ASSIGNMENT

1. Some individuals in society have been categorised as more vulnerable than others. Identify and discuss some of the reasons behind this statement.
2. List and explain six likely post-disaster symptoms experienced by school-aged children.

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UNIT 4 ASSESSING THE PSYCHOLOGICAL IMPACT OF DISASTERS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Assessing the psychological impact of Disasters
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

The importance of knowing various responses to be netted out in any disaster situation goes a long way. In disaster situation, there is usually a wide range of feelings during and after such a disaster, be it large scale or small scale disasters, which are often categorized under physiological and psychological needs. This section will explain some of these needs and other cross cultural issues as we proceed

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- cross cultural issues in disaster management
- issues in the assessment of disasters.

3.0 MAIN CONTENT

3.1 Assessing the Psychological Impact of Disasters

In the wake of large scale disasters (e.g., hurricanes, earthquakes, refugee crises), identifying which individuals are most at risk of becoming or remaining symptomatic is a high priority. Inquiries may also be undertaken to determine exactly what happened (e.g., to help prevent repetition of the disaster or to identify deficiencies in the relief efforts or, in some situations, to reveal human rights violations). Individuals affected by a disaster exhibit a wide range of reactions. Some may require support or other services immediately and urgently, others only after a delay, and still others not at all. Some victims may experience initial relief at being safe; some refugees may go through a several-week-long or several-month-long “honeymoon.” If people are assessed too early and found not to be in need of services, it is easy to

miss these later reactions. Follow-up several days, weeks, or months later may identify people in need who were initially passed by. For the most part, victims and relief workers are unlikely to seek out assistance on their own. Do not assume that, because a person has not sought out assistance, they do not need assistance. Several approaches to identifying those in need of services may be used:

- a. **By category:** Certain groups are especially vulnerable. These include relief workers, victims who have had a family member die in the disaster, victims who were trapped or entombed in the course of the disaster, victims who were severely injured in the disaster (*including those still in hospitals*) or who continue to experience pain or physical disability, children aged five to ten, mothers of young children, and victims with a prior history of poor adaptation at work or at school or of poor coping in previous periods of high stress.
- b. **By specific behaviour patterns:** Those who engage in maladaptive behaviours, such as children who stay out of school after the disaster or adults who absent themselves from work or who fail to “bounce back” may be signalling difficulty. Similarly, after the first few days following the disaster, those presenting with vague “medical” problems such as sleep disturbances, excessive fatigue, diffuse pain, unexplainable headaches or gastrointestinal symptoms may be evidencing psychological distress. Those expressing suicidal thoughts or making suicide attempts or other attempts at self-harm are a high priority. Victims who describe persistent re-experiencing of the trauma, especially if they report that they feel as if they are re-living it, or who persistently avoid sights, sounds, or locations associated with the disaster, or who show marked restlessness, irritability, or hyper-vigilance, or who present the appearance of “being in a fog,” more than a day or two after the disaster, are also at risk for ongoing difficulties.
- c. **By use of screening instruments:** Symptom checklists can be distributed in schools, churches, workplaces, or shelters or refugee camps. The Symptom Report Questionnaire (SRQ) has been used in many countries and has proven successful in identifying adults and older adolescents in distress. *The SRQ, two forms of a Pediatric Symptom Checklist designed for use with children, and a questionnaire aimed at detecting signs of “burnout” among relief workers can be found in Appendix A.*
- d. **By case finding:** Outreach efforts, including distribution of leaflets, announcements on radio and television, articles in

newspapers, public lectures, posters in the offices or headquarters of the relief effort may stimulate self-referrals. Teachers, religious leaders, medical workers, workplace supervisors, and other local residents who may have contact with substantial numbers of victims should be enlisted to help identify those in distress.

Some Diagnostic Issues

- Recall that there are many reactions to trauma, including anxiety, depression, somatic reactions, and culturally specific responses. Do not over-focus on whether people meet specific diagnostic categories such as Post Traumatic Stress Disorder.
- Distinguish intense but understandable responses to concrete situations from pathological responses. Intense grief should be distinguished from depression. Aches and pains resulting from injury should be distinguished from somatic symptoms expressing anxiety and depression. “Paranoia” due to loss of familiar cultural cues, miscommunications, ambiguities in personal interactions, real or fancied discrimination (among those from groups that have historically been discriminated against), or as a consequence of torture should be distinguished from psychosis. Even psychotic symptoms (hallucinations and delusions) may be a brief reactive response to trauma, which will resolve fairly quickly with support, or it may be part of a longer term pattern. Obtaining a history from the victim or their family - - when the symptoms first appeared, when they worsened and when they lessened, etc. -- is the best guide.
- Be aware that some people may minimize their suffering, recent or past, due to fear that their story will not be believed or fear that letting their suffering be known will stigmatize them or will lead to other adverse consequences. The stigmatization of victims of rape represents a common situation in which a victim’s experience may be presented in disguised form (e.g., concern with physical symptoms) or not reported.
- Note that there are many different ways of coping with trauma. Some of these ways may be adaptive. E.g.,
- Fatalism; belief in fate or “karma;” belief it was “God’s will” or “It was meant to be”

- Beliefs that catastrophe and suffering are a normal part of life and should be examined for their meaning (e.g., “bad precedes good” or “It is God’s way of testing me.”)
- Use of family, community, church support
- Focusing on new dreams or priorities or a sense of mission
- Hard work (learning new skills, acquiring a new language; helping others; working hard) as a source of renewed self worth. Distinguish this from an flight into intense, unsustainable, and sometimes pointless activity.
- Exerting self-control
- Other coping mechanisms are less adaptive and may indicate a need for intervention. For instance,
- Expressing stress in somatic form
- Denial and silence
- Avoidance
- Projection; blaming; scapegoating
- Helplessness and dependency
- Dissociation, numbness

Distinguish an absence of marked distress that is the result of good coping from that which reflects numbing, avoidance, denial, or other less adaptive forms of coping. Absence of emotional responsivity may be one indicator of the latter.

- Psychological responses to trauma may be confused with physiological responses:
- Head injuries can cause brain damage. The victim of a brain injury may experience headaches, dizziness, memory loss, difficulty attending or concentrating, sudden outbreaks of crying or anger or laughing, difficulties with vision or hearing or movement, and may express worry that their mind is “broken.” Any of these may occur in the absence of brain injury, as well, but treatment needs of those with physical damage to their brain are quite different from those of people without such injury. Ask the victim and their family whether they experienced an injury to the head in the disaster (usually involving at least temporary loss of consciousness). Memory loss is a good, although not perfect, indicator, as well. Ask the victim whether people say they are forgetful, whether they have been having experiences such as leaving the stove on or forgetting things. Memory can be briefly tested by asking the victim to recall three words (e.g., “orange, necktie, 1983) immediately after hearing them and after a delay of three or four minutes. Most people have no trouble with this task.

- Other disaster related injuries may also cause apparent mental disturbances. These include metabolic disturbances due to burns, exposure to toxins, crushing injuries, infection, or nutritional deficiency. The victim's history before and in the disaster (obtained from the victim or from family) is the best guide.
- Pain may mask the reporting of psychological symptoms.
- Substance abuse may also mask or exacerbate emotional responses to trauma.

Assessment can harm those being assessed

For instance a victim of a disaster may perceive assessment as a further violation of their already tenuous sense of control over the traumatic experience. In the period immediately after the disaster, the environment may be chaotic and there may be immediate stressors and challenges to deal with. Subjects may seem fragile as they strive for control over the environment. Assessment may seem like a continuation of the traumatic experience or revive feelings. Even after a delay of days or weeks, evoking traumatic memories may lead to feelings of shame or embarrassment or may trigger emotional turmoil or may activate images of previous times in the victim's life when he or she has been victimized. It may activate defences, including denial and avoidance. It may be resisted by victims or may lead to avoidant or hostile responses directed at the counsellor or other inquirer.

- Pushing a victim to reveal what happened to them too fast or too insistently may exacerbate the victim's symptoms or even re-traumatize the victim. Let the client control the pace of the assessment. Ask gentle questions and listen. Let what the client needs to tell you take precedence over predetermined notions of what information must be gathered.
- Assure the victim that the assessment process is confidential and that the interviewer will not reveal anything about the interview without the victim's consent. To ensure confidentiality, interviews should be conducted in a safe, quiet, private place. If translators are used, the same assurance of confidentiality must be extended by the translator.
- Clarify to victims the reasons for the assessment or other inquiry and give the person assessed as much control as possible over the process. It may be helpful to start by explicitly noting that the assessment may be distressing. Invite the person being assessed to communicate if they are feeling distressed. Let them know that

they can stop the process at any time. Offer opportunities for respite during assessment. Warn that in the hours or days following the assessment, there may be an exacerbation of symptoms and that this is normal, part of how people resolve trauma.

Cross Cultural Issues

Usually, those providing disaster counselling in the wake of disasters are the victims' fellow countrymen and the counsellors are familiar with the language and culture of the victims. At times, however, counsellors from other countries are involved. (This may be the case in the wake of large-scale disasters in poorer countries). I have already noted that symptoms may be present in "culturally specific" ways (unit 3). In the context of assessment, this implies that counsellors must learn local symptom patterns and local idioms for expressing distressing or other negative feelings. They must also beware of (a) historical animosities between the national or cultural groups represented by client; and (b) potential misunderstandings of the roles to be expected of a helper (the counsellor) and the one being helped (the victim); and (c) potential misunderstandings of the relationship between individual and family. (With respect to assessment, in many "Western" cultures the family is important primarily as a source of ancillary information about the individual. In many other societies, however, a problem experienced by an individual is shared by all in his or her family. The unit of assessment may be the family rather than the individual). A few more specific examples of cultural variants:

- In some cultures, focusing on negative experiences may be seen as detrimental to your future well-being (in this life or in a future one).
- A traumatic event may be understood as due to one's own actions. The "victim" should endure it, not seek help.
- A traumatic event may be understood as a result of fate, and it may be seen as inappropriate to challenge or modify events that have happened to you.
- Revelation of victimization (especially rape) may be stigmatizing and may have serious consequences.
- In some cultures, children are protected from knowledge of death. To "see" death can lead to the spirit of the dead entering the child, and talk of death with a child is taboo.
- Cultural symbols vary in their meaning. (E.g., the owl, a symbol of wisdom in some cultures, is a symbol of evil in others).
- The meaning of dreams differs dramatically across cultures. What is a "re-experiencing of a traumatic event" in the eyes of Western

psychiatry may be a bridge to the spirit world or a portent of the future in the eyes of other cultures.

- The meaning of an event may not be the same to a counsellor and a victim from another culture. For instance, to a rape victim, not only the rape itself but a resulting belief that she is infertile or unmarriageable may be of central significance. Or the stigmatization resulting from rape may lead to a need to keep it secret, resulting in loss of social support and alienation from the community. In each case, an ongoing stressor (the beliefs, the alienation) may be as tormenting as the original event. There is no simple formula to cover all the possibilities. The counsellor must learn – from books, from informants, and, most of all, from his or her clients. One particular issue that may arise when counsellors from a foreign country are involved in disaster relief is the need to use translators or to recruit local people (who may or may not have relevant prior training or experience) to function as co counsellors. Such use of co-counsellors or translators may affect the assessment process. At best, it facilitates communication. In other cases, some victims may mistrust an outsider (especially if the outsider is from a nation that formerly colonized the nation where the disaster has occurred), and the use of a co-counsellor or a local translator may ease the relationship. But in still other cases, victims, fearing shame or retribution, may be less likely to share their experiences with someone from their own community than with an outsider.

Even when these issues do not arise, use of translators may create some other problems. The translator may lack the ability to translate accurately. Even if there is no question of linguistic ability, other factors may interfere with the accuracy of translations, however. These include:

(a) The translator's own experience of the disaster or his or her own reactions to it may interfere with his or her ability to translate accurately. (b) The relation of the translator to the victim and to the victim's community may introduce distortions into translations. (c) The translator may experience shame at what has happened to the victim and may inaccurately report their experience. (d) The translator's versions of the victim's story may be distorted by the translator's and victim's roles in ethnic or political conflicts in the disaster community.

In any case, use of children as interpreters for their families is especially problematic and should be avoided if at all possible. It may violate traditional family roles. It may make children privy to information normally considered inappropriate for them. It may violate cultural expectations about the role of children with respect to strangers. There is

no simple solution to these problems. When local counsellors are not available, use of a bilingual counsellor from outside the immediate community may be the best alternative.

Risks to those doing assessment

Those assessing disaster victims place themselves at risk of adverse emotional reactions. This issue has been discussed above (unit3) in terms of burnout and “secondary traumatization.” Some of these reactions (e.g., inability to concentrate, excessive fatigue, and avoidance of tasks) can lessen work efficiency. Other reactions more directly interact with assessment tasks. For instance, experiences recounted by victims may trigger recollections or re-experiences of traumatic events in their own history. This can lead to unconscious tendencies to avoid asking about some issues or may produce subtle messages to those being interviewed not to tell about certain experiences or feelings. Alternately, the interviewer may distance himself or herself from those he or she are interviewing, interfering with the emotional connection that facilitates the assessment process. Interventions and self-help to respond to these issues is discussed below, in unit 5

SELF ASSESSMENT EXERCISE

What are the cultural issues to guide against in the management of disasters?

4.0 CONCLUSION

There are a lot of issues embedded in the management of disasters, from the overt and covert issues, physiological and psychological items all embedded in the culture of a people. This section concludes that cultural issues are very necessary in the management of disasters so as not to further heighten problems that are not intended, this is only possible with a firm grip of various cultural issues highlighted.

5.0 SUMMARY

Emphasis was placed on risks in doing assessment on the field where disasters have occurred and issues to bear in mind in order not to trigger further conflict as a result of trauma on the part of victims on one hand, on the other hand issues of emotional reactions from rescuers or resource persons, such as burnout which can lessen efficiency on the field.

6.0 TUTOR-MARKED ASSIGNMENT

List and explain some of the cultural issues to guide against in disaster studies.

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UNIT 5 PRINCIPLES OF PSYCHOSOCIAL INTERVENTION FOLLOWING DISASTERS

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1.0 INTRODUCTION

Some of the emotional effects are direct responses to the trauma of disaster. Other effects are longer-term responses to the interpersonal, societal, and economic effects of the disaster. In any case, this unit seek to explain the need for well-designed interventions, up to fifty per cent or more of the victims of a disaster are usually found to develop lasting depression, pervasive anxiety, post-traumatic stress disorder, and other emotional disturbances. Even more than the physical effects of disasters, the emotional effects cause long-lasting suffering, disability, and loss of income. For these and other reasons this unit tries to throw more light.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- examine the major aspects to intervention with the direct victims of disasters
- understand the various principles, phases of interventions as well as the need for cultural knowledge to reactions and response to disasters.

3.0 MAIN CONTENT

There are two major aspects to intervention with the direct victims of disasters: rebuilding the community affected by the disaster and intervening with individual victims. (In addition, interventions must be aimed at rescue and relief workers and others less directly affected by the disaster).

Sometimes these two aspects have been seen as being in opposition to each other. For instance, in the context of huge disasters (e.g., a major earthquake, refugee camps for victims of ethnic cleansing), some humanitarian aid workers have argued that to focus on the mental health of individuals is a hopelessly large task. In any case, to focus on individual recovery from the disaster deflects attention and resources from the more urgent task of promoting broader social and economic recovery. From this perspective, rebuilding informal networks of social support, reuniting families and communities, and supporting the physical rebuilding of the shattered community take precedence over interventions aimed at individuals or families.

The individual and community approaches are not really in opposition to one another. The healing and rebuilding of the community is an essential underpinning for the healing of individuals and families, and the healing of individuals and families is necessary for the successful reconstruction of the community. In each case, the underlying principle is to encourage healing processes, in individuals, families, and communities. In this manual, the focus is on individual and small group interventions. A wide variety of specific techniques have been used to provide immediate relief to individuals in distress, to prevent or mitigate the longer-term emotional effects of disasters. Later in this unit, a number of these specific techniques will be discussed in detail. To be useful, the techniques have to be adapted to the specific situation – the kind of disaster, the human and material resources available, the specifics of local culture and tradition. This section of the manual focuses on the core *principles* that guide both specific techniques and their adaptations.

PRINCIPLE I: SAFETY AND MATERIAL SECURITY UNDERLIE EMOTIONAL STABILITY

It is difficult for people to maintain a stable mental state, after a disaster or in any other circumstances, unless certain basic needs are met. First, they must be assured access to food, water, clothing, and shelter. Second, their need for physical safety and security must be met. In the case of disasters, this includes not only freedom from fear for one's life, due to the disaster itself, but security from banditry, from the fear of looters, from fear of rape or other assault in shelters or refugee camps, and from the fear that the disaster will lead to the permanent loss of one's land or one's home. Third, the safety and integrity of their family must be ensured. Fourth, their long term need for stable jobs, adequate housing, and a functioning community must be met. This "hierarchy of needs" has several implications:

- a. In the early stages of disaster response, the mental health of the rescue and relief workers is the highest priority. Their wellbeing

is essential in enabling them to continue their rescue and relief work, which, in turn, is the basis for ensuring that the basic needs of the direct victims of the disaster are met. A secondary need is to ensure that the mental well being of the victims suffices to enable their cooperation with rescue and relief efforts. After the initial “rescue” stage is over, as relief work continues, responding to other mental health needs of victims become important, but continuing to respond to the mental health needs of relief workers remains paramount.

- b. Rapid physical and social reconstruction (e.g., restoring or creating housing, creating jobs, reuniting families, rebuilding communities) is essential to restoring emotional equilibrium and maintaining mental health, at all stages of the response to disaster. There is no sharp separation of physical and material needs on the one hand, psychological needs on the other. At any stage of the response to disaster, failure to maintain the momentum towards meeting physical and material needs is a direct threat to mental health.
- c. Failure to provide for basic needs can be a potent source of traumatization above and beyond the traumatization created by the disaster itself. In particular, unnecessary evacuation, poor conditions in a shelter or refugee camp (lack of food, water, sanitation, shelter; threats to personal safety), failure to provide adequate housing, uncertainty as to food and water supplies, and separation of family members from one another are themselves potent causes of subsequent mental health problems.

PRINCIPLE II: ASSUME EMOTIONAL RESPONSES TO DISASTER ARE NORMAL

A wide range of emotional responses to disaster are *normal* responses to overwhelming stress. They are not, in themselves, signs of “mental illness.” They do not signify that the person suffering from the symptoms is “weak” or is “going crazy.” They are focuses of intervention for two reasons:

- (1) The symptoms themselves may be distressing to the person experiencing them.
- (2) The symptoms may interfere with the person doing things that are important for his or her immediate safety or well being or taking part in the recovery of their community.

Many of the symptoms described earlier can be understood as adaptive mechanisms, by which people seek to protect themselves against the

overwhelming physical and emotional impact of the disaster. Both individuals and communities have natural healing processes. The central task of psychosocial intervention is to elicit, facilitate, and support these healing processes and to remove the obstacles to their operation, in order to prevent lasting dysfunction and distress. Interventions are aimed, above all, at minimizing the number of people who will require later “treatment.” One major implication is that it is essential to reassure people, to help provide short term relief of symptoms which may be alarming to them, and to act to prevent symptoms from becoming entrenched. Education as to the kinds of reactions people may experience may help people understand and “normalize” their feelings.

Victims do not usually see themselves as mentally ill and they may fear or avoid involvement with “mental health” workers and the “mental health” system. Many do not spontaneously reach out for the assistance of mental health workers. Psychosocial assistance in the wake of disaster is best presented in a form that does not require people to see themselves as “ill” or “mentally ill.”

- Use non-mental health terms to describe services and those providing them (e.g., “human service workers,” “community counsellors,” “community services,” “disaster services”). Present services as “extra help for difficulties anyone would have trouble with” after being affected by a disaster.
- Aggressive outreach and case finding is necessary. Use local residents, primary care health workers, teachers, religious leaders, and community leaders as informants. Use door-to-door canvassing, mailings, television and radio announcements, leaflets distributed in schools and workplaces, and announcements in churches to alert people to the availability of services and the indications for using them. Do not neglect informal gathering places (e.g., beauty parlours, cafes, day care centers). In shelters, actively look for signs of distress (sobbing, facial expressions, body language, aggressiveness, substance abuse, etc.). Leaflets describing common responses to disasters, signs of distress, and services available may be directed at primary victims, parents and teachers of children affected by the disaster, rescue and relief workers, and families of relief workers.
- Use existing, non-mental health institutions such as schools, churches, community centres, and medical facilities as bases for psychosocial services.

- Train and use non-mental health personnel (e.g., teachers, health workers, social service workers, religious workers) to provide psychosocial services.
- It is essential to seek the cooperation and explicit support of community leaders, religious leaders, teachers, village elders, and other leaders in the community. Because of their leadership roles, it may be difficult for these people to acknowledge that they, too, could benefit from psychosocial services. Educational sessions or debriefing sessions may provide an avenue for providing information about trauma and its consequences and enlisting support for the provision of trauma services, while giving services at the same time.
- For all those who participate in delivering services, discretion, tact, respect for the confidentiality of those being helped and ethical behaviour are essential.

PRINCIPLE III. INTERVENTIONS SHOULD BE MATCHED TO THE DISASTER PHASE

The types of response that are offered should match the phase of emotional responses and the needs of disaster relief operations.

The “Rescue” Phase

Immediately after the disaster, the highest priority for psychosocial services is rescue and relief workers, whose continued effective functioning is essential. This may involve crisis management, crisis intervention, conflict resolution, assisting with problem solving, or “defusing”. Many small concrete services may be emotionally useful as well as practically helpful. Bring rescue workers coffee, lend a hand in helping clean up, give a hug, express interest. *Immediately after the disaster, the most urgent needs of victims are for direct, concrete relief* (e.g., rescuing lives, ensuring physical safety, providing medical care, providing victims with food, water, shelter, reuniting families). Psychosocial interventions aimed at victims during this phase are primarily directed at serving these ends. In doing so, they contribute to longer-term mental health.

- a. Provide “psychological first aid”: i.e., assistance for those whose acute distress and difficulties functioning interfere with the victim’s cooperation with rescue and relief efforts and ability to help provide for their own safety. *Look for signs of intense anxiety or panic, continuous crying, depressive withdrawal,*

disorientation, incoherence, difficulty complying with requests by relief workers or with the rules of the shelter.

- b. Provide short term interventions to reduce anxiety, assist the rescue and relief process, and help prevent later maladaptive responses. These include comforting and consoling victims (a word or a hug); helping people reunite with family members or get information about loved ones; helping people reconnect with neighbours, work-mates, and others who make up their personal “community;” helping defuse conflicts with other victims or between victims and relief workers; supporting victims in such “reality tasks” as identifying the dead or making decisions about animals and other property. *Let victims express feelings, but focus on reducing psychological arousal and anxiety, restoring social support systems, and helping victims regain a sense of control.* Seek to elicit competence and independence from the very beginning.
- c. Begin broad preventive activities and activities that set the stage for later interventions: Provide accurate information as to what is happening, using all available mechanisms (e.g., mass media, meetings, leaflets). *Reassure victims that acute reactions are normal and should not be sources of fear or of feelings that one has lost control.*
- d. Interventions that are cognitively complex (e.g., “debriefing”) are premature when people are still in a stunned state. However, helping to reduce anxiety may help prevent later distress, and making contact with survivors even at very early stages after the disaster may create positive feelings towards the counsellor that can make later interventions more acceptable and effective. Bringing water, blankets, toys for children, food to victims (i.e., providing “primary” services” helps counsellors make initial contact and establish trust and enables clients to talk about what they need.
- e. One problem in the early stage of response may be a rapid influx of people seeking to help, seeking to exploit the situation, or seeking to satisfy curiosity. At the level of those organizing the response to the disaster, immediate efforts to control the potentially adverse effects of this influx is part of creating a sense of safety for victims.
- f. People who are indirectly affected by the disaster (families or friends of victims, onlookers, even those watching repeated reports of the disaster on television) may also show signs of

distress. Note that what is helpful to one person may not be needed or appreciated by another. For example, one person may find that talking about the event reduces distress, while another needs to be quiet and introspective. If one of these people depends on the other for support (as is often the case, for example, with spouses), they may feel the other's lack of similar response to be a form of abandonment. Reassure people that there is no "correct" response and that the other person's differing needs are not, in fact, abandonment, but the way that person needs to deal with stress.

The "Inventory" Phase

Continuing to provide services to relief workers remains a high priority during this period. The first days or weeks following the disaster may be a "honeymoon" phase, in which people's feelings of relief and optimism about the future dominate. A spirit of generosity and mutuality may appear, and individuals may be in a state of denial about their losses and the problems of the future. During this stage many people will not be receptive to psychosocial interventions or will feel they do not need them. Others, however, may welcome the chance to talk through their reactions within a few days of the disaster or to find someone who can help them plan how to overcome the obstacles they are facing.

The bulk of psychosocial interventions directed at victims themselves occur in this period. Discouragement and disillusionment with relief and reconstruction efforts may set in. Anxiety, sadness, irritability, frustration, and discouragement now combine with disaster-produced losses and post-traumatic stress effects to produce a relatively high level of need. *Focusing on identification of those at risk and on interventions to reduce the longer-term impact is essential.*

- Provide broad outreach services aimed at providing education about responses to disaster and information as to the availability of services and guidance as to when to seek assistance. This may include use of newspapers, radio, and television; arranging community meetings or sending speakers to churches or schools; distributing leaflets through shelters, schools, workplaces among others.
- Seek to identify those most at risk or most in need of services and focus services on these people, the principles of such interventions are discussed later in this unit.
- Provide concrete support in specific situations, This may include helping those who have lost a family member identify the victim

and make funeral arrangements; advocating for improvements in the organization of shelters or for provision of specific supplies or services; helping organize community rituals and memorial ceremonies; helping prevent or combating scapegoating in a shelter or in a community.

- Provide school-based services for all children, in addition to individual or group services to children identified as showing signs of distress. Provide services for teachers (who must interact with and support the children). Teachers may be trained to themselves provide ongoing services for children.
- Advocating for rapid progress in rebuilding homes, recreating jobs, restoring community services (e.g., schools, churches) and involving victims in themselves advocating for these both helps ensure that the essential underpinnings of psychological recovery are realized and helps restore a sense of mastery and control in victims. In most circumstances, the number of people trained in responding to the emotional consequences of disaster will be insufficient to meet the demand. Training of auxiliary disaster counsellors will, of necessity, be a high priority during this period. Primary care health workers, teachers, religious leaders, traditional healers, and others can be enlisted.

The “Reconstruction” Phase

Emotional consequences of the disaster may continue to appear for up to two years or more post-disaster. In part this represents delayed reactions, in part responses to a growing recognition of the irreversible consequences of the disaster. *The experience of several disasters suggests that mental health assistance should remain available for about two years or more after the disaster.* Such services also permit longer-term follow-up of those treated earlier. It may be helpful to establish and maintain a telephone “hot line” or other ways for people to contact counsellors if the need arises, for the period after counsellors leave the site of the disaster.

Tasks at Different Stages Following a Disaster

I. The Rescue Stage (immediate post-impact):

Provide “defusing” and crisis intervention services for relief workers
 Ensure safety of victims and ensure that physical needs (housing, food, clean water, etc.) are met
 Seek to reunite families and communities
 Provide information, comfort, practical assistance, emotional “first aid”

II. The Early Inventory Stage: First month

Continue tasks of Rescue Stage
 Educate local professionals, volunteers, and community with respect to effects of trauma
 Train additional disaster counselors
 Provide short-term practical help and support to victims
 Identify those most at risk and begin crisis intervention, “debriefing,” and similar efforts
 Begin reestablishing community infrastructure: jobs, housing, community institutions and processes

III. The Late Inventory Stage: Months two on

Continue tasks of Rescue and Early Inventory Stages
 Provide community education
 Develop outreach services to identify those in need
 Provide “debriefing” and other services for disaster survivors in need
 Develop school-based services and other community institution-based services

IV. The Reconstruction Phase

Continue to provide defusing and debriefing services for relief workers and disaster survivors
 Maintain a “hot line” or other means by which survivors can contact counselors
 Follow up those survivors treated earlier

PRINCIPLE IV: INTEGRATE PSYCHOSOCIAL ASSISTANCE WITH OVERALL RELIEF PROGRAMS

It is difficult, if not impossible, to provide effective psychosocial services without the cooperation and support of those directing and providing medical and material relief efforts, at the local as well as the regional or national level. Governmental officials (at local or national level) often do not recognize or give much priority to the psychosocial effects of disasters. Rescue and relief workers, who are necessarily focussing on the urgent and concrete tasks of saving lives, protecting property, ensuring the provision of food, clothing, and shelter, and rebuilding the material infrastructure of the community may see psychosocial services as unnecessary or even as getting in their way. Educating both of these groups about the impact of psychosocial processes on the relief effort itself and on the long run consequences of not responding to the mental health effects is essential.

Early development of liaison with those directing relief works is essential. Forming a task force made up of experts in psychosocial intervention, formal community leaders (e.g., the heads of towns, wards, villages), representatives of influential groups in the community (e.g., Mosques, churches, unions), leaders of the relief effort, and representatives of the victims to guide and support psychosocial work may be very useful.

One potential source of contention is that pre-existing social stratification (by class, caste, gender, rural vs. urban, etc.) may lead to certain groups (e.g., women, poorer people) being left out of the process. Conforming to traditional patterns of stratification in the name of efficiency or of “restoring community structure” reinforces those patterns. Implementing programs along more egalitarian and participatory lines may produce conflict and new forms of stress, but it may also ultimately result in serving a far larger group of victims and producing a more integrated, cooperative post-disaster community.

Several useful focuses of early liaison work are:

- Providing for education and training of rescue and relief workers (before they begin work, if at all possible) as to the emotional effects relief work may have *on them* and on the availability and usefulness of supportive services *for them*. Advocate with those directing the relief efforts that this should be part of the relief worker orientation program.
- Providing for training of rescue and relief workers (before they begin work, if possible) with respect to the nature of the emotional responses *of trauma victims* that they can expect.
- Informing relief workers and officials of the importance of providing adequate, accurate, and non-contradictory information to survivors.
- Educating relief officials about the importance of keeping services unfragmented.
- Educating or informing relief officials about several findings which should influence rescue and relief operations:
 - a) The importance of keeping primary groups (families, work crews, groups of people from the same neighbourhood or the same village) together, if conceivably possible.
 - b) The importance of not separating children from their parents, if in any way possible

- c) The importance of having victims play a role in the relief and recovery efforts
- d) The importance of avoiding unnecessary evacuations and of letting people return to their homes as rapidly as possible
- e) The importance of allowing the bereaved to see the bodies of those who have died, if they desire to do so.
- f) The importance of pet rescue and maintenance of pets in special animal shelters.

This is often neglected but is very important for the emotional well-being of many people. One effective way of encouraging integration of social assistance with overall relief programs is for those providing psychosocial assistance to thoroughly integrate *themselves* into the relief team. Go out with food distribution teams. Run a “play” centre for children, which will also draw in mothers. Be part of the “briefing” or “orientation” team for newly arriving relief workers. Attend early morning or late night team meetings.

PRINCIPLE V. INTERVENTIONS MUST TAKE PEOPLE’S CULTURE INTO ACCOUNT

People from different cultural groups (including different sub-cultural groups within a larger society) may express distress in different ways and may make different assumptions about the sources of distress and how to respond to it. Techniques originally devised in industrialized countries must be applied sensitively, if they are to be used elsewhere. (Fortunately, there is a body of evidence suggesting that these techniques can be successfully adapted to a wide variety of situations. Some of the cross-cultural differences which may need to be taken into account include the following:

- Some societies explain behaviour in “rational” or “scientific terms, others in more spiritual terms. Where on this continuum is the particular culture?
- What is the extent and nature of verbal interactions expected between a person who is in distress and a person trying to help them?
- Under what conditions is it socially appropriate to express emotions such as shame, guilt, fear, and anger? How are various emotions described and expressed?
- Is revealing feelings to others socially appropriate? What issues are raised by discussing feelings or practical problems in the presence of other family members?
- What are the social expectations with respect to the roles of victim and counsellor? e.g., what is the appropriate social distance between them? What deference is owed the helper?

- What are the cultural beliefs regarding the role of ritual in the treatment? Are there expectations with regard to the sequences of interactions between a person seeking help and the helper? Are specific rituals expected in treatment?
- What are the cultural expectations with regard to the use of metaphor, imagery, myth, and story telling in a helping relationship?
- Is there an expectation that a helper will provide immediate concrete or material assistance or direct advice or instructions?
- What are the traditional ways of understanding the sources of disasters (e.g., witchcraft, the will of God, fate, karma)? What does this imply about expectations and needs with regard to a sense of personal control?
- What is the culturally expected way of responding to terrible events? (E.g., it may be resignation; individual action, collective action. “Depression” may or may not be seen as a problematic way of understanding events.
- What are people’s expectations regarding the use of traditional healers or rituals and regarding the role of “western medicine”?
- How are the symptoms of “mental illness” explained?
- What are people’s expectations with regard to authority figures and especially to those seen as representing the government?
- What is the role of subsistence activities which the disaster has disrupted in establishing cultural identity?

One path which helps create such sensitivity is to involve local people in every phase of psychosocial services. Local health workers, priests, traditional healers, union leaders, teachers, and local community leaders should be educated about the psychosocial consequences of disaster and enlisted to serve as psychosocial counsellors. In this context, differences between men and women in coping styles and in what is deemed socially appropriate can also be regarded as a form of “cultural difference.” Interventions need to be sensitive to the possibly differing expectations and needs of women (e.g., with respect to speaking about emotional concerns in a family meeting or a public setting).

PRINCIPLE VI. DIRECT INTERVENTIONS HAVE AN UNDERLYING LOGIC

A variety of specific intervention techniques may be useful in responding to the emotional impact of disaster on individuals, families, and other groups. In any particular disaster situation, these techniques may have to be modified or adapted, and there are many other, less formal interventions that may be useful. In what follows, the focus is on the logic and underlying purposes of interventions, rather than the

details or specific mechanics of interventions. The latter is addressed for a number of specific techniques in subsequent unit.

1. **Talking:** People need to make sense of a disaster, in the context of their lives and their culture. Telling a story about what happened is a way of creating a meaning for the events. Many victims find that simply telling others about their experiences in the disaster or about their experiences in the days and weeks after the disaster is helpful.

Telling what happened to another person also permits the victim to check that his or her perceptions of what happened are accurate. Telling one's story "externalizes" thoughts and feelings, subjecting them to examination by oneself and others. Emitting feelings a little bit at a time when the experience is safely in the past, by talking to others or by crying, reduces stress. Public opportunities for mourning, celebrating, and otherwise expressing feelings can also relieve stress and may allow expression of feelings in a socially acceptable way in situations in which one-on-one discussion with a disaster counsellor may be less acceptable. Note: While talking about experiences is generally healthy, "rumination" (repetitive, obsessive retelling of a story) is associated with higher levels of anxiety and depression and should be discouraged by engaging the victim in alternative activities or diversions. Helping clients to focus on decisions and actions in the present can strengthen their mechanisms for coping with their difficult emotions and behaviours. For children, other means of communication, including playing, art work, dancing, or role playing may play the same role that talking does in an adult. For some adults talking about the events may be painful, or talking about bad events may be culturally proscribed, and similar non-verbal means of communication may provide a way to express themselves.

2. **Communication of information:** Uncertainty increases victims' level of stress. Incorrect information produces confusion, can interfere with appropriate responses, and can lead to tensions among victims or between victims and relief workers. Provide victims with accurate and full information, as quickly as possible, using both individual, direct forms of communication and general public announcements (e.g., via the mass media). Combat rumour mongering. It is essential to have a single source of information which victims can rely upon (e.g., a posted, regular, reliable schedule for information sharing by relief officials).
3. **Empowerment:** One of the most psychologically devastating aspects of a disaster is the victim's sense of having lost control over his or her life and fate. Interventions that help those affected

by the disaster change from feeling themselves as “victims” (i.e., as passive, dependent, lacking control over their own lives) to “survivors” (who have a sense of control and confidence in their ability to cope) are central to preventing or mitigating subsequent emotional difficulties. Discourage passivity and a culture of dependency. Seek to engage victims in solving their own problems. Victims should be encouraged to participate in making decisions that affect their lives and to take part in implementing those decisions. They should not be denied an active role in solving problems, in the interests of “efficiency.” For adults, a return to work (either their usual work or other productive or personally meaningful activity) helps increase their sense of control and of competence. For children, a return to school performs the same function. Even when people must remain in a shelter for prolonged periods, developing small scale income generating productive activities, permitting victims to help run the shelter and the relief administration, and providing skills training are useful parts of psychosocial rehabilitation.

4. **Normalization:** While unfamiliar emotional responses are normal following a disaster, victims may find their own reactions distressing. The best antidote is education. Reassure victims that their responses are not a sign that they are “going crazy.” Explain the typical time course (i.e., that, in most cases, symptoms can be expected to remit over a period of weeks or months). Warn victims that the anniversary of the disaster, environmental stimuli that remind them of the disaster and other events such as funerals or legal actions growing out of the disaster may lead to a brief return of symptoms that had faded. Victims should also know that not everyone experiences the same symptoms or even any symptoms at all. They are not condemned to have symptoms.
5. **Social Support:** Recovery from disaster is inherently social. Restoring or creating networks of social support is essential in dealing with the extreme stresses created by disaster. Avoid breaking up existing communities. Combat isolation of individual victims. Reuniting families has the highest priority. Reuniting people from the same neighbourhood, work teams, and other pre-existing groupings is helpful, and separating members of such pre-existing groups (and especially members of the same family) is harmful. Only in the most extreme situations should children be separated from their parents (e.g., if the child’s parents are abusive or rejecting because they are unable to cope with their own trauma or that of their child). If separation of a child from its parents is necessary (or if the parents are injured or killed), keeping the child with another trusted adult known to them (e.g.,

a relative, a teacher) is urgent. Sending the children away “for their own protection” is almost never advisable. Returning children to school and adults to accustomed social environments (e.g., work) is important. In some instances, no natural support groups are available. In this situation, creating artificial networks (e.g., creation of ongoing peer or self-help groups for treatment, helping to reorganize and rebuild communities) is helpful. In most instances, group treatment modalities should be a central part of the psychosocial response to disasters. When possible, the group that is the unit for treatment should be a naturally occurring group, such as the family.

Note: While social support generally helps people deal with stress, expectations that one should support others, if excessive, and feeling too much empathy for too many people can exacerbate stress. Resistance to involvement in social networks should be evaluated on a case-by-case basis.

6. **Relief of symptoms:** Anxiety, depression, exaggerated stress responses, and other symptoms are both distressing to the individual and may lead to difficulties in adapting to what is intrinsically a stressful situation. While extensive intervention to treat entrenched psychiatric difficulties is beyond the scope of this manual, more time-limited interventions, such as brief crisis intervention or relaxation and desensitization techniques may be useful. Screening victims for unusually intense responses, using instruments such as the SRQ (see Appendix A) if necessary, helps identify individuals in need of more intensive services. Those with pre-existing psychiatric conditions are also at risk. Such victims should be referred for more extensive individual or group counselling, or medication, if resources are available. For those with pre-existing psychiatric disabilities, efforts should be made to restore their previous treatment (e.g., therapy, medication). For those without prior histories of psychiatric disorder but who show acute distress, medication (e.g., anxiolytics for acute anxiety and panic, neuroleptics for psychotic symptoms), when available, may be a useful short term response.
7. **Build on community strengths, traditions, and resources** (without being a slave to tradition): Communities have strengths and resources. These strengths and resources can be a powerful tool for mitigating the effects of disasters in individuals. A sense of community, a sense of social identity, and a network of social support are essential underpinnings of mental health. Interventions and advocacy to restore community morale, traditional economic activities, pre-existing welfare and personal

services, schools, leisure and recreational patterns are useful. Communities have a wealth of traditional strengths and resources. Use indigenous healers and local residents, both drawing on their traditional skills and training them in psychosocial rehabilitation techniques. Identify traditional rituals and ceremonies, such as healing rituals and purification rituals used by the community to deal with crisis, and facilitate their use. Where traditions don't exist, new community rituals may be created, such as a day of mourning or daily bell ringing or processions.

There are potential pitfalls in efforts to rebuild the pre-disaster community. Some of these are created, directly or indirectly, by the disaster itself. For instance, conflicts may arise between emergent leaders "created" by the crisis of disaster and traditional leaders or between local leaders and outside experts and elites. Traditional elites may use their traditional positions to monopolize post-disaster resources or to further pre-disaster ambitions. The crisis created by disaster may open long-dormant faults in societies or communities and may lead to new relations within families or within a community. A crisis is an opportunity for change to emerge in a community. "Building on community strengths" does not mean automatically seeking to restore the old structure of the community in the interests of "efficient" relief efforts, nor does it mean pursuing one's own beliefs in how communities or families "ought" to be structured. It is engagement in a community, rather than a particular structure of the community, that represents an area of hope for victims.

SELF ASSESSMENT EXERCISE

What are the core principles of psychosocial intervention in disaster management?

4.0 CONCLUSION

A wide variety of specific techniques have been used to provide immediate relief to individuals in distress, to prevent or mitigate the longer-term emotional effects of disasters. Some of the principles were noted as important in the management of disaster especially in regards to long term solutions. It is also important to know that this unit focused on cultural differences as they contribute a lot to response management.

5.0 SUMMARY

The two major aspects to intervention with the direct victims of disasters: rebuilding the community affected by the disaster and

intervening with individual victims were discussed and explain. After which the various principles and phases of interventions were elaborated with cultural emphasis, which need to be taken into account in the study of emergencies.

6.0 TUTOR-MARKED ASSIGNMENT

1. List and explain some of the core principles of psychosocial intervention in disaster management?
2. Explain the various stages in disaster management

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MODULE 3

Unit 1	Social Capital Utilization and Preparedness for Natural Disasters
Unit 2	Understanding Crisis
Unit 3	Crisis Intervention Goals and Steps
Unit 4	Crisis Intervention Assessment
Unit 5	Crisis Intervention Treatment Approaches and Techniques

UNIT 1 **SOCIAL CAPITAL UTILIZATION AND PREPAREDNESS FOR NATURAL DISASTERS: THE BANGLADESH EXPERIENCE (CASE STUDY)**

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

In the wake of the disasters brought about in the United States by Hurricanes Katrina, Rita and Wilma, American social workers have much to learn from countries that have faced similar tragedies, including those in South Asia, particularly Bangladesh. Bangladeshis can expect a major disaster every two years. Consequently, Bangladesh has developed a successful mechanism that utilizes social capital to recover and rebuild after each disaster hits the country. Students as well as professionals can learn substantial lessons from the Bangladesh experiences.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- the scope and prospect for effective utilization of social capital such as social networks, social cohesion, social interaction
- solidarity in mitigating the consequences of natural disasters that hit coastal regions.

3.0 MAIN CONTENT

The literature on disaster management reveals that vulnerable populations tend to be the ones that suffer most. For this special attention should be given to vulnerable populations, for example, the economically disadvantaged, mentally challenged, older people, children and those who are medically frail as explained in previous sections. Vidal and Gittel (1998) have remarked that the creation of programs like the Local Initiatives Support Corporation (LISC) will be advantageous for both communities and their supporters. They further note that at the community level LISC included increased comprehension of community development; participation in community development; organization of community development; and ultimately, control of community development. This program also sought increased financial, technical and political support for community development from both private and public sectors. Scholars have called these the support community. The enhancement of social development in community organizing and development facilitated by social workers and the community concerned allows for a stronger, more cohesive response to disasters. The need for social capital there comes to bear in disaster management as was evident in the Bangladesh case.

SOCIAL CAPITAL

This module/unit focuses on the effective utilization of human and social capital in mitigating the consequences of natural disasters. Snowden (2005) argues that community social capital reduces community distress. But the reverse is also true: community distress suppresses social capital. Snowden (2005) also states that in general, events in the community and in the larger society can affect levels of engagement, trust and reciprocity by supporting or undermining pro-social norms and related social practices. Because conditions can improve or deteriorate over time, these can facilitate or frustrate normative belief and practices. Moreover, social capital is not static. The effective utilization of social capital is crucial in the building of community and institutional capacities in disaster management projects. Social capital consists of such concepts as social networks, social contacts, social cohesion, social interaction and solidarity. Loeffler et al. (2004) define social capital as a process of building trust in relationships, mutual understanding and shared actions that bring together individuals, communities and institutions. They also claim that the processes involved facilitate further cooperative action. These generate opportunities and/or resources that are realized through networks, shared norms and social agency. For example if people lack money then they can give time strictly out of self-interest that can be

harnessed through social capital in communities that need help. Putnam's theory of social capital presumes that the more people connect

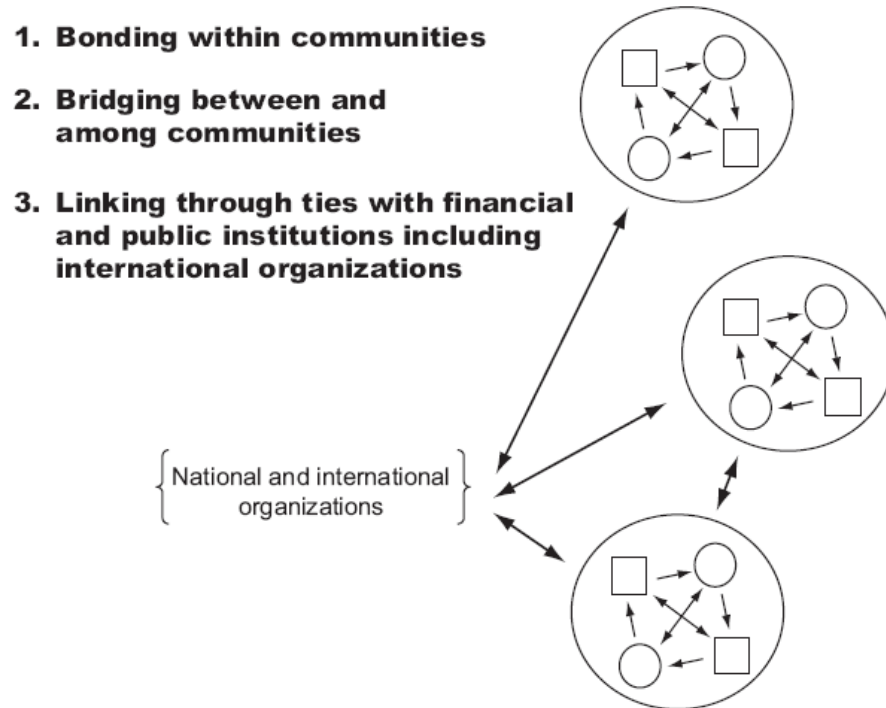


Figure 1 Three steps to building social capital

with each other, the more they will trust each other and the better off they will be individually and collectively, because social capital has a strong collective aspect. The social and economic system as a whole functions better because there are ties among the actors that make it up (Vidal and Gittel, 1998: 15). A model that emphasizes three steps to building social capital based on the World Bank's classification of social capital from the poverty reduction, and community capacity building perspective has been developed (World Bank, 2006) (see Figures 1, 2, 3, 4). These highlight bonds, bridges and links and were evident in the post-Katrina commentary in the America. A crucial weakness in this was the lack of well-coordinated preparedness, including the human service professions, at the grassroots level. Therefore, there is a need for some persuasive work in formulating policy directives that will emphasize community collaboration, solidarity, coordination and utilization of social networks as a vehicle for effective service delivery before, during and after a disaster. The three stages involved in creating and developing social capital are:

- 1. Bonding within communities:** The utilization of social capital starts with bonding within the community. Social integration,

social cohesion, solidarity, networking, two-way communication, sustained interaction between and among the members, effective coordination of community activities, collaboration on and support of members' activities, the fostering of leadership qualities and giving a hand to other community members are all useful attributes for this bonding. These attributes can be cultivated through recreational activities, religious and spiritual gatherings, political and institutional affiliations, economic and business activities, the physical infrastructure and buildings, and psychological and social supports.

2. **Bridging between and among communities:** The next level in social capital formation is that of reaching out to other communities in the society. At this point, groups and interested citizens can form a coalition to identify the needs and joint collaboration efforts required to meet them.
3. **Linking communities through ties with financial and public institutions** Researchers have revealed that historic, longstanding relationships that are developed among different elements of communities, the government and other organizations, including

Social capital attributes

- Integration
- Cohesion
- Solidarity
- Networking
- Communication
- Interaction
- Coordination
- Collaboration
- Social supports
- Leadership
- Volunteerism

Activities

- Recreational
- Spiritual
- Religious
- Political
- Economic
- Cultural
- Institutional
- Physical infrastructural
- Psychological and social work support

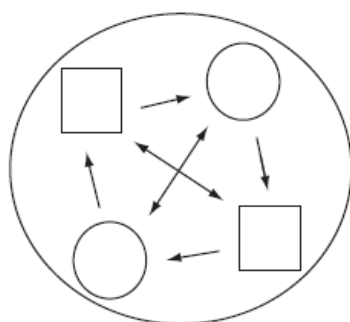


Figure 2 Bonding within communities

financial institutions and voluntary agencies, have generally assisted in mitigating the consequences of natural disasters. Their effectiveness in working together has proved crucial in mobilizing a community's resources, expertise, professionals and volunteers, before disaster strikes and in the recovery work that takes place during and afterwards.

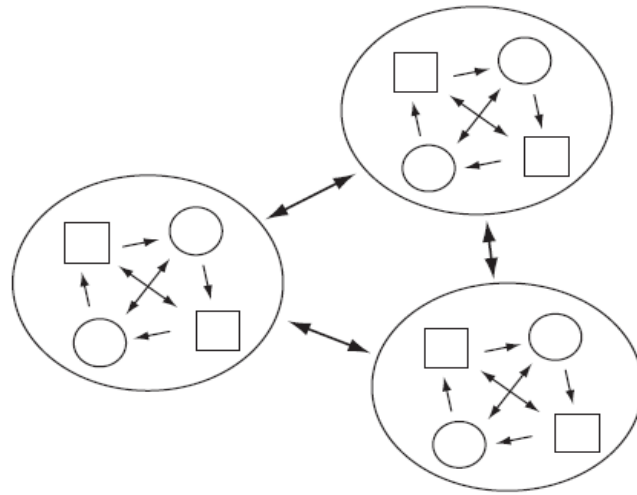


Figure 3 Bridging between and among communities

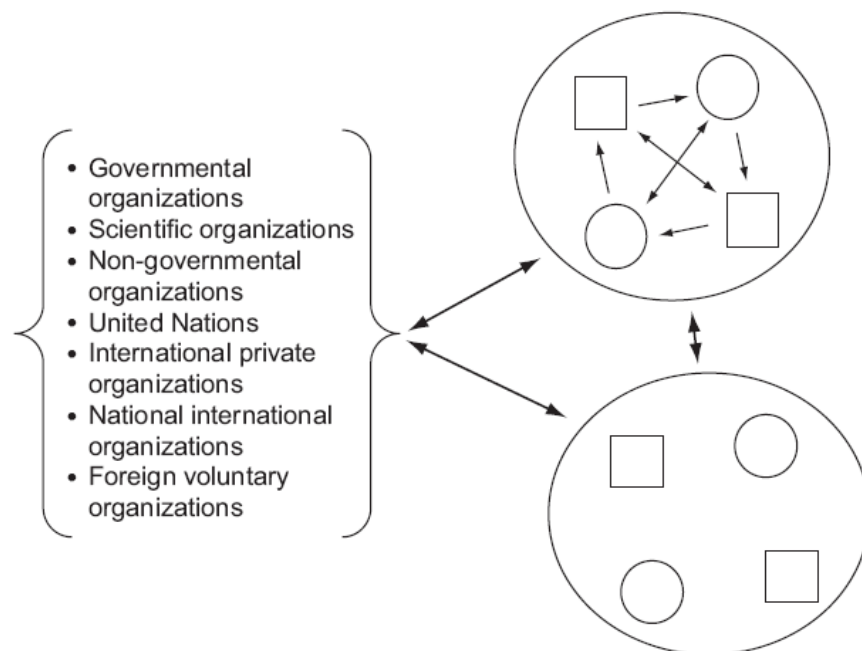


Figure 4 Linking through ties with financial institutions, including international organizations

Natural disasters: the case of Bangladesh

Cyclones, storms and tidal surges often hit Bangladesh's coastal areas. The results of their impact have ranged from heavy losses of human lives and cattle, to property damage causing enormous expense to both individuals and governments. Table 1 below shows that 64 major cyclonic storms buffeted Bangladesh during the period 1797–1997. These killed 863,016 people and caused severe damages worth billions of dollars to properties. Mortality from disasters is generally greatest in areas having the poorest socio-economic conditions (Guha-Sapir, 1991). This was the case for the last major cyclone in 1991 (Table 1 shows major cyclones through 1997). The devastating cyclone and tidal wave that struck the south-eastern coast of Bangladesh on 29 April 1991 killed nearly 138,000 people, left more than 10 million homeless and destroyed property worth \$2bn (Mathbor et al., 1993). Related deaths were largely attributable to a lack of decent housing capable of providing shelter during the cyclone. Research showed that

Table 1 Cyclone-related deaths in Bangladesh

Year	People killed
1822	40,000
1876	110,000
1897	32,000
1961	11,000
1963	11,000
1965	20,000
1970	500,000
1991	138,882
1995	21
1996	2
1997	111
Total	863,016

Source: BDRCS, 1997.

casualties were directly related to types of housing and shelter seeking activities; no deaths occurred among individuals living in pucca houses

(made of brick and concrete) and the ones who sought shelter in these buildings (Mathbor et al., 1993). People had heard cyclone warning signals from three to six hours before the storm surge, but they did not take refuge in shelters (Mathbor et al., 1993). A similar situation occurred during the devastation caused by Hurricane Katrina when people were not evacuated in time due to a lack of coordinated plans between and among relief organizations. People who live in the coastal areas are poorly educated about disaster coping mechanisms and are at risk of being uninformed, as was evident from the recent disasters in America and Bangladesh. Buckland and Rahman (1999), studying the Red River flood in Canada, found that communities characterized by higher levels of physical, human and social capital were better prepared and more effective in responding to natural disaster. Similarly, no deaths occurred among the indigenous people of the Andaman Islands during the tsunami devastation because they understood early warning systems. It is evident from previous research undertaken in this area by Hossain et al. (1992), Mathbor (1997), Mathbor et al. (1993) and UNICEF (1991) that poorer people in such regions are more vulnerable than richer during natural disasters. Hurricane Katrina exposed similar dynamics. These situations call for community capacity building that encompass considerations that cover housing conditions and income generation while raising awareness and educating coastal people about the consequences of cyclones. The idea of a Cyclone Preparedness Program (CPP) started in 1965 when the National Red Cross Society, now the Bangladesh Red Crescent Society (BDRCS), requested that the International Federation of the Red Cross/Crescent (IFRC), formerly the League of Red Cross and Red Crescent Societies, to support the establishment of an early warning system for the population living in the coastal belt of Bangladesh. In 1966 the IFRC and the Swedish Red Cross began the implementation of a pilot scheme for cyclone preparedness which consisted of both impersonal media outlets like TV and radio and personal warning equipment.

The social capital of CPP volunteers

The CPP experience shows that proper guidance, transparency and access to information is needed at all stages of a project, including the proposal, planning, implementation and evaluation stages of development initiatives and recognition of people's worth in coastal community development endeavours. Volunteers' sincerity and firm commitment to the fundamental principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality are inherent in the Red Cross movement. These were cultivated through a sustained training program and enhanced not only the effectiveness of CPP, but also saved many lives in recent disasters that hit the coast of Bangladesh. Many of the recent tsunami victims in south and South-east

Asia could have been saved if there had been some kind of preparedness programs in the areas affected. Local people come forward to join CPP on a voluntary basis. CPP volunteers are well trained cadres in disaster management activities. Their training consists of an ongoing training program that runs throughout the year, to generate leadership qualities, management skills, and a commitment to serve humanity and solidarity among and between volunteers and the community concerned. Volunteers are quite familiar with a local community and its resources, including the location of safe shelters, relief and rehabilitation programs, and evacuation plans to be followed in the event of a disaster. Ongoing interaction among and between CPP members and the people the projects are aimed to help avoids mistrust and misunderstanding in the development process. CPP volunteers are grateful for the social recognition of their relentless efforts in helping distressed people in devastated communities and consider this as their net gain from society. CPP operates through a wonderful chain of command using a communication networking system which is very quick to respond to the immediate needs of coastal communities. This communication system comprises both direct personal contact and impersonal communication through the recognized media. CPP sees its volunteers as magnetic catalysts who convey the program's messages to the mass of people. To this end, CPP conducts a round-the-year training program for volunteers and utilizes local folk media in disseminating program messages to large numbers of people. Its volunteers engage in public awareness activities, stage dramas, and show films and video shows and so on.

SELF ASSESSMENT EXERCISE

1. What is social capital?
2. What are the lessons one can learn from the Bangladesh experience?

4.0 CONCLUSION

This unit has demonstrated the fact that some countries are more disaster prepared than others. For instance the Bangladesh experience shows expectations of major cyclone every couple of years, of which social capital has been harnessed to develop an effective coping mechanism for addressing such eventualities that other countries not necessarily at risk can substantially learn from. Individuals, government and non governmental organisations and social workers all need to be prepared in anticipation of disaster rather than wait until disaster strikes.

5.0 SUMMARY

This article examines the scope and prospect for effective utilization of social capital such as social networks, social cohesion, social interaction and solidarity in mitigating the consequences of natural disasters that hit coastal regions citing examples from Bangladesh. Emphasis to social capital at three levels: bonding within communities; bridging communities; and linking communities through ties with financial and public institutions. In this unit care was also taken to link the role of personal, social, economic and political empowerment through direct involvement and participation to the improvement and contribution to the sustainable development of communities.

6.0 TUTOR-MARKED ASSIGNMENT

1. Define and explain social capital?
2. With diagrammatic examples explain the three stages involved in creating and developing social capital?

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UNIT 2 UNDERSTANDING CRISIS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

Family crises are not unusual events in the field of child protection. A child's disclosure of sexual molestation, the birth of a drug-addicted infant, the discovery of a teenager's dependence on drugs, a parent's arrest for violent behaviour, the threat of a family's eviction from public housing, or a parent overwhelmed with the needs of a child illustrate just some of the crises experienced by families. Although the state of crisis is short lived, generally lasting four to six weeks, it is a period of heightened family vulnerability and imbalance that requires a carefully planned response. This section provides an overview of crisis, its definition, elements, and phases. In addition, the feelings and psychological effects typically experienced by family members in crisis are presented to increase awareness of the ramifications of crisis.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- understand crisis, its definition, elements, and phases
- examines the feelings and psychological effects typically experienced by family members in crisis situation
- increase awareness of the ramifications of crisis.

3.0 MAIN CONTENT

3.1 Definition of Crisis from /and Emergency

"A *crisis*," as defined by (Parad and Parad, 1990), "is an upset in a steady state, a critical turning point leading to better or worse, a disruption or breakdown in a person's or family's normal or usual pattern of functioning. The upset, or disequilibrium, is usually acute in the sense that it is of recent origin." A crisis constitutes circumstances or situations which cannot be resolved by one's customary problem-

solving resources. A crisis is different from a problem or an emergency. While a *problem* may create stress and be difficult to solve, the family or individual is capable of finding a solution. Consequently, a problem that can be resolved by an individual or a family is not a crisis. An *emergency* is a sudden, pressing necessity, such as when a life is in danger because of an accident, a suicide attempt, or family violence. It requires immediate attention by law enforcement or other professionals trained to respond to life-threatening events. If a situation can wait 24 to 72 hours for a response, without placing an individual or a family in jeopardy, it is a crisis and not an emergency.

ELEMENTS OF CRISES

The three basic elements of a crisis—a stressful situation, difficulty in coping, and the timing of intervention—interact and make each crisis unique.

1. Stress-Producing Situations

Everyone experiences times when they feel upset, disappointed, or exhausted. When such feelings are combined with certain life events or situations, they often lead to mounting tension and stress. There are five types of situations or events that may produce stress and, in turn, contribute to a state of crisis:

- a. **Family Situations**—a child abuse investigation, spouse abuse, an unplanned pregnancy, a parent's desertion, a chronically ill family member, and lack of social supports are examples of family situations that can create stress and crises.
- b. **Economic Situations**—sudden or chronic financial strain is responsible for many family crises, such as loss of employment, a theft of household cash or belongings, high medical expenses, missed child support payments, repossession of a car, utilities cut off from service, money "lost" to gambling or drug addiction, and poverty.
- c. **Community Situations**—neighbourhood violence, inadequate housing, a lack of community resources, and inadequate educational programs illustrate some ways the community may contribute to family crises.
- d. **Significant Life Events**—events that most view as happy, such as a marriage, the birth of a child, a job promotion, or retirement, can trigger a crisis in a family; a child enrolling in school, the behaviours of an adolescent, a grown child leaving the home, the

onset of menopause, or the death of a loved one can also be very stressful life events.

- e. **Natural Elements**—crises are created by disasters such as floods, hurricanes, fires, and earthquakes, or even extended periods of high heat and humidity, or gloomy or excessively cold weather.

2. Difficulties in Coping

An individual's or a family's ability to deal with a crisis situation is influenced by their physical and behavioural characteristics and their attitudes and beliefs. Even families with generally happy lives and networks of support can become overwhelmed by stressful events. For example, poor physical health, a low level of personal energy, an overly sensitive temperament, and mistrust of community service providers set the stage for difficulty in coping with a crisis. Families that have problem-solved well in the past will be quick to benefit from crisis intervention. With encouragement, support, and a focus on the problem-solving process, they will soon regain their coping skills and stabilize. For example, one case referred to Child Protective Service (CPS) involved the neglect of a young child. The child's mother was depressed about her ex-husband's threats of a custody fight. Feeling hopeless about a legal battle, the mother began to blame and neglect her child. As a result of crisis intervention, the mother quickly regained hope, secured legal counsel, and realized that she could "stand up to the threats." Within a period of three weeks, the mother was appropriately parenting her child again and finding joy in life.

Parents with Chronic Coping Problems

Many families in the CPS system (this peculiar to western world) do not have experience in solving problems well. Rather, they seem to have continual difficulties in several areas of their life. Indicators distinguishing the two types of families—those in acute crisis and those in chronic crisis—are presented in the table below. is not the task of crisis workers (also known as crisis interveners) to "cure" every dysfunction within "chronic crisis" families. Instead, it is more critical to focus on one to four specific stresses which created the immediate crisis. If a family can learn to focus on and find solutions to a limited number of crisis-producing problems, then the family members will have learned how to problem solve, and they will feel more in control of their destiny.

INDICATORS DISTINGUISHING FAMILIES IN ACUTE CRISIS FROM THOSE IN CHRONIC CRISIS

Acute Crisis— Parents Fundamentally Able To Cope but Temporarily Overwhelmed	Chronic Crisis— Parents with Continual and Serious Child-Rearing Difficulties
<ul style="list-style-type: none"> ✧ Major crisis or series of crises ✧ History of adequate child care ✧ Regular employment ✧ Sufficient income and skills ✧ Emotional support from friends and relatives ✧ Average problem-solving abilities ✧ Generally good physical health, minimal use of illegal substances, and essentially no illegal activity ✧ Adequate education and housing that allow for individual space and organization of belongings ✧ Intimacy is non-sexualized ✧ Acceptance of differences of opinion ✧ Family members understand and accept their respective roles ✧ Generally good mental health ✧ Likely to be cooperative with genuinely supportive child protection personnel, welcoming offers of help ✧ Likely to regain ability to solve problems themselves when crisis has passed 	<ul style="list-style-type: none"> ✧ Constantly in stressful situation or crisis ✧ Little parenting knowledge ✧ Limited education/vocational opportunities and skills ✧ Poverty ✧ Extreme social isolation ✧ Little support from relatives or community ✧ Poor problem-solving skills; blame others ✧ Ill health, substance abuse, drug dealing, legal problems, physical handicap ✧ Overcrowded or run down housing, cluttered areas, economically disadvantaged ✧ Prostitution, sex abuse, abuse between adults ✧ Social, racial, or cultural discrimination ✧ Poorly defined role boundaries in the family ✧ Chronic mental illness or character ✧ Distrustful of professional helpers ✧ A new crisis arises, even though there is relief from a previous crisis

* Adapted from *Crisis Intervention: A Manual for Child Protective Workers*, by R. Borgman, M. Edmunds, and R. MacDicken, U.S. Department of Health, Education and Welfare, National Center on Child Abuse and Neglect, 1979, p. 7.

People with chronic coping difficulties tend to be constantly in stressful situations and must cope with several major problems which occur simultaneously, e.g., unemployment, inability to pay bills, problems with the landlord, marital disharmony, and neighbourhood complaints about their children or the appearance of the yard. Any new stress, such as the utilities being disconnected, may be “the straw that breaks the back” of these families. Instead of being supportive to each other, family members try to place blame. Arguments or violence between the adults may lead to child abuse or neglect or vice versa. Substance abuse, adolescent gang activity, or a runaway or pregnant teenager may indicate that the family has chronic coping problems. Once families learn to solve problems, they have new hope for the future, giving them the energy to address some of the antecedents to the current crisis.

Again, crisis workers as well as students who have received lectures on this topic must focus on restoring stability and teaching families how to solve problems, rather than solving the problems for them. When crisis workers assist families in solving a crisis, the families are also helped to avoid future crises. Many of these families, however, need to be referred to mental health or substance abuse counsellors for resolution of past emotional traumas, such as childhood sexual abuse or for treatment of addictions, depression, and other emotional disorders.

3. Timing of Intervention

As stated previously, crises typically last four to six weeks during which time problem-solving is critical. A timely, therapeutic response is likely to prevent a severe breakdown in family relationships and restore adequate functioning. It is at this time that the family is most open to intervention. By intervening in a timely manner and by assisting the family in overcoming situational factors which led to the crisis, stabilization is likely to occur within a few weeks. Initially, the crisis worker may remain with the family for several hours, if needed. As the situation progresses or becomes more intense, the crisis worker's time with the family is adjusted to fit the situation. As termination is approached, fewer hours should be required. Throughout the process, the crisis worker should be available at all times.

THE PHASES OF CRISIS

When individuals or families face certain levels of stress or combinations of stress, crises occur. These crises are likely to have a sequence, or series of phases, as described below. Although presented as seven distinct phases, the phases of crisis may overlap or intertwine. The following configuration of crisis phases is adapted and expanded from the four interlocking phases found in *Crisis Intervention Book 2: The Practitioner's Sourcebook for Brief Therapy* (Parad and Parad, eds., 1990).

Phase I: Precipitating Event—an unusual, unanticipated, stressful, or traumatic precipitating event occurs, causing an initial rise in anxiety. The individual and family respond with familiar problem solving mechanisms.

– The precipitating event may be a report of child sexual abuse or an investigation by authorities of drug-related activities in a family. Another example is a parent who loses a job. Feeling hurt and vulnerable, the parent may displace his or her anger by physically harming a child. In turn, there is a new precipitating event, a child abuse investigation with its own potential for creating a family crisis.

Phase II: Perception—the individual or family perceives the event or accusation as meaningful and as a threat to individual or family goals, security, or ties of affection. For instance, a family may perceive a complaint of abuse or neglect as a threat to family integrity and interpersonal security (e.g., when there is the possibility of removing a father who has been accused of sexually abusing his adolescent or the possibility of removing an adolescent who has behaved in a belligerent manner).

Phase III: Disorganized Response—unfamiliar feelings of vulnerability and helplessness escalate as behaviours, skills, or resources used in the past to solve problems fail. The family's anxiety rises, and members seek an immediate and original solution to the psychological stress.

– In turn, the family's response to the stressful crisis becomes increasingly disorganized.

Phase IV: Seeking New and Unusual Resources—in their attempt to decrease tension and resolve the emotional pain, family members begin to involve other people. Since each family member has a different perception of the threat and of who might be able to help, he or she may seek validation for his or her viewpoint both within and outside the family. Neighbours, relatives, and friends will offer both direct assistance (alternative housing, transportation, food, money, etc.), and advice ("call the police," "be more submissive and your husband/father will calm down," "leave the abuser," etc.). The family needs a non-judgemental, well-trained crisis worker during this phase, rather than conflicting advisors. While the family is feeling helpless, crisis intervention can be quite effective because the family is open to help that offers them some protection, security, or support. Compassion, mixed with appropriately firm limits, can give the family a sense of security or protectedness. This requires the crisis worker to listen actively to what the family says it needs to become stable.

Phase V: A Series or Chain of Events—most crises set off a chain of events which can create yet another crisis for the family. For example, a crisis may begin with a parent experiencing a drug induced personality change, becoming violent in the family, and spending the rent on drugs. If crisis intervention services are not provided, eviction from housing may ensue, setting off another crisis.

Phase VI: Previous Crises Become Linked to Current Crisis—crises tend to spur memories of past traumatic or crisis events involving loss of control. For instance, a mother who has suppressed her sexual victimization by her father may become acutely aware of it when her

intoxicated boyfriend makes sexual advances toward her daughter. Likewise, when a child is physically abused by one parent, the other parent may have flashbacks about beatings in his or her childhood.

Phase VII: Mobilization of New Resources, Adaptation—this phase represents a turning point, when the tension and struggle evolve into mobilization of new resources or ways of adapting. This can occur when a family with a history of substance abuse attends Alcoholics Anonymous and Al-Anon meetings, seeks different housing or job training, or decides to listen when other family members are talking. Since there is the possibility that an unresolved crisis may lead to further maladaptive behaviours, such as more vicious fighting or a heavier reliance on substance abuse, it is the job of crisis workers to help families seek and implement acceptable crisis-resolution strategies.

FEELINGS DURING CRISIS

Howard and Libbie Parad (1990) describe the anxiety-ridden responses of people in crisis as including “...upsets in eating, sleeping, dreaming, lovemaking, feeling, thinking, and doing.” They believe that the following **nine** emotional reactions of people in crisis, as discovered by the Benjamin Rush Centre for Problems of Living, can help professionals better understand and work with crises:

1. Bewilderment: Experiencing new and unusual feelings.
2. Danger: Feelings of tension, fear, and impending doom.
3. Confusion: Mind is muddled and not working well.
4. Impasse: Feeling stuck; nothing works.
5. Desperation: Need to do something, but what?
6. Apathy: Why try?
7. Helplessness: Need someone to help me.
8. Urgency: Need help right now.
9. Discomfort: Feeling miserable, restless, unsettled.

3.1 Psychological Effects of Crisis

While differences in coping abilities, stress-producing situations, and timing of intervention make each crisis unique, individuals in crisis experience some common psychological effects that affect assessment and treatment. Forming a working relationship with the parents, when responding to a crisis caused by child maltreatment or when dealing with parents in any other child-rearing crisis situation, requires anticipation of these effects. Generally, crisis events produce problems in **six** broad areas as described below. Such problems are temporary, however, and not indicators of mental illness. A crisis is transient, as are the temporary responses of the family members. Anyone can have a

crisis. Therefore, being in crisis is not synonymous with being mentally ill.

1. Disorganized Thinking

People in crisis experience disorganization in their thinking process. They may overlook or ignore important details and distinctions that occur in their environment and may have trouble relating ideas, events, and actions to each other in logical fashion. They may jump from one idea to another in conversation so that communication is confusing and hard to follow. They may not notice or may have forgotten exactly what happened, or who did what to whom. Important details may be overlooked in interpreting events. Fears and wishes may be confused with reality, manifesting a general feeling of confusion. Some people in crisis develop one-track minds, repeating the same words, ideas, and behaviours which “worked” in the past, but are inappropriate in the current situation. These people may seem unable to move on to new ideas, actions, or behaviour necessary to solve the current crisis.

2. Preoccupation with Insignificant Activities

In an attempt to combat disorganized thought processes and anxiety, people in crisis tend to become very involved in insignificant or unimportant activities, such as worrying that someone will be overwhelmed with bad air by keeping a window open. At the peak of crisis, then, these individuals may need considerable help in focusing on important activities, such as implementing the steps for productively resolving the crisis.

3. Expression of Hostility and Emotional Distancing

Some people in crisis are so upset over their loss of control that they become hostile toward anyone who intervenes in the situation. They resent their need for help, feeling both angry and vulnerable. Other crisis-ridden people react with extreme emotional distancing and passivity, seeming not to be emotionally involved in the situation or concerned with its outcome. For crisis workers, the issue is not how to give directives, but to point out the choices for handling the crisis and to reinforce strengths.

4. Impulsiveness

While some people are immobilized in crisis situations, others are quite impulsive, taking immediate action in response to the crisis without considering the consequences of their action. Their failure to evaluate

the appropriateness of their responses may provoke further crises, thus making an already complex situation even more difficult to resolve.

5. Dependence

Dependence on the crisis worker at a time of crisis is a natural response and may be necessary before an individual can resume independence. In cases of child abuse and neglect, protection of the children may require the crisis worker to do for the parents what most other parents do for themselves. For example, the crisis worker may need to call a creditor or the utility company or help parents in structuring the basics of child care. During a crisis, perceptions of the crisis worker's power or authority can have a stabilizing impact on a family. A family in crisis is likely to welcome an objective, skilful, and kind authority who knows how to "get things done." Offers of help from a concerned, competent crisis worker seem the answer to all the family's difficulties. After a brief period of dependency, most families are able to resume independent functioning. For some families in crisis, however, dependency may linger. The need to have someone else in charge makes these families particularly susceptible to influence from others, rendering them more vulnerable. In their need to find solutions, they may not be able to discriminate between what is beneficial for them and what could be harmful or, in the absence of a competent crisis worker, to whom they should listen.

6. Threat to Identity

Identity is both an inner condition and an interactional process. When an event, such as a child abuse report, threatens one's self-concept and family relationships, a crisis occurs. Because usual coping methods fail, one's sense of personal identity is impaired, causing disequilibrium. One's previous feelings of competency and worth may seem totally lost. To counter a lowered self-perception, a parent in crisis may assume a facade of adequacy or arrogance, claiming that no help is needed. Or, the parent may withdraw from offers of help. In either case, it is important to remember that the parent in crisis is probably very frightened, rather than "resistant" or "unmotivated." The crisis worker has the opportunity to establish rapport by recognizing strengths that help to restore a sense of goodness or individual worth. The crisis worker cannot accept abuse of a child, but does acknowledge the parent's and family's strengths.

SELF ASSESSMENT EXERCISE

With relevant examples, differentiate between crisis and emergency.

4.0 CONCLUSION

During a state of crisis, individuals and families are usually quite receptive to intervention. The anxiety produced by the crisis, coupled with the realization that past coping and problem-solving strategies are not working, spurs motivation to learn new strategies. If help is not available during this critical period of openness to change, the individual and family may become totally immobilized or resort to destructive or maladaptive behaviours. Therefore, it is critical that practitioners of emergency and disaster management and other associates and concern authorities quickly identify crisis situations. In identifying a crisis situation, it is important to consider its contributing elements: What specific situations or events are creating the most stress for the individual and the family? What difficulties in coping are evident? At what point in time is intervention occurring?

The phase of the crisis must also be considered. Feelings and behaviours that on the surface appear bizarre, may be, in fact, characteristic of the crisis phase. Correct interpretation of the crisis phase is essential to appropriate intervention. For instance, clients whose crises are chronic or multiple may require referrals to follow-up clinicians who can further address underlying issues. Finally, it is important to be aware of the feelings people typically experience during a state of crisis. A crisis can have a devastating impact on one's senses and psychological functioning. However, that impact is often short lived when interpreted and dealt with correctly.

5.0 SUMMARY

This unit focuses on Crisis Intervention in Child Abuse and Neglect via family crisis. A pragmatic definition of what constitute a crisis and emergency was highlighted and discussed. Followed were the three basic elements of a crisis; the various indicators of what differentiates acute from chronic crisis in relation to phases that exist in the development of crisis as well as the psychological effects on families, parents and children.

6.0 TUTOR-MARKED ASSIGNMENT

Succinctly explain the five types of situations or events that may produce stress and, in turn, contribute to a state of crisis?

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UNIT 3 CRISIS INTERVENTION GOALS AND STEPS

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 The Scope and Goals of Crisis Intervention
 - 3.2 A Nine-Step Crisis Intervention Model
 - 3.3 Crisis Intervention Teams
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
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1.0 INTRODUCTION

Crisis intervention begins at the first moment of contact with clients/victims. Consequently, community coordination in its planning and implementation results in tremendous benefits to families. In a matter of weeks, families may achieve progress that is the equivalent of one or two years of traditional case management and treatment. It is factual that, families are most ready to change their non-productive approaches to problem-solving during a time of crisis. Crisis intervention focuses on one to four goals that are chosen by the family. Intervention is time limited, usually between 4 to 12 weeks, family-centred, and occurs in the family's home much of the time. Concrete services, along with counselling and referral to community resources, are provided by one or more crisis workers.

Using eclectic, solution-focused approaches, crisis workers are expected to concentrate on family strengths, rather than weaknesses, believing that families have the knowledge and skills to solve their own problems. The major focus is on the here and now (the immediate), but linkages to the past may be explored in order to break a repetitive cycle of inappropriate problem-solving or self-destructive behaviours. All crisis intervention programs emphasize safety for the children. Concern for the safety of other family members and crisis workers is rapidly evolving as a part of good practice. In addition to the scope and goals of crisis intervention, this unit considers the following: a nine-stage model of crisis intervention, crisis-intervention teams, crisis as an opportunity to initiate change, and crisis intervention as a planned response.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- a nine-stage model of crisis intervention
- crisis-intervention teams, crisis as an opportunity to initiate change
- crisis intervention as a planned response.

3.0 MAIN CONTENT

3.1 The Scope and Goals of Crisis Intervention

A focus on limited goals and objectives is essential for crisis intervention. This is particularly true with families in which disorganization and lack of finality perpetuate chaos.

Six Goals of Crisis Treatment

As proposed by Rapoport (1970), crisis intervention is guided by six primary goals, all aimed at stabilizing and strengthening family functioning. These goals are to:

1. Relieve the acute symptoms of family stress;
2. Restore the family and family members to optimal pre-crisis levels of functioning;
3. Identify and understand the relevant precipitating event(s);
4. Identify remedial measures that the family can take or that community resources can provide to remedy the crisis situation;
5. Establish a connection between the family's current stressful situation and past experiences; and
6. Initiate the family's development of new ways of perceiving, thinking, and feeling, and adaptive coping responses for future use.⁸

Since crisis intervention is time limited, an attempt to achieve too many goals leads to disappointment and feelings of failure. While clients should be encouraged to stretch their resources or abilities, they cannot be expected to go in too many directions or too far beyond their basic abilities. It is better to help clients view life as a "practice field" where they practice repetitively to accomplish a goal, or as a "house" where they put one piece of progress (building block) on top of the other until the goal is achieved.

3.2 A Nine-Step Crisis Intervention Model

The following model incorporates steps from a seven-stage model for crisis intervention. This nine-stage model is slightly more comprehensive.

Step 1: Rapidly Establish a Constructive Relationship

In the first step, the emphasis is on crisis worker sincerity, respect, and sensitivity to clients' feelings and circumstances. Crisis workers must listen and observe for long periods of time. As Puyear (1979) states in *Helping People in Crisis*, "Active listening entails listening for the latent, underlying, coded message and then checking to see if one has gotten it correctly." Active listening gives clients a chance to develop their own strengths. By assuming that clients are motivated, they are supported in thinking through their solutions, which enhances their self-respect. "The worker," Puyear continues, "must assure that the client feels that something useful has been accomplished in the first session and that there is promise of something useful being accomplished in the next." Rapport is enhanced by showing respect and unconditional positive regard for clients. Crisis workers need to start with the assumption that people are basically good.

Step 2: Elicit and Encourage Expression of Painful Feelings and Emotions

Anger, frustration, and feelings related to the current crisis are the focus of intervention rather than issues in the past. Linkages to past crises and repetitive, ineffective responses to problems can be explored at a later time.

Step 3: Discuss the Precipitating Event

After rapport is established, the focus turns to the family perceptions of the situation, the chain of events leading up to the crisis, and the problem that set off the chain of events. Discussions examine when and how the crisis occurred, the contributing circumstances, and how the family attempted to deal with it.

Step 4: Assess Strengths and Needs

Family assessment of strengths and needs begins immediately and continues throughout crisis intervention. The crisis worker draws conclusions regarding the family's strengths and needs related to the current crisis and, with the family, evaluates the potential for recovery.

Client strengths are tapped to improve self-esteem, while also providing energy and skills for problem-solving.

Step 5: Formulate a Dynamic Explanation

This step looks for an explanation not of *what* happened, but *why* it happened. This is the core of the crisis problem. The meaning of the crisis and its antecedents as seen by the clients are explored. Why do they ascribe that meaning or perceive it as they do?

Step 6: Restore Cognitive Functioning

In this step, the crisis worker helps the family identify alternatives for resolving the crisis (i.e., reasonable solutions toward which the family is motivated to work).

Step 7: Plan and Implement Treatment

The crisis worker assists the family in the formulation of short- and long-term goals, objectives, and action steps based on what the family chooses as priorities. With a concrete plan of action, the family feels less helpless, more in control, allowing members to focus on action steps. Objectives and action steps need to be simple and easy at first, assuring client success. The family members are responsible for action steps or homework, but the crisis worker continues to counsel them, seeks to help find appropriate resources in the community, and becomes the family's advocate.

Step 8: Terminate

Termination occurs when the family achieves its pre-crisis level of stability. Crisis workers review with the family the precipitating event(s) and response(s) and the newly learned coping skills that can be applied in the future. The crisis worker assures that the family is scheduled for meetings with, and committed to, any necessary, ongoing community services.

Step 9: Follow-up

Crisis workers arrange for continuing contacts with families and referral sources on predetermined dates or by saying "I'll be contacting you soon to see how you are doing." This puts appropriate pressure on families to continue to work on issues in a positive way.

3.3 Crisis Intervention Teams

In cases involving child abuse or neglect, there is frequent misunderstanding about the differences among investigation, psychological first aid, and rehabilitative crisis intervention. Each, however, plays a critical role in a team's response to child maltreatment. Ultimately, rehabilitative crisis-intervention skills can significantly enhance investigative or psychological first-aid approaches.

Investigation

The purpose of the investigation is to determine whether child abuse and neglect exist within a family reported to the CPS agency, to interpret the agency role, to determine whether the family will benefit from further intervention, and to assess whether there is a risk that future maltreatment will occur. As noted in an earlier user manual, *Child Protection Services: A Guide for Workers*, “[investigative] intervention should be timely, limited to required procedures, and terminated when it is determined that continuation is unnecessary or when services are no longer required.” Whereas emergencies should receive immediate response, non-emergency situations can be contacted within 24 hours, and can usually take place in the child's current residence. On the basis of the CPS investigation and case assessment, crisis workers must decide if the case warrants continued intervention. At this point, crisis workers may need to use crisis-intervention techniques. Removal of the child is not the primary objective, but rather the alternative, if intervention fails and the child cannot be protected in the home.

Psychological First Aid

Psychological first aid, or helping to reduce anxiety by listening and reassuring the family, is critical to the establishment of rapport. This requires hours of listening on the part of crisis workers. Psychological first aid may also be a one-time intervention offered by neighbours, relatives, churches, or helping agencies that provide money, food, housing, or transportation. Although this support system is extremely important in the overall crisis response, it does not teach clients to problem-solve and, in fact, may leave the clients to struggle with repetitive crises. If possible, crisis workers need to persuade community support systems to stay involved with the family after the initial crisis period, going well beyond the psychological first aid stage. Establishment of consistent friendships and other community supports can help avert future crises.

Rehabilitative Crisis Intervention

As Slaikeu (1990) states in *Crisis Intervention: A Handbook for Practice and Research*, rehabilitative crisis intervention aims to help “the client deal with the impact of the crisis event in all areas of the client’s life.”¹⁹ Through resolution of one crisis, the client can gain skills for facing and solving future problems, rather than developing a repetitive cycle of being “rescued” from similar crises. This does not mean that the primary focus is on all areas of the client’s life. Instead, by staying focused and being successful in problem-solving, clients learn skills that are transferable to all areas of their lives and can be used to resolve future crises. Even though the focus is on current problems, many clients come to understand how past, unresolved trauma contributed to maladaptive attempts to solve the present crisis.

OVERVIEW OF TEAMS RELATED TO CPS

Whenever a CPS investigator believes that a child’s safety in the home is questionable, and that intensive, in-home intervention services are needed to protect the child from harm, a crisis-intervention team should be called in right away. CPS and specialized teams should always cooperate, not compete, since investigation and treatment are separate, equally important functions. The team concept is critical in shaping the philosophy and vision of family preservation or other crisis-intervention programs. The combined knowledge of a multidisciplinary team provides for more accurate assessment and treatment approaches, and more varied use of community resources. Furthermore, there is strength in numbers, meaning that a team provides safety or protection for its members as well as the families that are being helped. The likelihood of violence, or even resistive behaviours, is reduced when a “team” is present. A dysfunctional family system is also more likely to be positively influenced by an intervention system, a team, that demonstrates clear and honest communication, as well as respect, among team members. Team members should have diverse knowledge and skills. Those with highly specialized knowledge, such as child development or substance abuse assessment, may serve as consultants to other team members. When a multidisciplinary crisis team is unavailable, as in small communities, close contact must be maintained between the crisis worker and the supervisor or consultant, who work together as a small team.

SPECIALIZED, MULTIDISCIPLINARY TEAMS

Multidisciplinary crisis-intervention teams bring specialized knowledge to a crisis situation. To be effective, each crisis worker plays a distinct role, with a coordinating supervisor providing support and overall

direction. Team members may be in a direct service role or that of a consultant to other crisis workers. Preferably, team members represent both sexes and a range of chronological and professional development stages. When more than one team member goes to a home or multidisciplinary interview centre, a lead crisis worker needs to be in charge to assure that goals for the visit or interview are accomplished. Some crisis workers excel at using community resources or providing concrete services. Others excel at assessing problems, helping families communicate better, or listening in a way that makes families willing to talk openly. Some crisis workers are especially good at accompanying clients to a well baby clinic, to a physician's office, to prospective employment, or even the grocery store, thereby helping them feel successful in accomplishing a task. Some crisis workers are better at supportive confrontation or placing limits on inappropriate client behaviours. Drawing on each team member's strengths greatly enhances service delivery. Time limits of service, 24-hour availability, and belief that clients have the skills with which to solve their problems are essential. Time-limited service requires advanced planning, specialized knowledge, and specific skills if families are to benefit. The following are areas that any program providing a team approach must address in order to assure the team's effectiveness:

1. clarity regarding crisis workers' specialized, multidisciplinary roles;
2. development of an eclectic base of theoretical and intervention knowledge;
3. training and supervision to assure that crisis workers and clients stay focused on the chosen goals;
4. specific training regarding crisis intervention theory;
5. consistent and timely supervision to enhance skills and provide support;
6. debriefing by a supervisor and peers to prevent the team's burn-out; and
7. training which addresses crisis worker safety and vulnerability.

CRISIS AS AN OPPORTUNITY TO INITIATE CHANGE

If help is not available when a family is open to new ways of coping, family members may sink deeper into maladaptive patterns such as more violence, heavier substance abuse, deeper withdrawal, or more destructive scapegoating. Under such circumstances, there is increased risk of child abuse and neglect. When individuals and families are highly stressed and anxious about dealing with unfamiliar problems, such as a summons to appear in juvenile court, they may feel overwhelmed, hopeless, and panicked. After attempting to use responses

that have worked for them in the past, they are searching for new responses to their dilemma.

If, in the past, they have responded to frustration by yelling, accusing, hitting, feeling sick, withdrawing, or crying, it becomes evident to them that these responses are not stopping the CPS or law enforcement investigation. Finding no answer to the situation, while perceiving a threat to their existence, families are open to new ways of processing and resolving their problems. During the resolution of a crisis, individuals and families tend to be particularly amenable to help. Customary defence mechanisms weaken, usual coping patterns prove inadequate, and the ego becomes more open to outside influence and change. A minimal effort at this time can produce a maximum effect; a small amount of help, appropriately focused, can prove more effective than more extensive help at a period of less emotional accessibility.

If an immediate therapeutic response is made while the family is still experiencing a high level of anxiety or emotional pain, the family is more receptive to intervention. Therefore, the crisis worker must listen closely and determine what the family wants to change. During this emotional, rehabilitative, goal-setting period, crisis workers should:

1. respond to family members' disorganized thinking and feelings of guilt, fear, or anger by focusing on one to four critical issues (goals), thereby increasing their ability to manage their feelings and circumstances;
2. help families explore their coping mechanisms and identify alternatives for coping with crises, thereby reducing impulsiveness, feelings of vulnerability, and helplessness;
3. assist the family in using additional community supports, thereby reducing isolation, enmeshment, dependence, and the complexity of interrelated problems.

CRISIS INTERVENTION AS A PLANNED RESPONSE

Since there is a window of opportunity during which families can change, effective crisis intervention is timely in its response and diligent in assuring safety for the children and other family members. A helpful, planned response includes:

1. providing immediate contact, within 48 hours or less;
2. staying with the family as long as necessary to stabilize the immediate crisis;
3. being available 24 hours a day, 7 days a week;
4. providing assessment and services, at least in part, in the home;

5. maintaining small caseloads, usually two or three and no more than 13;
6. having daily contact with the family in the beginning and decreasing the contact gradually;
7. setting a predetermined length of service, usually 4 to 12 weeks;
8. listening actively for long periods, focusing clients on one to four critical problems or goals;
9. providing counselling, concrete services, and community resources;
10. believing that a crisis makes people open to change for the better;
11. encouraging the family to set its own goals with limited guidance from crisis workers;
12. maintaining time-limited intervention;
13. focusing on the total family system, but maintaining flexibility in working with whoever is available; and
14. providing a team approach, even if some members are used exclusively as consultants.

Presence Until Stress Is Reduced

It is important to note that the crisis worker must be present until family stress is reduced and the child is safe. Seldom can only one visit provide such safety. For resolution, most crises require several visits. Certainly this is true in families where there are linkages to unresolved past crises and where the child's safety may be in doubt. Some families seem to be crisis prone, always living on the brink of another crisis. At least one author has referred to "exhaustion crisis," in which persons under consistent stress are finally overwhelmed by an additional internal or external stress, and "shock crisis," in which there is no forewarning prior to a sudden change in the social environment. Chronically dysfunctional families who are reported for child abuse and neglect could fall into either category. "Stresses become traumatic through repetition." Consequently, some families are overwhelmed not only by abuse or neglect but also by repeated inquiries into their abusive or neglectful patterns. These families may need ongoing services for a period of 2 to 5 years, or parental rights may need to be terminated when sadistic and torturous abuse is present. It is possible that multiple crises in families as a way of life may be an attempt to avoid emotional pain from the past and to test crisis workers' commitment and trustworthiness. Crisis workers should not promise more than they can deliver in the prescribed time limit, but arrangements for long-term intervention can be part of the crisis intervention plan.

SELF ASSESSMENT EXERCISE

1. How does crisis create opportunities for change?
2. What are crisis workers expected to do.

4.0 CONCLUSION

Crisis intervention begins at the first moment of contact with clients. It focuses on one to four goals that are chosen by the family. Intervention is time limited, usually between 4 to 12 weeks, family-centred, and occurs in the family's home much of the time. In addition to the scope and goals of crisis intervention, this unit considers the following: a nine-stage model of crisis intervention, crisis-intervention teams, crisis as an opportunity to initiate change, and crisis intervention as a planned response.

5.0 SUMMARY

In summary, a family is most likely to accept intervention from "outsiders" during a state of crisis. In contrast to traditional casework, crisis intervention is brief in duration, focused primarily on the "here and now," and supports family members in what they—not the crisis worker—want to change. A skillful crisis worker or crisis-intervention team involves the entire family in the problem-solving process, reinforces the family's abilities and strengths, and conveys a hopeful attitude to the family about problem resolution. Concrete services are provided to lessen pressures in the family and to free the family's energy for setting and achieving goals. Prior to termination of crisis-intervention services, skillful crisis workers make sure the family is linked to the resources it needs in the community and then formalize a plan for follow-up. Many families known to CPS agencies have multiple problems. It is important to remember that crisis workers are not responsible for helping families solve all their problems. Rather, the task is to help families stabilize and learn to focus and find solutions to a limited number of problems. In that way, families gain a sense of accomplishment and success, encouraging them to move on to solving other issues, either on their own or with the help of resources in the community.

6.0 TUTOR-MARKED ASSIGNMENT

Explain the nine-step crisis intervention model.

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UNIT 4 CRISIS INTERVENTION ASSESSMENT

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Total Family Involvement
 - 3.2 Assessing Risk
- 4.0 Conclusion
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- 7.0 References/Further Reading

1.0 INTRODUCTION

Different personalities of individuals, the divergent environments in which they reside, the variety of psychological and biological make-ups, and the varying family structures in which they live lead to a broad range of responses to stress. Consequently, it becomes difficult to predict human behavior.²⁷ Yet it is necessary to make an attempt to assess the risk of abuse within families in order to protect family members. People in crisis need, and are more responsive to, immediate intervention. (Rapport, necessary for family assessment, is more readily established by offering immediate emotional first aid and support when the family is frightened, confused, and experiencing emotional pain.)

2.0 OBJECTIVES

The main objective of this unit is to comprehend family involvement in crisis management.

3.0 MAIN CONTENT

3.1 Total Family Involvement

Since families are systems, what affects one member of a family affects other members. Considering this dynamic, interactional pattern, it makes sense to involve the entire family in crisis-intervention assessment. This is especially true in child abuse and neglect cases where the interactional pattern is dysfunctional, and change is critical to protecting the child. Even in incest cases or illegal drug sales, in which the offender is removed but reunification may occur, intervention is done with remaining family members but coordinated with professionals who are treating the offender. For an intervention to be most effective, all family members require both individual and group attention. Each member

needs to feel special and separate, yet an integral part of the family group. Individual and family value orientations, communication styles, and roles must be understood. It takes hours of listening for the crisis worker to understand implicit family rules and beliefs, how messages are communicated and received, and who relates to whom and how, within the family. All family members need the opportunity to give their opinions about the family's primary problems. Different opinions help the crisis worker get a picture of the antecedents to the crisis. The involvement of the total family may facilitate the following intervention. When family crisis intervention is implemented, the specific steps that follow—similar to the generic stages of individual or group crisis counselling—should be taken. Appropriate efforts should be made to involve family members in each phase, which are to: (1) search for the precipitating event and its perceptual meaning to the family members; (2) look for the coping means used by the family and appraise the extent to which these have or have not been successful; (3) search for alternative ways of coping and the resources that might improve the situation, while actively soliciting suggestions from family members; (4) review and support the family members' efforts to cope in new ways, with evaluation of results in terms of day-to-day living experiences; (5) move toward early termination that was planned in the initial contract with the family; and (6) plan and conduct at least one follow-up or "booster-shot" session. Throughout this process, the crisis worker should actively define the goals of the family crisis session and the means that can be used for goal achievement, while energetically focusing on the relevant issues.

ASSESSMENT

While making an assessment, an crisis worker pays special attention to the initial contact with the family, what events precipitated the crisis, family interactions and conditions, and the family's perceived needs. With such understanding, crisis workers can more adequately assess risk to the child or children.

Making the Initial Contact

Before making contact with families, crisis workers should not pre-judge them, no matter what information is available from other sources. By keeping an open mind, crisis workers may see and hear things never perceived by other "helpers" and start afresh. The initial contact capitalizes upon the family members' search for answers to the crisis. Intervention must occur before the family members find rigid, maladaptive ways to defend themselves against the outside world. At this point, they are ready to receive open-minded, honest, trustworthy

crisis workers. Kinney, et al (1981), experienced crisis workers, suggest the following approach during the initial contact:

1. We find it most helpful to plunge right into each client's version of his/her family's problems. Clients become motivated if we follow their agenda. They have the best knowledge of the situation and of constraints that should be considered in proposing treatment options. Clients can help organize the information to suit their experience instead of relying on the therapist to organize information to fit his/her idea of their experience. They give enormous amounts of information when they are really "hurting."
2. We find the most useful tool in this process to be active listening.... An active listener reflects feelings and content of what the client is saying. He/she avoids questions, interpretations, and advice giving. When therapists use this technique, clients rapidly begin sharing more than superficial information. They begin to like and trust the therapist. They will probably be more likely to try options he/she suggests later.
3. In many cases, active listening is all that is needed for problem resolution.

Careful listening will usually facilitate understanding without trapping the crisis worker in initial judgments.

Identifying the Precipitating Event

Frequently in crisis intervention, the CPS investigation may be the precipitating factor for a new crisis for the family. But, prior to that, the precipitating factor, or presenting problem, was the physical abuse, sexual abuse, or neglect of a child, or possibly a child's observation of violence between adults. The crisis worker from CPS or another crisis intervention program needs to explain why he or she is there, what information he or she has been given, and explain that he or she is there to listen and help, not to blame or accuse. Consequently, the crisis worker may get new information, both current and past, regarding the crisis and its antecedents. The family can thereby set goals for resolving the current crisis and preventing similar crises in the future.

Observing Family Interactions and Conditions

Observation skills are critical tools for the crisis worker. The most important observational skill is that of seeing a crisis through the eyes of the client. This means that the worker has objective, non-judgemental

empathy. Much attention is given to nonverbal communication, and an attempt is made to understand family members' feelings toward each other and toward the crisis worker. Good observers try to determine more than surface appearance. For instance, the poorly kept house or unkempt person may signify depression or even physical illness. An orderly existence may be impossible for overworked parents who have several young children. Such conditions do not indicate whether or not there is appropriate affection between family members. A nurturing attitude may be of greater value to children than a clean living room! A hostile client may be reacting to negative experiences with social agencies in the past.

The crisis worker must understand child care practices in various cultures.³¹ Crisis workers from middle-class backgrounds must try to understand the stresses of living in poverty, including the fear of violence in the ghetto and the temptation to sell drugs to support the family. A crisis worker's being naive or not being "street wise" can interfere with his or her observations. There may be signs of child sexual abuse, drug dealing, spouse abuse, or mental illness that are subtle or different from the crisis worker's experience. For purposes of getting supervision or consultation from other team members, the good observer merely describes with detailed objectivity the what, when, where, and how of the home visit. Good descriptive material is always clear, whereas use of labels and conditions such as "rigid," "resistive," and "paranoid" are subjective and potentially biasing. In fairness to crisis workers, good listeners and observers are not able to recall every important occurrence or statement that comes forth during several hours of emotional intensity, but a good listener and observer does remain objective.

Determining Family Needs

Traditional therapies and casework tend to determine what the family's problems are and what the family members must do to change. In contrast, crisis intervention encourages families to determine what their problems are, what they want help with, and how they want to go about making changes. The family chooses a limited number of goals, hopefully no more than four, from a more extensive number of possibilities, and determines action steps for achieving the goals. The crisis worker helps the family stay focused to achieve these goals. To be successful in focusing families, crisis workers need to have a sense of compassion, flexibility, and responsiveness to slight changes in focus. Rigidly adhering to a course of action brings greater pain and disappointment. For instance, a family member may have chosen to search for employment outside the home but can only find minimum-wage work that barely pays for transportation, clothing, child day-care,

lunch, and other job-related costs. Consequently, the goal may need to change, such as doing piecework at home, possibly arts and crafts, or switching to a goal for part-time work when a spouse or relative can provide child care.

Misperceptions of clients and what they need can create new crises. For example, lack of understanding of Native American culture has created unnecessary removal of children who, in turn, became disconnected from their culture and yet not integrated into any other culture. With any family, not just culturally different or minority families, an insensitive crisis worker can make incorrect assumptions. Personal values and past experiences can bias one's perception of families and limit recognition of possible interventions. Ultimately, crisis workers must listen closely to the family members' perceptions and respond to their needs, not their own personal needs or wishes.

ASSESSING RISK

Risk is defined as the likelihood of maltreatment occurring in the future. Safety is the determination regarding the immediacy and severity of the risk. Therefore, crisis workers must first determine whether the maltreatment is likely to occur again, and then determine if the child is safe. Extensive information on risk assessment is provided in another User Manual Series publication, *Child Protective Services: A Guide for Caseworkers*. In evaluating a family, the child's safety is of uppermost importance. Can the child be protected while crisis intervention services are being delivered? At the end of crisis intervention, will the child be in imminent danger? Is the criminal behaviour in the family so prevalent that the child can only identify with criminal activity? Is addictive behaviour such that the child only sees immediate gratification through drug use, sex, gambling, and other addictions? Are the addicted members willing to enter drug treatment? Are the addictions, drug dealing, and other criminal behaviours more important to the family than the children are? Realizing that the children may be removed, do the adults still refuse to cooperate in looking for mutually acceptable goals for change? Can the crisis worker engage just one adult in the assessment and planning? If so, there is still hope for change. If it is determined that the child is not safe in the home, then it is incumbent upon the crisis worker to determine first whether crisis intervention will assure the child's safety in the home. If it cannot be assured in the home, then the child must be removed for his or her own safety. For instance, removal of a sex abuser may not assure a child's safety if the remaining parent has been intimidated by the offender and will not protect the child or other children. Non-offending parents who were sexually abused as children may have low self-esteem, dependency, or even flashbacks that reduce their ability to protect children or themselves.

Another way to look at risk assessment is to see it as determining whether the child is happiest with extra protection in the home or removal from the home. Many children are reluctant to leave home or to want removal of the abuser because they fear the unfamiliar. If a child asks to be removed, careful assessment is needed. Is the child truly in danger, or has the child learned to manipulate away from discipline, believing there is less or almost no discipline in out-of-home placement? In the latter instance, parents may need help in applying consistent, firm, non-violent discipline such as time-out, grounding for short periods, consequences for inappropriate behaviour, and other good behaviour-management approaches. Nevertheless, when a child asks to be removed, thoughtful consideration must be given. A more specific criterion is that of sadistic or torturous maltreatment, which suggests that parental rights may need to be terminated. This is true in other cases with parents who have made no significant changes in 6 to 12 months of intervention and treatment as well. Of course, these parents should not be blamed for ineffectual therapy. From the beginning, they deserve, and should have, well-trained, solution-focused professionals. If this kind of effective treatment system is absent, the parents and children may deserve a further chance to avail themselves of treatment.

From a practical standpoint, removal of a child does not always assure safety. Some youths are physically or sexually abused in out-of-home placements. Others are so distressed that they run away or act out in other ways. Their hurt and their rage are misunderstood and require careful evaluation. Most children and families just need better-trained crisis workers. This suggests that only the most severe, most sadistic abuse requires removal of the abuser or the victim, with the victim being removed only when the severe abuser breaks court orders and returns home or threatens to harm the child.

SCREENING INSTRUMENTS

Great caution and professional judgment are warranted in the use of any risk-assessment protocol. Generally, a constellation of risk factors, rather than only one risk factor, suggests that the child is not safe or that vigilant monitoring is advised. When used properly, screening instruments such as the Child Abuse Potential Inventory for parent screening and treatment evaluation or the Child Maltreatment Interview Schedule can be helpful. Training in the use of such instruments is required, however, to assure that misinterpretations do not occur. There are both general and specific forms and lists that have been developed but require much further research. For instance, there is the Family Assessment Form (FAF), designed to assist in-home workers in determining what intervention is needed. The risk variables are measured by the Family Risk Scales, a total of 26 scales with sub-

variables, and “emphasize parental characteristics and family conditions that are believed to be predictors or precursors of child maltreatment or other harm to children.”³⁸ It also incorporates six of the Child Well-Being Scales, referenced below, which are believed to be most useful for risk assessment. Even though general risk-assessment checklists must be used with caution, they may be helpful as reminders of the great variety of possibilities to be studied in determining risk in cases of child abuse and neglect. They are of benefit in preparing for supervision and consultation as well, assuming that the crisis worker’s listening and observing take precedence over the rigid filling out of checklists.

Since checklists tend to identify weaknesses in families, crisis workers are cautioned to work harder at finding strengths and building on those, while seeing family weakness as potential goals or action steps in reverse. An example is that of the parents’ lack of nurturing or quality parenting skills. If parents feel that they want to improve in this area, a goal becomes: “Parents will develop positive nurturing and parenting skills.” Action steps may be: (1) “Attend child development sessions once weekly” or “Spend 30 minutes daily with crisis worker learning child development stages;” (2) “Learn and practice behavioural management techniques with crisis worker;” (3) “Learn how to express appropriate, nonsexual affection and practice in presence of worker.” Parents’ desire to work toward such parenting goals is a positive indicator during the assessment period.

Some authors emphasize tendencies of abusive parents. When assessing the risk of maltreatment, they focus on parents who are more likely to pose a danger to their child because they:

1. deny responsibility for their actions;
2. blame their victims;
3. do the opposite of what they advocate;
4. need to dominate their children;
5. deeply mistrust their children;
6. obsess about their needs, not their children’s needs; and
7. repeat abusive acts compulsively.

Child abuse and neglect assessment is an attempt to calculate the probability of risk, knowing there is no foolproof approach to protecting all children. But risks of harm are greater when certain factors come together. For instance, Finkelhor (1990) “Eight Risk Factors for Sexual Abuse” indicate that children in the following situations are vulnerable to being sexually abused:

1. step-father in the home;
2. victim has lived without a mother at some point;

3. victim is not close to mother;
4. mother did not finish high school;
5. mother sexually punitive toward child, meaning hostile about any of the child's sexual issues;
6. no physical affection from father;

Crisis workers can assess whether the above factors are present and whether offsetting safeguards are in place. Further examples of risk scales are the "Child Well-Being Scales" for child neglect, and The Wife Abuse Inventory," and the "Substance Abuse Subtle Screening Inventory."

ASSESSMENT OF OTHER SPECIAL ISSUES

Crisis workers improve services to families by studying and assessing the presence or absence of suicide potential, post-traumatic stress disorder, and sex offenders' amenability to treatment.

Suicide Potential

Both victims and abusers have been known to commit suicide when they perceived no other appropriate solutions. Any past suicidal gestures or current statements require careful consideration by the crisis worker. Likewise, any family member who seems despondent or overwhelmed by anxiety needs specific assessment of suicide potential. Individual family members whose affect is inappropriate for the circumstances may need evaluation as well. Because more children and adolescents are committing suicide in this country than in the past, professionals need to be sensitive to these tendencies during a crisis. There are various suicide scales which should be part of the intervention team's repertoire for assessment.

Post-Traumatic Stress Disorder

Children who have been abused or have witnessed abuse in the family often suffer from post-traumatic stress disorder (PTSD), which requires a four-step approach to intervention:

1. recognize the symptoms of violence-related PTSD;
2. determine how the child has already tried to master the anxiety or avoid its recurrence;
3. determine the influences or factors which are facilitating or preventing trauma resolution; and
4. decide if the trauma resolution is interfering with normal childhood tasks or propelling the child into more adult roles.

Sex Offenders' Ability to Change

Assessment of a sex offender's honesty, remorse, denial, minimization, use of force, premeditation, family enmeshment, substance abuse, past victimization, empathy or motivation for change, and age is necessary in determining the appropriate interventions for the offender, victim, and family members. Total family involvement is required for successful intervention. Chronic offenders need long-term monitoring and strict supervision. Risk to the child is very high when the mother doubts the child's story of victimization.

When Assessment Indicates a Lack of Safety for Children

When children cannot be protected in their homes, one solution is to obtain a court order requiring that the adult leave the home. If other family members and the abuser are likely to collaborate in defying the plan, putting the children at risk, then removal of the children from the home is necessary. Another option is to bring protective relatives to the children's home while their parent(s) leaves the home. In certain instances, such as when both parents are on drugs and have to be removed temporarily and protective relatives are not available, a 24-hour homemaker and crisis worker may be needed in the home. Until a decision is made about whether the parents have the potential and desire to care for the children, it is best to keep the children in the familiar environs of home. There are various options for accomplishing this, such as asking the abuser to leave the home or bringing 24-hour caretakers to the home.

Removing children from the home is traumatic for parents and children, even when all agree it is best. In fact, removal creates a new crisis for everyone involved. Techniques of crisis intervention, described in the next unit, are beneficial in reducing the separation anxiety which accompanies emergency placements. If the parents are available, try to involve them in the decision to leave the home or to place the children in emergency placement. Likewise, to the extent possible, children deserve to be involved in the decision, based on their age and ability to assess their situation. Many maltreated children can feel reasonably good about being placed with caring and protective families, but will need a great deal of support and reassurance about what the future appears to be. Young children and severely intimidated youth may be unaware of their rights. They may not understand that non-intimidating lifestyles are possible. They may want to cling to the abusive family even when it is chaotic and incapable of protection or nurturance. With the dramatic increase in the number of children being placed with relatives, crisis workers must exercise caution to assure children's safety, as relatives may have come from similarly dysfunctional backgrounds.

Furthermore, children in kinship care deserve the same supports that are afforded to children in the legal custody of the state. Children's anxiety and loneliness are greatly reduced when they can be placed along with siblings, familiar toys, clothes, bed-clothing, animals, and other familiar objects. Crisis workers can advocate for such consideration of the children's feelings. Because children are prone to blame themselves for abuse and separation from the family, they need much reassurance that they are not to blame. To the extent possible, the crisis worker should review the anticipated happenings of the next few days and how the child's safety and protection will be managed. Children need reassurance that they will return to their parents when, or if, it is safe. It is important for crisis workers to find strengths in the parents even if their behaviours are unacceptable. Crisis workers need to listen to the parents' frustrations and anger and help them choose reasonable goals for reunification with their children. Plans for supervised visitation with the children and an agreement for ongoing counselling are desirable after the parents have expressed and learned to cope with their anger toward the child placement agency.

SELF ASSESSMENT EXERCISE

What attention should any crisis worker pay to the initial contact with a family in crisis?

4.0 Summary and Conclusion

Crisis-intervention assessment involves all family members, both individually and as a group, to determine family interactions, conditions, and events that precipitated the crisis. Having no preconceived notions, the open minded crisis worker allows the family to determine their needs and their goals for change. Immediately and longitudinally, the safety of the children and other family members is considered. Although there are no foolproof screening instruments or checklists, such tools can assist in calculating the probability of risk for additional abuse or neglect and the presence of individual and family strengths for change.

6.0 TUTOR-MARKED ASSIGNMENT

Define and explain what is meant by risk assessment.

7.0 REFERENCES/FURTHER READING

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UNIT 5 CRISIS INTERVENTION TREATMENT APPROACHES AND TECHNIQUES

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
 - 3.1 Eclectic Knowledge Base
- 4.0 Summary
- 5.0 Conclusion
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- 7.0 References/Further Reading

1.0 INTRODUCTION

The following sections on eclectic knowledge, staying focused, treatment approaches, and techniques explain how to work with families beyond the initial assessment phase. A team approach to crisis intervention is desirable because each team member can develop some expertise in one or more of the following theories and in the best techniques to be used with differing client populations and crisis situations.

2.0 OBJECTIVES

The unit seeks to understand the various approaches to crisis intervention.

3.0 MAIN CONTENT

3.1 Eclectic Knowledge Base

No one crisis intervention method will work with all clients or victims, or even all the time with any one client. There are many different family structures, compositions, and culturally related belief systems. The eclectic crisis worker tries to understand and respect these diversities in families. In this unit, various interconnecting theories are mentioned as they relate to an eclectic practice base. Practitioners must be flexible and willing to use any theoretical approach or technique that will work to benefit and stabilize a family in crisis. Articles and books have been written about the efficacy of eclectic practice in working with families. Such a viewpoint is expressed by the following quote from *Crisis Intervention Book 2: The Practitioner's Sourcebook for Brief Therapy*: "The crisis counsellor's basic task is to help clients change those

affective (feeling), cognitive (thinking), and behavioural (doing) patterns that hinder effective value clarification and rule making and to encourage constructive communication and appropriate role behaviour. Thus, it is essential to develop a judiciously eclectic approach that attends to these domains of human functioning (feeling, thinking, and doing) in order to help persons in crisis mobilize the resources that will unblock and enhance performance in these vital areas.” Concrete services complement rational-emotive therapy, behavioural therapy, or any theoretical approach. Environmental stresses and lack of resources add to the family’s feeling of being overwhelmed. Concrete services, which lessen the pressure in one area of the family’s life, can free energy for setting and achieving other problem-solving goals.

ABILITY TO FOCUS SELF AND CLIENTS

Sometimes the major stressors in a family may be rather obvious, and it is merely a matter of helping the family focus on one problem at a time, such as applying for food stamps and looking for a better paying job because family income is insufficient, perhaps contributing to these quarrels and violence. In addition to focusing on food stamps and employment, there must also be a focus on stopping the abuse, which requires development of anger management skills, appropriate channelling of anger, more open and respectful communication of feelings in the family, and enhancement of the adults’ relationship. In the above example, there may be only two goals: (1) Improve family income resources and (2) enable parents to use disciplinary practices that do not harm the child. Both of these goals require several action steps, but the focus of intervention remains on the two goals. After the intervention ends, additional anger-management work may be sought through therapists who provide such individual or group treatment.

On the other hand, some families have a multitude of stressors, some chronic and some acute, plus the accusation of abuse or neglect. The family may bombard the crisis worker with medical, legal, financial, housing, transportation, and school-related problems. The crisis worker can easily feel overwhelmed and want to begin working on all problems at once. That is a perfect formula for failure, because there will not be enough time and energy to do everything.

Crisis intervention, like brief therapy, focuses on helping the family choose their goals and how they will go about attaining them. The crisis worker may feel that other problems are more important, and it is acceptable to discuss them, but what is finally chosen as the primary concern should be clearly the family’s choice. This approach empowers the clients with the feeling that they can be in charge of their destiny. For instance, if the family members complain about each other and

various agencies, the crisis worker should encourage them to explain what they would like to change that is within their control, as opposed to changing the agencies. In other words, encourage them to redefine a complaint as a goal. Many clients waste their energy trying to force others to change, rather than concentrating on the one thing within their control, themselves. Once the primary goal, and maybe one to three others, is established, every meeting with the family will focus on the goal. Homework between meetings should clearly focus on the goal as well. It is essential to listen closely for what is important to the family. What ideas do they have for finding solutions? This is a good predictor of success since a focus on the family's concerns can free new energy for finding solutions to other problems, one or two at a time. The family also learns to think flexibly in a problem-solving mode, thereby increasing their confidence regarding ability to cope with future stress. To assure this sense of mastery, the crisis worker should take time to "celebrate" or enjoy each accomplishment with the family.

APPROACHES

Integration of various approaches is required to help families accomplish their goals. These approaches, as described below, include: community system and use of community resources; multiple impact or multimodal; cognitive-behavioural or rational-emotive; task-centred; family treatment; and eclectic.

A "Community Systems" and "Use of Community Resources" Approach

Total family involvement is of paramount importance to crisis intervention. Similarly, successful crisis workers find that coordination and involvement of all available community agencies and resources are of paramount importance to successful resolution of most crises. System-centred or person-in-situation perspectives place less emphasis on pathology and more on the interaction of the client with environmental systems. When addressing the needs of families in crisis, close cooperation between community services assures the maximum benefit from utilization of resources. Poor communication and lack of coordinated efforts between health, legal, social service, education, volunteer, and church-related resources can create extreme frustration for families who are in crisis. For instance, many clients have grown to distrust agencies that promise cooperation from other organizations. Often, they have been told that an agency would help, only to learn that they are ineligible, must go on a waiting list, must subscribe to the helper's value system, or must accept a substitute service. Even worse, some clients have been criticized and humiliated for not understanding agency eligibility requirements. To provide stability and consistent

support for families, crisis workers can guide them to appropriate organizations and services, but it helps when crisis workers give the name of a specific person rather than simply a telephone number.

During the initial crisis, crisis workers may even need to accompany the clients to appointments. As the family begins to stabilize, members can be expected to take more individual initiative. As a support system, the crisis worker should always be available by phone or beeper. Advocacy for clients, helping them access and use resources, dramatically enhances the therapeutic relationship. Abusive families' diverse needs require services from a plethora of organizations, since no one agency controls and delivers investigation, crisis intervention, concrete services, long-term treatment, and the variety of health, social, legal, housing, education, employment, mental health, spiritual, welfare maintenance, and other necessary service components for successful crisis resolution. So-called "wrap-around" services provide whatever the family thinks it needs in order to stabilize. Obviously, this requires strong, collaborative efforts among community resources. As Fandetti (1985) states in *Issues in the Organization of Services for Child Abuse and Neglect*, "Children at risk of placement because of abuse and neglect require tight rather than confused and loosely organized networks of service, interlocked rather than fragmented services and agency policies." Respite child care from a parent aide, day-care placement, a baby sitter, or recreational agency placement may give the parents the free time needed for relief of tension and time to focus on themselves. Medical attention, Alcoholics

Anonymous or Narcotics Anonymous meetings or a contact regarding better housing may reduce day-to-day stress. Development of a joint service treatment plan with the family, CPS, and other crisis workers demonstrates how various resources can cooperate to everyone's satisfaction. Throughout crisis intervention, the crisis worker must make repeated contacts with other providers. Division or disagreement between agencies will feel like rejection to clients who experience chaos and disorganization not only as emotionally hurtful but also as irreversible. The crisis-intervention team, a child and family advocacy organization, or a social service agency needs to assume leadership in bringing community organizations together to develop trust and exchange information on missions and programs. If possible, a community committee should be developed to study gaps in services and coordinate existing services. This is more a responsibility for administrative personnel, but every person who is concerned about families in crisis needs to advocate for coordination and collaboration and participate in both formal and informal coordinating committees.

The Multiple Impact or Multimodal Approach

The value of the multiple-impact approach, using many crisis workers, has been recognized for the past several years and has the efficacy of a generalist-specialist team for dealing with family and community-wide dysfunction. The generalist-specialist team model incorporates professionals with specialized training, such as child development, sexual abuse assessment, or behavioural management, along with team members who are broadly trained so that consultation is maximized for all team members. Ultimately, to be effective, the team needs to maintain strong relationships with public and community service systems which address additional child and family needs. Several programs have demonstrated that multiple impact and multimodal interventions are effective with even the most chaotic families.

Multiple Impact Therapy (MIT) assigns therapists, students, or volunteers to each family member for an hour or so of assessment and on-going treatment. The initial session may be with the entire family and with the many therapists assigned to each member, and there may be some individual time spent with specific family members.

Ultimately, all family members and all therapists come together. Family members may be asked to observe while each therapist role plays a family member, who sits by the therapist, saying what the family member feels and wants from other family members. If a family member feels misrepresented, a timeout may be called for consultation with the therapist who is representing him or her. The therapist uses “I” messages to express how things in the family look from his or her perspective as a family member. This process takes several hours since family members are encouraged to say how they feel, what else they want to clarify, and what they want to work on in the future. For crisis treatment beyond the first day or two, only one crisis worker may be assigned or, if it seems necessary, more than one. This is when well-trained students or volunteers can be an extremely cost-effective part of the continuing process. Even if only one crisis worker is assigned for ongoing treatment with the family, there is now a cadre of consultants who know the family from firsthand experience. Some authors find that “the literature clearly indicates that multimodal interventions tailored to the subjects’ deficits should be implemented rather than [provision of one type of program (e.g., parent education)] that emphasizes one or two factors for all abusers.” They add that family, community, and social supports are part of adequate interventions.⁶¹

Cognitive Behavioural Approach

Clients' belief systems and their thought processes can contribute to their abusive or victimized behaviour. Cognitive behavioural therapy assumes that clients have irrational, maladaptive beliefs that require cognitive restructuring. Behaviour therapy is effective in child management, parenting, and parent training and, more recently, in shaping adult behaviour. Many authors have outlined specifics of behavioural assessment and treatment. Briefly, cognitive behavioural therapy is designed to identify specific, undesirable target behaviours through listening to the opinions of individual family members and the family as a group. The listener attempts to identify the antecedents to undesirable behaviour (what set it off). New instructions, or new behaviour by other family members or a certain family member, replace the antecedents. Desirable responses are agreed upon through a contract with family members. Reinforcements are provided when family members exhibit a desirable response, and consequences are provided if behaviour is undesirable. Consistency is critical in both the approval (reinforcements) and disapproval (consequences) of behaviour. Positive results, or bonus reinforcements such as family outings or free meals, can be given when behavioural objectives are achieved. Consistency and follow through are essential to success.⁶⁴

Task-Centred Approach

Task-centred methods of treatment seem to merge well with crisis intervention theory and practice, with research indicating that these methods are effective with a broad range of clients. Uncontrolled studies on the effectiveness have been conducted in medical, family, child guidance, psychiatric, school, corrections, and public welfare settings. Controlled studies in a school system and a psychiatric clinic in Southside Chicago rendered very positive results, as did a suicide prevention study and group treatment of delinquent youth.⁶⁵ Contracting, task planning, incentives, and homework assignments, which keep families practicing communication and problem solving tasks between meetings with the crisis worker, are effective in moving the family toward independence and non-abusive behaviours.

The Family Treatment Approach

In conventional family treatment, therapists permit situations to develop which demonstrate how the family interacts and functions. The therapist then tries to engage the most influential members to assure their active involvement in ongoing treatment. Just as in crisis intervention, active listening comes first. As with crisis intervention the major focus is on the family system rather than one individual. In no way, however, does

this prevent the therapist from being aware of assigned family roles (“he is the mentally ill one”), scape-goating (“he is the cause of our problems”), or triangulation (“detouring” of parental problems through the child) within the family. Family secrets, myths, enmeshment, dyads, triads, and schisms give clues to why the family has become so dysfunctional and what was brewing underneath the surface before the crisis-precipitating event. Family treatment is inseparable from crisis intervention, and, in addition to being more cost effective for most children and families, family preservation is more desirable than separation.

The Eclectic Team Approach

In an eclectic team approach, team members use their varied knowledge and expertise to assess and manage the presenting crisis. Using their different perspectives, team members work with the family during the initial crisis response, developing a brief treatment plan with specific strategies to foster crisis resolution and healthy family functioning. If only one team member establishes direct contact with the family in crisis, that member consults with other members to ensure that assessment, treatment planning, and treatment techniques incorporate the full team’s knowledge and experience.

Interdisciplinary teams, composed of individuals who are eclectic in their training and perspectives, bring a plethora of possible resources and resolutions to any crisis situation. The team’s varied perspectives, in conjunction with the clients’ innate resources or strengths, are powerful forces that support the clients in steadily lifting themselves out of the crisis. Note that the intervention team strives to not do the work “for” the clients. Instead, the eclectic knowledge is shared with the clients, enabling them to choose problem-solving strategies that restore their sense of well-being and ability to cope. Eclecticism allows crisis workers to determine which theoretical approach, or combination of approaches, fits the crisis situation best. For instance, the task-centred approach draws from behavioural, communications, problem-solving, and family-therapy models, and assigns “homework” to clients. On the other hand, the cognitive behavioural approach is particularly effective in changing behaviour of children and is one of the major theories for work with adults as well. Cognitive theory encourages clients to think through problems and to plan solutions thoughtfully, believing that “emotions, motives, goals, and behaviour are conscious phenomena that are usually the consequences of thought.”

Other approaches are considered, as well, by the eclectic team. For example, the family-treatment approach focuses on failures of role performance as a parent or spouse, and considers role confusion and role

reversal to be present in sexual and physical child abuse cases. Transactional analysis was founded on the belief that people have the power to think, act, and make positive changes, allowing them to feel OK about themselves and others. Systems theory is akin to ecological and family-centred approaches in that it is concerned about the individual and family in the social environment.

Existentialism emphasizes the uniqueness of each client and each situation and allows for openness, empathy, and honest-but-respectful feedback to clients. Existentialists use “provocative contact” in assertively provoking “hard-to-reach” clients toward wanting change in their lives. This offers clients an opportunity to at least consider the use of behavior modification in making specific behavior or symptom changes. Gestalt theory does not hypothesize about unobservable systems in the client’s life, but may ask the client to reenact his or her perceptions of them. Gestaltists look for patterns or descriptions of interactions, which are not working, as opposed to diagnoses or labels. Similarly, client-centered theory is opposed to diagnosing and labeling, believing that families are capable of knowing and shaping what is best for them.

TECHNIQUES

Special treatment techniques such as humour, generalization, self-disclosure, storytelling, limit-setting, and instillation of hope are effective in crisis intervention. By understanding client resistance, treatment outcomes are further enhanced.

Use of Humour

It is imperative for crisis workers to set aside time for client social activities and fun. Many clients have never had fun. Good professional role models demonstrate a fun-loving sense of humour from time to time. It is also helpful for crisis workers to respond to their own mistakes with humour. When a verbal or tactical error is made in front of clients, crisis workers need to demonstrate their comfort in laughing at themselves. This helps clients relax and realize that professionals are not perfect and that they may be able to laugh at their own mistakes someday, too. Words of caution are warranted here, however. Some clients are prone to concrete interpretation of humour. In other words, if professionals laugh at themselves or encourage clients to, these clients may feel emotionally degraded. Some clients are ultra-sensitive to teasing and require months of addressing past trauma or verbal abuse before they can understand the subtleties of humour.

Generalization

Generalization is another good technique to use with clients in crisis. Saying “we all get angry and don’t know how to express it sometimes” is more effective than implying that clients get angry and professionals never do.

Self-Disclosure and Storytelling

Clients need positive role models, but they are relieved to know that professionals are human and sometimes struggle with emotions. The caution here is for the crisis worker to focus on the clients’ needs, rather than to vent personal frustrations. To tell a story or two on how the crisis worker or someone else overcame similar problems, however, may be helpful to clients. Crisis workers can test whether self-disclosure is appropriate by honestly questioning, “am I doing this for my benefit or is it for the clients’ benefit?”

Setting Limits

All models of crisis intervention emphasize respect for the clients’ culture and value systems. Every model also emphasizes the importance of listening closely (for hours) to what the clients are saying. This helps establish rapport but, more importantly, determines what the family is motivated to do. It respects the family’s wishes rather than imposing the crisis worker’s wishes or needs on the family. In respecting and being accepting of clients, but not their inappropriate behaviour, it may be necessary to say specifically that child abuse and neglect are never acceptable. Many clients need that directive because proper family values were not instilled during their childhoods. Certain clients misinterpret crisis worker acceptance of them as full agreement with their abusive actions. It may be necessary to state frequently that child maltreatment is never an acceptable behaviour. If not clarified, clients may assume that the crisis worker approves of such behaviour. When encouraging clients to discontinue corporal punishment, for example, it is best to give specific instructions on use of “timeout” for young children, choices and natural consequences for older children, and the need for parents to learn active parenting skills.

Instilling Hope

A crisis worker’s belief in self, personal enthusiasm, and ability to instill hope are critical variables in crisis work. If the family senses that a crisis worker believes positive resolution to the crisis is possible, then family members begin to feel confident in their ability to bring about change. Imparting hope requires crisis workers and clients to search for times in

the past when the clients almost succeeded, or did succeed, in finding solutions to similar crises. Likewise, when clients are encouraged to try a new approach, rather than being blamed for failure, hope springs forth. Words such as “when” and “will” should be used rather than “if” or “maybe” when discussing plans. When crisis workers keep their promises, clients begin to trust and to believe in change. When clients and professionals form a positive “team” that builds on client strengths, change occurs.

Working through Resistance

By objectively, non-judgmentally, and respectfully focusing on family strengths and the immediate crisis, crisis workers can minimize client resistance during early intervention. For example, the crisis worker should state the allegations of child maltreatment and ask the family to clarify any discrepancies. Conveying hope that the allegations can be worked through if the family cooperates is effective in moving the family toward desired change. Family members need to know what they are expected to do, what consequences they are facing, and what services they will receive if they cooperate. Crisis workers must be careful how they use their professional authority. If authority is misused, parents may experience a double message: Parents should not misuse power with their children, but professionals may misuse power with parents. Such double messages create confusion and resentment. If crisis workers expect clients to be effective parents, then they need to be role models of behaviour for the parents. Anything less is likely to create new crises, further weakening the family’s level of functioning. In periods of crisis or disorganization, people may feel more inadequate, alienated, or needy, thereby causing them to take on facades of adequacy, arrogance, or dependency. They may withdraw or they may attack, according to what they perceive as necessary for survival. They may act as if they need no help, even when they need it desperately. Whatever the clients’ facade, crisis workers must remember that families in crisis crave respect, care, and compassion. They want to regain some semblance of security and stability.

Often, CPS crisis workers complain that the “non-offending parent” in sexual abuse cases is passive or defensive and refuses to become involved in family treatment. Instead, crisis workers need to evaluate whether the non-offending parent has always been defensive or passive. If it is new behaviour, then the non-offending parent is merely frightened and afraid the family will be destroyed. Such fears can be honestly recognized by the crisis worker. If the defensiveness is typical behaviour, the non-offending parent will need to observe positive role modelling, have total honesty from crisis workers, and receive training on how to respond more openly. In the meantime, crisis workers need to

realize that an accusation of abuse, the consequent investigation, and an influx of various strangers into the home would make anyone defensive. By assessing the reasons for clients' recalcitrant behaviour, crisis workers can then address the clients' needs for answers or information. They may have many remaining questions about the intervention. For example:

1. What further consequences may they expect?
2. What happens next?
3. What is expected of the family and its members?
4. Is the crisis worker a non-judgmental, credible, honest, and respectful professional?
5. What resources can the crisis worker and community offer that can help the family?
6. Will the crisis worker listen to and respond to family needs?
7. Does the crisis worker see any strengths in the family?
8. Is the crisis worker implying that solutions to the crisis are available?
9. Is there hope for the future?

Rather than believing that clients are resistant, do not want to change, are denying their problems, or are being deceitful, crisis workers need to believe clients when they express a desire to reach a solution. When clients seem "resistant," it is best to assume that they are merely frightened and hesitant about trying new behaviours or the unfamiliar. They need crisis workers to be patient and listen to how they are feeling and what they suggest for relieving the crisis. If crisis workers convey that clients are the experts on what they want, and if professionals are honest with themselves about what they are feeling, then they will give clients room to make the changes that they need.

For instance, a non-offending parent in a child sexual abuse case may be fearful of losing her identity as a member of an intact family; her identity as wife of a certain man; her identity as part of a neighbourhood or a church; her identity as a member of a respected family; her identity as part of a household which had a good income but must now accept welfare benefits. A skillful crisis worker must be prepared to explore all of these possibilities with the parent, rather than proposing "quick" solutions, such as divorce.

If there is such a thing as resistance to change, some of the causes or sources may be:

1. uncertainty about change or fear of failure;
2. fear of loss of the familiar;
3. lack of confidence in the crisis worker;

4. lack of participation in developing crisis resolution goals;
5. inability to see change as a viable alternative;
6. inappropriate timing on the part of the crisis worker;
7. disruption of important, existing family or social relationships;
and
8. belief that change equals criticism.

Some interviewing techniques which can be used to work through client resistance include:

1. active listening and reflection;
2. universalizing (normalizing);
3. partialization (breaking into several smaller issues) of problems, when the client presents numerous issues;
4. ventilation of feelings (with closure before the interview ends);
5. summarization of client feelings after extended listening;
6. acceptance of the client, but not the client's abusive or neglectful behaviours;
7. logical, not rambling and disorganized, discussion;
8. education or information about crisis intervention, forthcoming events, community resources, etc.;
9. setting boundaries and limits on behaviours and contracting on acceptable alternatives;
10. concrete services such as housing, homemaker services, and respite care;
11. firm, but kind, confrontation regarding inconsistencies in the clients' statements or behaviours;
12. reframing client statements or behaviours to find the positive aspects; and
13. joining client resistance by saying "why should you change?"
*The crisis worker should **not** say this regarding acts of abuse or neglect or any criminal behaviour.*

Crisis workers that maintain non-judgmental attitudes, family involvement, and no preconceived notions about a family's motivation have found that almost all families are open to change for the better. A well-timed, quick response reinforces solutions to a crisis in a limited period of time. Solution-focused crisis workers are optimistic about substance-abusing, ghetto-residing, chronically disorganized, and even criminally involved families. This means that they do not box families in; they do not categorize or reject them based on their past behaviour. Instead, a new, more-effective beginning is sought. Many of these families welcome the opportunity to adapt in more socially acceptable ways. They thought no one would ever give them the hope that they could change. This is not to say that crisis workers should naively proceed as if they see no drug dealing, prostitution, theft, sexual abuse,

child abuse or neglect, or spouse abuse in these families. It is rather a matter of being honest but not condescending, being a role model but not acting superior, being a bearer of hope but not bringing false hope, and being a trustworthy person even if family members are not. Power struggles accomplish nothing of value in crisis intervention. The least cooperative families may become the most receptive to positive change within a few days, particularly if professionals accept them and help them find *their* strengths and *their* solutions to the crisis. Professional commitment and positive attitude toward short-term resolution of a crisis are sensed and appreciated by clients. They have a sense of self-worth when crisis workers ask: “What do you want to happen?” “What do you want to change?” “What do you want to do?” and similar questions that respect clients’ competence. If crisis workers are respectful of culture and empathetic with the predicament in which families find themselves, new horizons may start to open up. For many families, crisis workers will only have time to help them stabilize, but can help them contact other therapists and agencies where client culture is honored.⁷⁸ Ultimately, crisis workers who are effective listeners are so responsive to clients’ needs that there is no reason for clients to resist. This, however, takes great patience and a willingness to meet clients’ needs rather than crisis workers’ needs.

SELF ASSESSMENT EXERCISE

List and explain some of the special treatment techniques in crisis intervention.

4.0 CONCLUSION

When in crisis, families’ feeling, thinking, and behavioural patterns are more likely to be positively impacted by a highly focused, eclectic team approach that uses a multitude of coordinated, community resources. Use of task-centred, cognitive behavioural approaches, along with a flexible repertoire of other theoretical approaches and techniques, allows professionals to tailor interventions according to a family’s chosen goals. When clients choose their own goals, they do not resist making changes. For instance, if clients want interventions to end and choose ending the interventions as a goal, they may not resist modifying their illegal behaviour. Professionals use special treatment techniques, such as instillation of hope, generalization, and humour to elicit additional cooperation from one or more family members.

5.0 SUMMARY

The above unit examined the various approaches through eclectic knowledge, staying focused, treatment approaches, and techniques in

explaining how to work with families beyond the initial assessment phase. A team approach to crisis intervention was highlighted as desirable because each team member can develop some expertise in one or more of the best techniques to be used with differing client populations and crisis situations.

6.0 TUTOR-MARKED ASSIGNMENT

Special treatment techniques such as humour, generalization, self-disclosure, storytelling, limit-setting, and instillation of hope are effective in crisis intervention discuss.

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MODULE 4

Unit 1	The Role of Microfinance In Disaster Settings
Unit 2	Disaster Myths, Media Frames, and Their Consequences: a Case Study of Hurricane Katrina
Unit 3	Domestic Threats and the Niger Delta Region Crisis
Unit 4	Hostage taking and Negotiation
Unit 5	Youths Poverty and Unemployment

UNIT 1 THE ROLE OF MICROFINANCE IN DISASTER SETTINGS

CONTENTS

1.0	Introduction
2.0	Objectives
3.0	Main Content
3.1	The Role of Microfinance in Disaster Settings
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5.0	Summary
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1.0 INTRODUCTION

Natural disasters occur in two forms: slow-onset disasters, such as droughts and famines, and rapid-onset disasters, such as earthquakes, floods, hurricanes, landslides, and volcanic eruptions. Rapid-onset disasters are severe and difficult to predict well in advance but usually are temporary. Slow-onset disasters develop slowly, can be predicted, and last longer than rapid-onset events. Regardless of type of disaster, the effects on the stricken populations are devastating.

Natural disasters are common in the developing world. In the first six months of 1997 alone, 25 major natural disasters occurred in the world, 18 of which occurred in developing countries, with 11 resulting from floods. In 1995, there were 123 major natural disasters, 84 of which occurred in Asia.¹ On average, injuries and the loss of human lives from natural disasters involved approximately 129.5 million people per year from 1970 to 1994. The cost of natural disasters can also be measured in terms of economic damage. From 1990 to 1994, disasters resulted in damages estimated at US\$443 billion worldwide. Of this, Asia incurred the greatest damages, primarily as a result of floods.

In addition to the extent of human and financial damage, the speed at which rapid-onset disasters can strike is astounding. The great 1995 Hanshin Earthquake in Japan, for example, killed more than 6,000 people within 20 seconds and caused financial losses worth US\$96 billion. The most recent natural disaster is that of Haiti which has claimed over 50, 000 inhabitants of which damages as the time of preparing this module are yet to be documented, however the gravity of the earthquake has led to many clarion call by a lot of countries for Haitians to be relocated to other countries. Developing countries therefore hit by natural disasters are faced with devising multistage recovery strategies for their populations, as well as developing active disaster-mitigation programs to reduce the effects of future natural disasters.

2.0 OBJECTIVES

The modules and units give particular emphasis to the following questions:

- what stages of the disaster-to-normalcy transition process provide the appropriate conditions under which an MFO, whether existing or newly established, can operate?
- is there room for new MFOs in post-disaster settings, or should emphasis instead be placed on enabling established MFOs to provide post-disaster services?
- can MFOs effectively provide social services immediately after disasters but provide only financial services after normalcy returns?
- what products or programs do MFOs use to manage and mitigate natural disaster conditions to protect their clients and their portfolios?
- what are the implications for MFO performance, especially for loan repayments, of choosing different products and programs during post-disaster situations?
- to what extent can an MFO's program serve as a social safety net for a community struck by disaster?

3.0 MAIN CONTENT

3.1 The Role of Microfinance in Disaster Settings

Many microfinance organizations (MFOs) now working in disaster-prone countries have been caught up in natural disasters as they have occurred and have become active players in post-disaster situations. In other cases, programs originally developed as disaster-relief programs have evolved into well-known microfinance organizations, such as the

Bangladesh Rural Advancement Committee (BRAC) in Bangladesh. Increasingly, new organizations that arrive following disasters are taking a microfinance focus, designed to put poor and rural populations back on their feet. Within the complex process of disasters management, microfinance programs are but one mechanism of disaster recovery. They have a role to play in all disaster-recovery stages, from relief to development, as discussed below.

The flexibility inherent in microfinance: It can provide appropriate and important services to those hit by disasters throughout the stages of relief, rehabilitation, reconstruction, and development. Furthermore, microfinance has the potential to play a strategic role in risk management before disasters strike, a characteristic particularly valuable in disaster-prone areas. Disaster-oriented microfinance services range from new and temporary services to those MFOs may undertake on an ongoing basis. Temporary services include:

- Emergency loans (relief stage);
- Remittance services (relief stage);
- Loan rescheduling/restructuring (relief/rehabilitation stage);
- Loans to restore capital assets lost in disasters (rehabilitation stage);
- Loans to rebuild housing and other infrastructure (reconstruction stage); and
- Loans to start new economic activities (development stage).

Loans for new activities may also be part of an MFO's ongoing services, as would be loans for diversification of economic activities. Other long-term financial services that are particularly relevant for disaster-prone areas include:

- Insurance instruments to protect vulnerable populations against future disasters (disaster mitigation); and
- Savings services to provide a personal safety net against future disasters (disaster mitigation).

Unfortunately, although MFOs are increasingly being considered as vehicles to jump-start a post-disaster economy, the challenges they face in disaster situations are enormous and not well understood. In fact, MFOs that predate a disaster are typically victims of the event along with the residents of the disaster site. Disasters exact the following immediate tolls on MFOs:

- Their clients are severely physically affected, whether injured, killed, or displaced;
- Their clientele's livelihoods are lost;

- MFOs' normal operating conditions are disrupted (communications, transportation, destroyed files, and so on);
- Clients cannot meet previous repayment commitments;
- Large numbers of clients may demand immediate access to savings, which may cause liquidity shortages; and
- New services are demanded of MFOs with no or little time for product development (including financial services, such as remittance services and asset- and housing-replacement loans, and nonfinancial services, such as shelter, food, and medicine).

Clearly, existing MFOs operating in a disaster context are both organizations in distress as well as potential instruments of recovery. New MFOs entering a post-disaster situation face a different set of opportunities and constraints than existing MFOs but are also seriously challenged by the same environmental conditions.

In responding to both the opportunities and the challenges posed by natural disasters, most MFOs follow ad hoc mechanisms to protect their clientele and their portfolio. A few organizations are experimenting with ways to incorporate disaster-management and disaster-mitigation mechanisms into regular MFO technologies so that they can deal with natural disasters in a systematic and cost-effective way.

OPPORTUNITIES AND CHALLENGES FOR MFOs IN DISASTER SITUATIONS

Disasters generate a plethora of challenges for existing and new microfinance organizations, but they also present opportunities that should not go unnoticed. This unit identifies the unique opportunities, followed by the challenges, that MFOs encounter in countries either recovering from natural disasters or experiencing chronic disasters.

OPPORTUNITIES

Disasters open up several opportunities for MFOs at the macro, institutional, and client levels that are not present during normal times. They arise from both the supply side (program funders or sources within the program itself) and the demand side (MFO clients and the larger community of disaster victims).

a. Supply-Side Opportunities

At the macro level, existing MFOs are often approached by international donors and governments to channel money — either loans or grants — to the affected populations for relief and rehabilitation. This flow of external funds, often as grants, increases the capital available to MFOs during the disaster period and improves their image in their areas of

operation. The opportunity to coordinate with governments and international donors can also provide a forum for lobbying for microfinance-related issues so that these external agencies do not undermine financial markets, especially during disaster times. At the institutional level, when disasters strike, MFOs have a unique opportunity to assess their vulnerability to disaster conditions and their ability to manage under them. Although such learning occurs under duress, the resulting lessons can pay off in future disaster situations. At the micro level, disasters provide an opportunity to examine MFO clients' vulnerable areas and capacities. This information can be used to develop new financial products or to work with client groups to develop risk-mitigation strategies for the future.

b. Demand-Side Opportunities

Demand-side opportunities emerge from MFO clientele as they respond to a disaster situation. The loss of or damage to income-generating assets and workplaces creates an increased demand for credit, especially for replacing assets and reconstructing buildings. Natural disasters also generate an increased flow of remittances from overseas or unaffected regions, leading to a demand for fast and efficient services to transfer money. These demands may be placed on MFOs by existing clients or by others in the community who find themselves in need of a financial institution.

CHALLENGES

Listing challenges in post-disaster situations is a longer exercise than listing opportunities, as MFOs face several challenges in providing financial services under such conditions. Although many of these challenges are similar during normal and disaster times, they may be amplified by disaster conditions. Table 1 compares the challenges MFOs face during post-disaster periods with the challenges they face under normal conditions. The escalated challenges require special strategies to protect an MFO's portfolio and clients. This section identifies six of the most difficult of these challenges:

1. Managing funds;
2. Performing staff administration duties;
3. Maintaining or changing program objectives;
4. Finding successful methodologies;
5. Meeting changing demand for services; and
6. Coordinating with other agencies and programs.

Some of these issues are common to both established and newly created MFOs during disaster times. Others apply specifically to established

MFOs that continue to function when their steady state is disrupted. The discussion below provides additional details on the scope of the challenges for MFOs.

Fund Management Challenges

In normal times, MFOs are responsible for accounting for money received from their creditors (whether donors, governments, or depositors). They are challenged to service loans and depositors efficiently, whereby the demand for loans and deposit services can be predicted with some certainty. In contrast, disaster times generate an outpouring of grant and loan funds from donors and governments that require quick disbursement to provide relief and rehabilitation services.

TABLE 1: NORMAL AND NATURAL DISASTER PERIODS: POTENTIAL CHALLENGES FACING MICROFINANCE ORGANIZATIONS

Items	Normal Periods	Natural Disasters Period
Fund management	Account for money; serve depositors and loans that can be predicted to an extent.	Make grants and loans that pour in from donors and governments for relief and rehabilitation services; account for costs and socioeconomic impact; service the increased and highly synchronized depositor demand to withdraw funds without causing bank runs; and cope with reduced funds from new public deposits.
Administration: Program staff	Recruit, train, and maintain efficient staff who can screen, sort, monitor, enforce, and collect on loans so that program objectives in terms of target clients are met and loan default remains low to ensure sustainability.	Prepare staff to predict and deal with disasters; encourage staff to work in disaster areas during relief and rehabilitation stages, which involves more time and effort to collect on old loans and make and collect on new loans; train staff to sensitize clients to understand the difference

		between grant and loan activity during emergency and disaster times so that the regular loan program is not undermined; train staff to work under conditions with less logistical support and damaged client records and collateral; and minimize mismanagement of grants and leakage in terms of servicing non-targeted clients.
Methodology/design	Choose between group or individual, credit-dominated or savings-dominated, and collateral-based or character-based lending programs.	Choose between group or individual lending programs when the demand for loans in terms of size, terms, and purposes varies among members because of differences in the extent of damages. Determine how to implement collateral-based lending when most collateralizable assets are damaged or lost and lives of people who could guarantee loans are lost. Determine how to depend on deposits to issue more loans when demand for withdrawal for deposits is high. Determine whether to have state-contingent contracts
Program objectives	Reach targeted population and/or achieve financial, organizational sustainability.	Reach vulnerable populations and protect the portfolio of the institution in a way that avoids losses; address conflicts of interest in terms of social and financial objectives

		(donors may insist on relaxed terms and conditions based on humanitarian considerations, which can undermine the program).
Sustainability	Reach financial and organizational sustainability through steady growth and a strong portfolio.	Determine how to protect the portfolio, minimize losses, and maintain staff integrity so that at least the status quo is maintained and the MFO remains viable.
Outreach	Target creditworthy clients.	Reach vulnerable clients, who may be less creditworthy than usual clients, with less leakage and under-coverage.
Client selection	Screen applicants using different indicators, and select clients who serve the program objectives. Provide these clients with the required services.	Determine how to select clients when the indicators normally used for screening are not very useful, many applicants are in similar situations, and opportunities for immediate income-generating activities are dismal.
Contract enforcement	Address information problems; manage idiosyncratic shocks affecting repayment; and address collateral foreclosing problems resulting from legal and social barriers that increase transaction costs.	Manage aggregate shock, widespread collateral damage/loss, and client death or migration.
Demand for financial services	Meet demand for income-generating activities and some consumption loans.	Meet the increased demand for consumption loans and loans for replenishment of assets lost or damaged. Meet the demand for several social services that affect the ability to generate

		income.
Coordination with other agencies	Avoid duplication of efforts by other financial service providers and undermining of the program by negative externalities.	Avoid duplication of efforts and undermining of relief and rehabilitation efforts by several heterogeneous, short-time, inexperienced actors to provide finance and other services for the overall development of the disaster area. Avoid undermining financial programs through doles and by creating a dependency syndrome. Coordinate with insurance and credit guarantee programs to cover losses.
Products and programs competitive operation.	Develop programs and products for a viable, competitive operation.	Develop special products and programs to protect the clientele and portfolio; quickly learn by doing and find products and programs developed for normal periods that can be adopted/adapted for disaster situations.
Demand assessment and rapidness in response	Predict demand.	Assess the magnitude of the damage and demand for services in a short time so that programs will be effective and timely.

For established MFOs that choose to avail themselves of disaster-time funds, these resources come in addition to the regular funds available for MFO operations, and they require additional management in terms of accounting for costs and socioeconomic impact. A clear separation of accounts is necessary to protect the MFO's reputation as a serious provider of financial services and to properly track the costs of the different services. Maintaining separate accounts, however, increases the cost of the MFO's operations and increases the duties of its trained staff. For MFOs that mobilize savings, disasters cause other types of disruption to fund management. Established MFOs are expected to

service the increased and highly synchronized demand by depositors to withdraw funds, which can cause bank runs if not handled carefully. MFOs also face difficulties in mobilizing new savings from the public until normalcy returns, thus leaving them increasingly dependent on the availability of donor and/or government funds and internal funds.

Staff Administration Challenges

In normal times, MFOs encounter problems in recruiting, training, and maintaining efficient staff who can screen, sort, monitor, enforce, and collect loans so that program objectives in terms of target clients can be met and loan defaults can be reduced to ensure sustainability. During disaster times, MFOs are further required to do the following:

1. Prepare their staff to predict and deal with disasters;
2. Encourage staff to work in disaster areas during relief and rehabilitation stages, which involve more time and effort to collect on old loans or make and collect on new loans;
3. Train staff to sensitize clients to the difference between one-time grants and loans so that the regular loan program is not undermined by relief efforts;
4. Prepare staff to work under conditions with less logistical support and damaged client records and collateral; and
5. Train staff to minimize mismanagement of grants and servicing of nontargeted clients

Newly established MFOs are challenged to find the appropriate balance between financial and social objectives. The question remains, Can new MFOs that begin operation during disaster times with social objectives later move on to become financial organizations pursuing economic goals?

Methodological Challenges

Microfinance methodologies are challenged continuously under disaster conditions. Four methodological issues deserve specific mention here: financial technology, client selection, programs and products and their terms and conditions, and contract enforcement.

Financial technology: In normal times, MFOs tend to make well-justified choices between group or individual lending, collateral-based or character-based lending, and credit-dominated or savings-dominated programs. During disasters, however, such choices may have unexpected side effects. After a disaster occurs, group lending programs that require equal loan sizes may be difficult to sustain when demand varies among members in terms of loan size, terms, and purpose. Such

variability can occur because of differences in extent of damages, insurance availability, and vulnerability to disasters. Even if groups permit unequal loan sizes, members of the group may be reluctant to provide joint liability, or they may have less time to perform monitoring activities or to meet regularly. Individual lending programs also face problems during disasters: They involve high transaction costs for the institution that become even higher when logistical support is disrupted.

In post-disaster situations, collateral-based lending programs may be undermined when most of the collateralizable assets are damaged or lost. In character-based lending, the lives of individuals who provided personal guarantees for loans may be lost. Even if the individuals survive, their income-generating activities may be so badly damaged that they cannot pay back their loans. For savings-based programs, crises arise when depositors generate a sudden demand to withdraw deposits to cope with disasters, undermining the institution's ability to maintain the liquidity necessary to issue new loans.

All in all, following a disaster, established MFOs are challenged to meet new circumstances by adapting technologies they chose prior to the disaster. New MFOs, on the other hand, are challenged to choose the appropriate technology to provide services that not only operate immediately after disasters but can continue to operate successfully in normal times. This leaves MFOs with the dilemma of whether to develop dual methodologies, one each for post-disaster and normal times, which are called "state contingent methodologies."

Client selection: Client selection is a challenge in normal times as well as disaster times. However, during disaster times, MFOs face the dilemma of whether to expand services to the vulnerable population to respond to obvious pressing needs, or to service only creditworthy clients. If the MFO decides to extend services to the vulnerable population, the institution may have to develop indicators that allow it both to serve the program's objectives and effectively screen and select the targeted population.

Products and programs and contract terms and conditions: In normal times, MFOs design their programs and products and related terms and conditions for viable and competitive operation. In disaster times, MFOs must adapt products and programs developed for normal periods to disaster situations, but in ways that do not conflict with their long-term objective of sustainability. The important challenge is to establish clear guidelines and cut off dates for special products and programs used during post-disaster stages.

Contract enforcement: Given the incomplete information inherent in financial markets, MFOs are always challenged by problems related to contract enforcement. In normal times, MFOs' main contract enforcement issues deal with repayment and collateral foreclosure on an individual or group borrower basis. Disaster times exacerbate the situation, requiring MFOs to manage widespread collateral damage or loss; widespread default resulting from client injury, death, or migration; and losses to guarantors. The challenge is especially intense for established MFOs that have minimal geographic and enterprise diversification and for new MFOs, which may have a less diversified clientele than established organizations. Even when transactions are not based on collateral, contract enforcement becomes difficult during disaster times because group pressure cannot be used effectively; members may have less time and inclination to insist on timely repayments.

Changing Demand for Services

During normal periods, MFOs lend primarily for income-generating activities and secondarily for consumption. During disaster periods, demand increases for loans for consumption purposes, loans to replenish assets lost or damaged, and social services (such as emergency food or shelter) that precede income generation. Although social services usually are outside the realm of microfinance services, MFOs recognize that access to them affects households' ability to return to productive activities and generate income in the future. Demand may be both short and medium term in nature. Once MFOs decide what services they are prepared to offer, they are challenged to predict accurately the demand for those services by assessing the magnitude of the damage so that programs will be effective, timely, and of the appropriate duration.

Coordination with Changing Suppliers

In normal times, MFOs are expected to coordinate with other financial and developmental agencies to avoid duplication and ensure compatibility of efforts. Disaster times make such coordination both more necessary and more difficult. Several suppliers of social and financial services enter the market simultaneously during the post-disaster relief and rehabilitation stages. Many of these actors tend to enter quickly with diverse experience and objectives. Those deciding to provide financial services (often on a grant or soft-loan basis) may have little experience in microfinance, expect to stay only a short time, and be unaware of the dangers of creating a "dependency syndrome." It is challenging for existing MFOs to educate and coordinate with such new suppliers in post-disaster settings. In addition, new MFOs may have to coordinate with established MFOs to learn from their experiences and

avoid duplication of efforts. On a different level, MFOs also need to coordinate with insurance and credit guarantee programs (if they exist) to cover losses to their portfolio and clientele.

SELF ASSESSMENT EXERCISE

Why is microfinance seen as a logical mechanism for disaster relief as well as for reconstruction and development?

4.0 CONCLUSION

The challenges posed above (and distilled in Table 1) only begin to indicate the complexity of providing microfinance services in post-disaster contexts. Microfinance, though faced with quite a number of challenges in developing nations, the fact still remains that it can provide appropriate and important services to those hit by disasters throughout the stages of relief, rehabilitation, reconstruction, and development. Furthermore, microfinance has the potential to play a strategic role in risk management before and after disasters strike, a characteristic particularly valuable in disaster-prone areas and in developing nations as well. Disaster-oriented microfinance are limited in developing countries generally except in disaster prone areas where services range from new and temporary services to those which are or may be undertake on an ongoing basis.

5.0 SUMMARY

The study focused on the various opportunities and challenges therein for Microfinance Organisations (MFOs) in disaster situations. No doubt disasters have been found to open up several opportunities for MFOs at the macro, institutional, and client levels that are not present during normal times. They arise from both the supply side (program funders or sources within the program itself) and the demand side (MFO clients and the larger community of disaster victims). So also are they faced with quite a number of pressing challenges in post-disaster situations which most times longer exercise than opportunities, as MFOs face several challenges in providing financial services under such conditions.

6.0 TUTOR-MARKED ASSIGNMENT

What are the opportunities and challenges inherent in disaster situations?

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UNIT 2 DISASTER MYTHS, MEDIA FRAMES, AND THEIR CONSEQUENCES: A CASE STUDY OF HURRICANE KATRINA

CONTENTS

- 1.0 Introduction
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1.0 INTRODUCTION

Since the inception of the field of social science disaster research in the United States, research has focused on public responses under disaster conditions. Initiated in the late 1940s and early 1950s, disaster research in the United States was strongly associated with cold war concerns regarding how the general public might react in the event of a nuclear attack. Federal funding agencies believed that social science research on group behaviour following disasters might shed light on such questions as whether people would panic and whether mass demoralization and social breakdown would occur following a nuclear weapons attack. As studies on public responses in disasters continued, it became increasingly evident to researchers that endangered publics and disaster victims respond and adapt well during and following disasters. By the 1960s, a body of work had accumulated indicating that panic is not a problem in disasters; that rather than helplessly awaiting outside aid, members of the public behave proactively and pro-socially to assist one another; that community residents themselves perform many critical disaster tasks, such as searching for and rescuing victims; and that both social cohesiveness and informal mechanisms of social control increase during disasters, resulting in a lower incidence of deviant behaviour than during non-disaster times. Early research on disasters discussed such common patterns as the “expansion of the citizenship role” and “social levelling” to explain public responses to disasters.

2.0 OBJECTIVES

This unit seeks specifically to examine the Influence of Media on disaster reportage, Disaster Myths, Media Frames, and their consequences. In an attempt to full comprehend media reportage other related issues such as panic myth and looting related behaviour will be examined.

3.0 MAIN CONTENT

3.1 Disaster Myths, Media Frames, and Their Consequences: A Case Study of Hurricane Katrina

This unit identified strong situationally induced influences, such as emergent pro-social norms, as factors leading to greater community cohesiveness during disasters. Research indicated that during the emergency period following disasters, earlier community conflicts are suspended as communities unite under conditions of extreme stress. Earlier research also documented the emergence of “therapeutic communities” within disaster-stricken populations, involving victims coming together to provide mutual support to one another. Classic research in the disaster field also highlighted contrasts that exist between the realities associated with disaster responses and myths concerning disaster behaviour—myths that persist despite empirical evidence to the contrary. Since the prevalence of disaster myths was first documented, more research has been conducted focusing on such topics as the extent to which the public believes disaster myths; the manner in which popular culture—specifically the disaster film genre—both reflects and perpetuates erroneous beliefs about disaster-related behaviour; and the incidence of media accounts featuring disaster myths, relative to other themes. Some studies have focused on how the belief in myths influences individual and organizational decision making in disasters. Other research has pointed to the manner in which media reports can affect public perceptions by amplifying and distorting risk-related information. Outside the field of disaster research, media scholars have also analyzed patterns of reporting in disasters, as well as how media accounts help to shape public opinion

More recent analyses document how mythological beliefs have experienced resurgence in the aftermath of the September 11, 2001, terrorist attacks. Focusing, for example, on the panic myth, the assumption that the public will panic in the event of another terrorist attack, especially one involving weapons of mass destruction, has been taken for granted in media and public policy discourses and is now even reflected in discussions among public health, state security, and emergency management professionals. These discourses often conflate

the concept of panic with entirely normal and understandable public responses to risk and uncertainty, such as the upsurge of public information seeking in the 2001 anthrax attack. Intensified information seeking under conditions of threat, or actual disaster impact which can give rise to rumours of all types has long been recognized as an extension of everyday interpersonal communicative practices and is readily explained by theories of collective behaviour. Although such behaviour does create challenges for those who must respond to public inquiries, it does not indicate panic. Similarly, it is well understood that under impending threats, many people who are not directly at risk will try to move out of harm's way, either because they are risk averse or because they do not fully understand or trust the warning information they have received. This sort of behaviour, which researchers term the "evacuation shadow" effect, is quite common in threat situations of all types.

Despite the fact that they are common, and despite the fact that why they occur is well understood, "inappropriate" efforts to seek safety on the part of people whom authorities do not consider at risk have also been seen as indicative of panic. The panic myth has been consistently reinforced in various ways in the aftermath of 9/11. For example, the American Red Cross is widely viewed as a trusted source of information on disaster preparedness. Yet in 2005, the Red Cross took many researchers and disaster management professionals by surprise by launching a print and electronic media campaign whose theme was "I can't stop a (tornado, flood, fire, hurricane, terrorist attack, etc.) but I can stop panic." The campaign, which was intended to promote household preparedness for extreme events, erred in two ways. First, it conveyed the notion that there is nothing people can do to prevent disasters, which is patently false; and second, it sent a message that panic will invariably break out during disasters and other extreme events and that avoiding panic should be a top priority for the public when disasters strike. As the panic example shows, messages contained in the mass media and even in official discourse continue to promote ideas that have long been shown to be false in actual empirical research on disasters. Moreover, since the terrorist attacks of September 11, 2001, these types of messages, which continue to be vigorously challenged by experts, now seem to ring true to many audiences, in part because of the unsubstantiated and arguable but still widely accepted assumption that terrorism-related extreme events are qualitatively different from other types of emergencies and, thus, generate qualitatively different socio-behavioural responses. Researchers have long pointed out that the belief in myths concerning disaster behaviour is not problematic merely because such beliefs are untrue. Rather, these erroneous ideas are harmful because of their potential for influencing organizational, governmental, and public responses during disasters. It has been noted,

for example, that incorrect assumptions about the potential for looting and social breakdown can lead to misallocations of public safety resources that could be put to better use in providing direct assistance to victims. Concerns with public panic can also lead officials to avoid issuing timely warnings and to keep needed risk-related information from the public (Fischer 1998). Such actions only serve to make matters worse when threats actually materialize.

At this juncture let us examine the substance of this article, which concerns the promulgation of disaster myths by the media during and following Hurricane Katrina in America. Because analyses on data collected in Katrina's aftermath are still ongoing, the article contains only preliminary observations, presented primarily in the form of examples from major press outlets that illustrate key points. We note also that at this time the media, the research community, and the nation as a whole still do not know with any degree of certainty what actually did happen during the hurricane and in the terrible days that followed. However, we emphasize that even though many questions still remain unanswered, and indeed may never be definitively answered, the images conveyed by the media during that turbulent period left indelible impressions on the public and also provided the justification for official actions that were undertaken to manage the disaster. Moreover, the media vigorously promoted those images even though media organizations themselves had little ability to verify what was actually happening in many parts of the impact region. As the sections that follow show, initial media coverage of Katrina's devastating impacts was quickly replaced by reporting that characterized disaster victims as opportunistic looters and violent criminals and that presented individual and group behaviour following the Katrina disaster through the lens of civil unrest. Later, narratives shifted again and began to metaphorically represent the disaster-stricken city of New Orleans as a war zone and to draw parallels between the conditions in that city and urban insurgency in Iraq. These media frames helped guide and justify actions undertaken by military and law enforcement entities that were assigned responsibility for the post-disaster emergency response. The overall effect of media coverage was to further bolster arguments that only the military is capable of effective action during disasters.

3.2 Media Influences on Disasters Reporting

Discussions on why media portrayals of disasters and their victims so often deviate from what is actually known about behaviour during emergencies highlight a number of factors. Some explanations centre on reporting conventions that lead media organizations, particularly the electronic media, to focus on dramatic, unusual, and exceptional behaviour, which can lead audiences to believe such behaviour is

common and typical. Other explanations focus on the widespread use of standard frames that strongly shape the content of media messages. Although based on myths about disaster behaviour, one such frame, the “looting frame,” appears almost invariably in disaster-related reporting. As Fischer (1998) noted in his book on disaster myths, Looting is perhaps the most expected behavioural response to disaster. Both print and broadcast media personnel report on the alleged looting incidents, on steps being taken to prevent it, and, alternatively, on how unusual it was for the community in question not to be preyed on by looters. (p. 15).

It is common for both print and electronic media covering disasters to include content indicating that “the National Guard has been brought into (name of community) to prevent looting”—implying that looting would otherwise have been a serious problem without the use of strong external social control. Following circular reasoning, the fact that looting does not occur during a particular disaster event is then attributed to the presence of the National Guard and public safety agencies, even though it is highly likely that looting would never have been a problem in the first place. These types of frames, themes, and content make such a strong impression on audiences in part because they reflect and are consistent with other popular media portrayals of disaster behaviour, such as those that appear in disaster films and made-for-TV movies. Noted also is the fact that while many media outlets often do have entertainment and science reporters, the media almost universally lack specialists in disaster-related phenomena, particularly those involving individual, group, and organizational behaviour. This accounts for one of the reasons why disaster myths and their associated frames have had such a strong influence on media disaster reporting.

Disaster reporting is also linked to what is judged to be newsworthy about particular events. Decisions about what and how much to cover with respect to specific disaster events are often rooted in judgments about the social value of disaster victims and on conceptions of social distance and difference. Thus, the vast outpouring of generosity following the Indian Ocean earthquake and tsunami of December 2004 was driven both by the catastrophic nature of the disaster and by the fact that so many Western tourists happened to be in the impact region when the disaster struck. There was no comparable compassionate response from the West for the victims of the 2005 Pakistan-Kashmir earthquake, despite the fact that the death toll exceeded eighty-six thousand and many more victims who later died of starvation or freeze to death when winter grips the impact region. Hurricane Wilma battered Cancun for two days and caused widespread devastation, but most U.S. reporting focused on American tourists who were stranded in the region, rather on the challenges faced by Cancun’s residents, and reporting on the tragedy

in Cancun and its catastrophic aftermath dropped off within a few days after the event, when the tourists had come home safely.

Since the media have a long record of portraying non-mainstream groups, especially minority group members, in stereotypical ways, it should come as no surprise that these same framing conventions would influence reporting on disaster victims in New Orleans following Hurricane Katrina. Indeed, in Katrina's aftermath, among the most widely circulated media images was a set of photographs in which African Americans were consistently described as "looting" goods, while whites engaging in exactly the same behaviours were labelled as "finding" supplies. Media practices and judgments regarding newsworthiness, as well as media stereotyping, are undeniably important factors in the production of disaster news. At a more macro level, however, media treatments of disasters both reflect and reinforce broader societal and cultural trends, socially constructed meta-narratives, and hegemonic discourse practices that support the status quo and the interests of elites. Thus, myths concerning the panicky public, the dangers presented by looters, and the threat disaster victims pose to the social order serve to justify policy stances adopted by law enforcement entities and other institutions concerned with social control. We argue here that media reporting surrounding the Katrina disaster can best be understood from this last-mentioned perspective. In addition to reflecting both standard media reporting conventions and long-standing media biases regarding people of colour/race, disaster reporting also serves broader political purposes.

3.3 Media Reporting and the Social Construction of Looting and Violence : A Focus on Hurricane Katrina

The preliminary analyses presented here are based on a variety of media sources. News stories focusing specifically on the behaviour of victims and the official response to the hurricane were collected from three newspapers: The New York Times, The Washington Post, and the New Orleans Times-Picayune. The period covered spanned the impact period itself and the two weeks following the disaster, from August 29, 2005, to September 11, 2005. In extracting frames and themes from these reports, qualitative analytic techniques, rather than quantitatively oriented analytic approaches was used. There is no argument that "civil unrest" and "war zone" frames were the only ones employed by the media. Rather, it is argued that these frames and their associated discourses were among the most prominent and that they achieved prominence because they were congruent with post-9/11 official discourses regarding how disasters and other extreme events-including in particular those associated with terrorist attacks should be managed in the United States.

The media in most countries continue to assume that looting and lawlessness are significant elements in the public response to disasters. Media coverage of the behaviours of disaster victims following the hurricane mirrored this assumption. Moreover, particularly in the early days after the hurricane, reports referred to disaster looting behaviour in ways that would usually be reserved for describing behaviour during episodes of civil unrest. The distinction between disasters and urban unrest is an important one. A substantial social science literature points to the marked distinction that exists between how individuals and groups behave during periods of civil unrest and how they behave following disasters. When civil disorders occur, looting does break out; indeed, the taking of consumer goods and the destruction of property are hallmarks of modern U.S. “commodity riots,” such as the urban riots of the 1960s, the 1992 Los Angeles civil unrest, the 1985 SAP riots,. Such looting is typically carried out by groups from within the riot area (including family groups) and in full view of the media, local residents, and even law enforcement agencies.

Riot-related looting behaviour develops under the influence of emergent norms that not only permit but actually encourage the taking and destruction of property. However, research also indicates that even during riot situations, looting is selective and usually confined to particular types of stores, such as those carrying retail goods, liquor, and groceries (Tierney 1994). Moreover, studies show that individuals who loot and engage in property violence during episodes of civil unrest do so sporadically, mixing their unlawful behaviour with other routine social behaviour such as gathering with friends and going home for meals. Looters may or may not share common grievances or reasons for looting; some may see looting as an act of protest or retaliation, while others may view unrest as simply an opportunity to obtain goods for free.

In contrast, research has shown repeatedly that looting is highly unusual in U.S. disasters. When it does occur, it tends to be transient, to be carried out in secret, and to involve isolated groups rather than large numbers of people. Unlike looting during civil disorders, actual and potential disaster-related looting behaviour is widely condemned by the residents of affected communities. Signs bearing messages such as “you loot, we shoot,” which are often shown in the media following disasters, are not so much indicative of the actual occurrence of looting as they are of strong community norms against looting (Fischer 1998). Community residents also believe looting myths and act accordingly, arming themselves in an effort to prevent looting, even if such behaviour has not been reported or verified by official sources. After disasters, individuals returning to their damaged homes and businesses to retrieve items may be mistakenly labelled as looters, as may those who go to

others' homes to check to see whether occupants are safe. Over concern with the possibility of looting often leads community residents to ignore evacuation warnings and remain in their homes to ward off looters—this another example of how the belief in myths may actually increase the risk of death and injury in disasters. This is not to say that there have never been instances of large-scale collective looting in U.S. disasters. While vanishingly rare, such episodes have occurred. Perhaps the most notable recent example is the looting that occurred on the island of St. Croix following Hurricane Hugo in 1989. Hugo was a huge storm that caused serious damage and social disruption in many parts of the Caribbean and the southeast, including parts of Puerto Rico and North and South Carolina. However, looting only emerged on St. Croix, not in other hard-hit areas. Because this was such an unusual case, disaster scholar E. L. Quarantelli spent considerable time investigating why looting was a problem on St. Croix but nowhere else Hugo had affected. Based on his fieldwork and interviews, Quarantelli attributed the looting to several factors. First, the hurricane devastated the island, completely destroying the vast bulk of the built environment. Second, government institutions, including public safety agencies, were rendered almost entirely ineffective by the hurricane's severity, so the victims essentially had no expectation that their needs would be addressed by those institutions. Third, victims had no information on when they could expect help to arrive. Equally important, according to Quarantelli, was that the lawlessness that followed Hugo was in many ways consistent with the high rates of pre-disaster crime on the island and also a consequence of pre-existing social inequalities and class and racial resentments, which had long been exacerbated by the sharp class distinctions that characterized the tourist economy on St. Croix (Quarantelli 2006).

It can be argued that the post-Katrina conditions in New Orleans in many ways paralleled the situation on St. Croix following Hugo. Those who were unable to escape the city or find refuge after Katrina struck may well have reached the same conclusions as those who were trapped on St. Croix after Hugo. With homes, property, and livelihoods gone, with no evidence of a functioning governmental system, facing severe danger and hardship, and without having any idea of when help would arrive, many residents might have understandably concluded that they were on their own and that they had best fend for themselves. Given the utterly miserable conditions the hurricane produced, looting might well have been collectively defined as justifiable by some of those who were forced to remain and await help in New Orleans. Many news reports featured images of desperate residents fanning out through neighbourhoods in search of basic necessities such as food, water, diapers, and clothing (Barringer and Longman 2005; Coates and Eggen 2005). However, as of this writing, no solid empirical data exist

regarding how widespread (or rare) looting actually was, who took part in the episodes of looting that did occur, why they were motivated to take part, whether the goods people took could have been salvaged, or how much damage and loss looting actually caused, relative to other losses the hurricane produced. Equally important, whatever lawless behaviour may have occurred has not yet been systematically analyzed in the context of “normal” rates of lawbreaking in New Orleans. What do exist are volumes of information on what the media and public officials believed and communicated about looting in New Orleans. As discussed below, these reports characterized post-Katrina looting as very widespread, wanton, irrational, and accompanied by violence—in short, as resembling media characterizations of riot behaviour. Moreover, the media confined their reporting to the putative lawless behaviour of certain categories and types of people—specifically young black males—to the exclusion of other behaviours in which these disaster victims may have engaged during the disaster, producing a profile of looters and looting groups that overlooked whatever pro-social, altruistic behaviours such groups may have undertaken.

More systematic analyses of media looting reports will come later. In this article, we offer a series of representative reports that appeared in *The New York Times*, *The Washington Post*, and the *New Orleans Times-Picayune* as well as from the Department of Defence’s American Forces Information Service. We stress that these are typical comments that were made in these media outlets, not unusual ones. The material presented below focuses mainly on the first few days after the hurricane.

From The New York Times:

August 31: “These are not individuals looting. These are large groups of armed individuals.” . . . “Looting broke out as opportunistic thieves cleaned out abandoned stores for a second night. In one incident, officials said a police officer was shot and critically wounded.” (Treaster and Kleinfield 2005).

September 1: “Chaos gripped New Orleans on Wednesday as looters ran wild . . . looters brazenly ripped open gates and ransacked stores for food, clothing, television sets, computers, jewellery, and guns.” (McFadden and Blumenthal 2005).

From The Washington Post:

August 31: “Even as the floodwaters rose, looters roamed the city, sacking department stores and grocery stores and floating their spoils away in plastic garbage cans. . . . Looting began on Canal Street, in the morning, as people carrying plastic garbage pails waded through waist-

deep water to break into department stores. In drier areas, looters raced into smashed stores and pharmacies and by nightfall the pillage was widespread.” (Gugliotta and Whoriskey 2005)

September 2: “What could be going through the minds of people who survive an almost biblical tragedy, find themselves in a hellscape of the dead and the dispossessed, and promptly decide to go looting? Obviously not much: Stealing a rack of fancy clothes when there’s no place to wear them or a television when there’s no electricity does not suggest a lot of deep thought.” (Robinson 2005).

From the New Orleans Times-Picayune:

August 30: In the midst of the rising water, two men “were planning to head out to the levee to retrieve a stash of beer, champagne, and hard liquor they found washed onto the levee” (MacCash and O’Byrne 2005).

August 30: “Mid-afternoon Monday, a parade of looters streamed from Coleman’s retail store. . . . The looters, men and women who appeared to be in their early teens to mid-40s, braved a steady rain . . . to take away boxes of clothing and shoes from the store” (Philbin, 2005).

August 31: “Officials watched helplessly as looters around the city ransacked stores for food, clothing, appliances, and guns.” The looting is out of control. The French Quarter has been attacked,’ Councilwoman Jackie Clarkson said” (McGill 2005).

Beyond property crime, not only were the crowds engaging in the collective theft of all types of goods, but their behaviour was also violent and even deadly. Media accounts made it seem as if all of New Orleans was caught up in a turmoil of lawlessness.

From The New York Times:

September 2: “Chaos and gunfire hampered efforts to evacuate the Superdome, and, the New Orleans police superintendent said, armed thugs have taken control of the secondary makeshift shelter in the convention centre. The thugs repelled eight squads of eleven officers each he sent to secure the place . . . rapes and assaults were occurring unimpeded in the neighbourhood streets. . . . Looters set ablaze a shopping centre and fire fighters, facing guns, abandoned their efforts to extinguish the fires, local radio said.” (Treaster and Sontag 2005)

September 3: “America is once more plunged into a snake pit of anarchy, death, looting, raping, marauding thugs, suffering

infrastructure, a gutted police force, insufficient troop levels and criminally negligent government planning.” (Dowd 2005)

From The Washington Post:

September 1: “Things have spiralled so out of control [in New Orleans] that the city’s mayor ordered police officers to focus on looters and give up the search and rescue efforts.” (Coates and Eggen 2005)

September 3: A fire-fighter from Long Beach is quoted as saying, “People are taking clothing, liquor, things that aren’t life-surviving, material items. I don’t have a problem if someone is trying to get food and water, but beyond that, we’re busting them. . . . What we’re getting worried about is people are starting to shoot at us now. . . . That’s the lowest form of human being haunting the earth.” (Vedantam and Klein 2005)

From the New Orleans Times-Picayune:

August 31: According to the New Orleans homeland security chief, “There are gangs of armed men in the city, moving around the city.” (Times-Picayune 2005a)

September 2: “Governor Kathleen Blanco called the looters ‘hoodlums’ and issued a warning to lawbreakers: Hundreds of National Guard hardened on the battlefield in Iraq have landed in New Orleans. ‘They have M-16s, and they’re locked and loaded,’ she said.” (Breed 2005)

Another graphic Times-Picayune story, published on September 1, exposed gangs looting houses and businesses, robbing people in the street, looting gun stores, stealing guns from Wal-Mart, and assaulting disaster victims (Anderson, Perlstein, and Scott 2005). These media stories, along with stories passed through rumour networks, clearly influenced disaster management decision making. Immediately following the New Orleans levee breach, for example, Louisiana Governor Kathleen Blanco emphasized that search and rescue should take priority over all other emergency activities. However, as the September 1 story above in The Washington Post indicates, within three days of the hurricane’s impact, she and the mayor of New Orleans ordered public safety officers to pursue lawbreakers, rather than concentrating on lifesaving activities (Coates and Eggen 2005). This decision directly influenced the survival chances of stranded and dying disaster victims. The material presented above comes from print media. While we have not attempted to undertake the Herculean task of analyzing electronic media, the Internet, or postings that appeared in the blogosphere, anyone who watched or read these media in the aftermath

of Katrina can only conclude that the images of looting and looters these media conveyed were even more extreme. While television news did report extensively on the suffering of Katrina's victims, the intergovernmental disaster response debacle, and other topics, it also featured numerous stories of looting, rape, and lawlessness, continuously "looping" video of the activities of groups that had already become "armed, marauding thugs" in the minds of viewers. Video images also conveyed more powerfully than print media could that the "thugs" who had taken over New Orleans were young black men. As the emergency continued, all manner of rumours were reported by the media as truth. Readers and viewers were told, for example, of multiple murders, child rape, and people dying of gunshot wounds in the Superdome. These reports were later found to be groundless, but they were accepted as accurate by both media organizations and consumers of news because they were consistent with the emerging media frame that characterized New Orleans as a "snakepit of anarchy," a violent place where armed gangs of black men took advantage of the disaster not only to loot but also to commit capital crimes. More thoughtful analyses of looting and other forms of disaster-related collective behaviour would later emerge in the media (see, for example, an article titled "Up for Grabs; Sociologists Question How Much Looting and Mayhem Really Took Place in New Orleans," which ran in the *Boston Globe* on September 11, 2005; Shea 2005). But before these kinds of balanced reports appeared, the "armed thug" frame was already well established. Reports seemed to clearly show that the activities of armed thugs, "the lowest form of human being haunting the earth," had gone well beyond looting for necessities and had spilled over into murder, rape, and acts of random violence (Vedantam and Klein 2005). This frame provided part of the justification for the subsequent governmental response to the Katrina disaster.

SELF ASSESSMENT EXERCISE:

What are the probable things that should be expected in the event of civil unrest?

4.0 CONCLUSION

Myths and their consequences as the foregoing discussion shows, both media reporting and official discourse following Hurricane Katrina upheld the mythical notion that disasters result in lawlessness and social breakdown. This is not to say that media coverage following Katrina provided nothing helpful or useful to victims, the American public, and audiences around the world. That was certainly not the case. The media devoted enormous resources to covering Katrina and also to performing such services as helping to locate and reunite disaster-stricken

households. Reporters worked tirelessly to provide up-to-date information on all aspects of the hurricane. However, even while engaging extensively in both reporting and public service, the media also presented highly oversimplified and distorted characterizations of the human response to the Katrina catastrophe. Ignoring the diversity and complexity of human responses to disastrous events, media accounts constructed only two images of those trapped in the disaster impact area: victims were seen either as “marauding thugs” out to attack both fellow victims and emergency responders or as helpless refugees from the storm, unable to cope and deserving of charity. Hurricane Katrina showed that the potential for catastrophe is present wherever extreme events—natural, technological, or wilful—intersect with vulnerable built environments and vulnerable populations.

5.0 SUMMARY

It has long been understood by disaster researchers that both the general public and organizational actors tend to believe in various disaster myths. Notions that disasters are accompanied by looting, social disorganization, and deviant behaviour are examples of such myths. Research shows that the mass media play a significant role in promulgating erroneous beliefs about disaster behaviour. Following Hurricane Katrina, the response of disaster victims was framed by the media in ways that greatly exaggerated the incidence and severity of looting and lawlessness. Media reports initially employed a “civil unrest” frame and later characterized victim behaviour as equivalent to urban warfare. The media emphasis on lawlessness and the need for strict social control both reflects and reinforces political discourse calling for a greater role for the military in disaster management.

6.0 TUTOR-MARKED ASSIGNMENT

Explain Riot-Looting Behaviour with relevant examples

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UNIT 3 DOMESTIC THREATS AND THE CRISES IN NIGER DELTA

CONTENTS

- 1.0 Introduction
- 2.0 Objectives
- 3.0 Main Content
- 4.0 Conclusion
- 5.0 Summary
- 6.0 Tutor-Marked Assignment
- 7.0 References/Further Reading

1.0 INTRODUCTION

For sometime now Nigeria as a country has been faced with quite a number of problems of which crises in the Niger-Delta are prominent internal security threat. At a more general level the threat has social, economic, political and environmental dimensions. Each of these dimensions, singly and conjointly, greatly affects the nation's stability and well-being. Threats to human and national security ranges from the menace of separatist demands, illegal militia armies, ethnic and religious conflicts, armed robbery, corruption and poverty to sabotage of public properties, economic sabotage and environmental degradation. Among these, ethno-religious fighting and violent attacks in the oil-rich Niger Delta forms the major security dilemma. The predominant threats and security challenges in the area are emanating from un-abating attacks on oil installations, arm proliferation, sea piracy, youth restiveness, bunkering, kidnap and hostage taking.

2.0 OBJECTIVES

This unit seek to examine the menace of domestic threats in the Niger Delta region of Nigeria, its security implications and the effort of the state to short-circuit the crisis.

3.0 MAIN CONTENT

3.1 Domestic Threats and Crises in the Niger Delta

In the last three decades, the Niger Delta, the centre of Nigeria's oil wealth has been the scene of protest, sometimes violent, against the repressive tendencies of the Nigerian state on the one hand and against the recklessness, exploitative and environmentally unfriendly activities of oil Multinationals on the other hand. Such violent agitations have claimed thousands of lives, other thousands displaced and inestimable

properties have been destroyed. In economic term, millions of dollars have been lost to youth restiveness, disruption of production, pipeline vandalization, hostage-taking, assault and bombing of oil installations to mention a few. Violent political agitation by the people of the Niger Delta for improved and equitable resources allocation and involvement in the petroleum industry has constituted the most serious threat to the economy, human and national security in Nigeria. Not only that, because of the nature, dimension and strategies employed by the militants the country has been named among the terrorist trouble spots around the world (<http://www.factmonster.com/spot/terrorism7.html>). Since 1998, the Niger Delta has seen a rise in the incidence of hostage taking of oil and oil related multinational company staff (both foreign and local) sabotage of company property; pipeline vandalisation; bombing of oil installations; kidnapping for ransom, sea piracy and robbery on the waterways. It was reported in the Financial Standard of January, 2006 that the Nigerian National Petroleum Corporation recorded 1,306 cases of line breaks, majority of which took place in the Niger Delta) of petroleum products pipeline across the country in 2005. This figure is considered too high when compared with 88 cases recorded in 2003. It also represents an increase of 40.5 percent over the 929 cases recorded by the corporation in 2004. The situation remains unabated. There is no passing day without a reported case of kidnap, hostage taking or pipeline destruction in the Niger Delta. Balogun (2006) observed that:

Kidnap and hostage taking particularly of foreign oil workers, by militants in the oil-rich Niger Delta region of Nigeria is assuming an alarming rate. Before youths militants became daring in 2006, they had limited their exuberance to just disrupting operations of oil producing companies, blowing up oil pipelines and invading oil fields with the aim of collecting ransom.

Prior to the recently granted amnesty life in the Niger Delta area was characterised by fear. More worrisome is the fact that the legitimacy and the survival of the Nigerian state is under considerable threat. Table 1 gives a graphic picture of the situation in the Niger Delta.

Table 1: Some incidence of threats in recent years prior to the Amnesty

March 1997	Youths captured a barge delivering goods to a Chevron installation, The crew of seventy Nigerians and twenty expatriates were held hostage for three days
December 13-17, 1997	13 employees of Western Geophysical were held hostage by youths in a barge off the coast of Ondo State
On October 14, 1998	Militant seized control of two Chevron flow stations, at Abiteye and Olero Creek, near Escravos on the Atlantic coast, taking some thirty workers hostage for two days
Nov, 1999	Odi-South-East, 12 Policemen were held hostages and murdered by the youth
October 10, 2001	19 soldiers on a peace mission in the conflict area were abducted and killed by the Tiv militia in Zaki-Biam
On March 12, 2003	Government forces Vs Ijaw militia (Some soldiers and militants were killed)
On June 5, 2004	the Nigerian military killed 17 bandits in the oil-rich Delta state as part of an effort to combat oil theft, piracy, and kidnappings of oil workers
January 11, 2006	Four hostages seized (a Briton, an American and two Hungarians). About 22 persons were reported to have died in the attack.
February, 2006	Nine hostages seized
April, 2006	Militant claimed responsibility of Bomb explosion 2 people died, six others injured.
May, 2006	Five military personnel killed in surprise raid by the militants
May 2006	Seven hostages: 4 Briton, 2 Canadian, 1 American
31 st May, 2006	Five Koreans were held hostage by joint militant action
July 13, 2006	4 military personnel including a naval chief killed
July, 2006	2 explosions rocked pipelines conveying crude oil to Nigeria Agip oil, Twon Brass, Bayelsa State.
October 1, 2006	Militants killed 13 soldiers while escorting two oil vessels along the Cowthorn Channel and sank their vessel
October 3, 2006	Seven expatriate oil workers held hostage from their residence at Essan Akpan estate in Eket
October 10, 2006	Sixty oil worker taken hostage by militant youth in Balyesa
January 2007	24 Filipino held hostage and was not released until after a month in February. Also 9 Chinese were kidnapped in Sagbama, Bayelsa state
January 10 2007	Ten oil workers comprising 9 Koreans and one Nigerian working for Daewoo were kidnapped
May 8, 2007	Attack on oil facilities at Brass and Asaka
May 16 2007	Attack and destruction of the country house of Goodluck Jonathan, Governor of Bayelsa State and Vice President elect of the Federal Republic of Nigeria.
Friday July, 24	Bayelsa State Speaker's mother abducted

Source: Ogundiya I.S 2005. The Threats of Terrorism in Nigeria: Myths or Reality. Paper Presented at the Workshop on Disaster and Emergency Management, Organized by the Office of the Secretary to the Kebbi State Government, Kebbi, Nigeria, 20-22 Sept 2005 and author's compilation from Financial Standard February 13, 2006; Financial Standard February 6, 2006, Vanguard January 23, 2006; The Pointer January 20, 2006, The Punch January 20, 2006, Tell magazine, June 4, 2007.

It is important to note that this table only shows a few incidents of acts of threat in the Niger Delta region. Indeed, kidnappings in Nigeria's oil producing Niger Delta have become an almost daily occurrence. For instance, nearly 100 foreign oil workers have been kidnapped in the first quarter of 2007. Movement for the Emancipation of Niger Deltans (MEND) the most active and violent militant group have been responsible for most of the destruction of oil facilities and the kidnap of oil workers. In short, the Niger Delta region could be said to be in a state

of war- a war of low intensity between the militants and multinational oil companies on the one hand and the militants and the Nigerian state on the other hand. MEND in its non-compromising stance vowed to cripple the nation's economy. Truly, the damage youth restiveness has done to the Nigerian economy is huge. Shell, for example produced only 700,000 barrels per day from August to December 1998 falling short of its production quota of 830,000 barrels per day in July 1998 (SPDC Report, May 1999:2). The confrontation has also had its toll on human lives. In 1999 for instance, the United Nations High Commission for Refugees (UNHCR) reported that the Ogoni rebellion resulted in deaths and destruction of the community, producing refugees estimated to be 5,400. In another instance, in a military operation in December 30 and 31 1998, about 26 civilians were killed and about 200 wounded. On the other hand 80 soldiers were reported missing. The effects of the confrontation on the economy have been enormous. The oil industry is estimated to have lost 117 working days in 1997. In the first eight months of 1998 Shell, the largest oil company lost about 11 billion barrels of crude oil estimated at \$3.2 billion. Appreciating the damaging effect on the economy, General Abdusalam Abubakar in 1999 budget speech to the nation as cited in the Guardian newspapers of January 2, 1999, confessed; "... the temporary closure of wells in the Niger Delta led to a sharp reduction in government foreign exchange earnings", resulting in the non-realization of "the budgeted 1998 revenue of N216.336 billion from oil. The situation has gone worse since then. In a period of seven months in 2006 (between February and September) the Business Day of September 4, 2006 reported that the country lost about 12 billion US dollars to the Niger Delta militants. By May 2007, it is estimated that militant activities and protest have reduced oil production from a total capacity of 3million barrels per day to about 2million barrels. At an average of 65 dollars a barrel, this loss translates to \$65 million per day. Expectedly, this is damaging to the economy of the nation- an economy that is significantly driven by oil. Therefore, if security derives from the commonsensical fact that a person's first interest is survival, the Niger Delta region's environment (socially, economically, politically and in strict environmental sense) is far from been secured. More worrisome is the threats it constitute to Nigeria's global image, as most nations including United States, Britain, Australia among others, instructs their citizens against doing business in Nigeria (British High Commission, Nigeria 2005; Australian High Commission 2005). For example Australian High Commission warned; Australians in Nigeria should exercise a high degree of caution. The risk of militants' attacks against Western interests remains...Australians are advised to defer non-essential travel to the riverine area in Bayelsa, Delta and River States in south-eastern Nigeria...Unrest and violence can occur without warning throughout Nigeria. Cult or street youth gang violence

occurs regularly and can result in fatalities. The image of Nigeria abroad is that of a state that is engrossed in war.

3.2 Measures to End Domestic Threats in the Niger Delta

It is grossly disingenuous to say that the approach of the Nigerian state to resolve the recurrent problem in the Niger Delta is completely repressive. Occasionally, soft measures are applied while at times hard measures are inevitable in order to maintain peace or protect the corporate existence of the country. Three forms of state responses to the claims and activities of ethnic minority oil producing communities can be identified. These are redistributive, reorganization and regulatory/repressive state policies and responses. Redistributive policies are state decisions that consciously dispense value resources to one group at the expense of other claimants to state resources. Re-organizational policies refer to state effort to restructure or reconfigure political or administrative institutions and relationship in order to accommodate group demands or strengthen the efficacy of centralized state power. Regulatory policies on the other hand entail the mandatory imposition of sanctions or restrictions of individuals or groups that are perceived to pose a threat to state cohesion and order. A brief discussion of these policies is necessary.

Redistributive Policies: Revenue sharing or resource distribution has been at the centre of ethnic agitation in Nigeria. The exceptional political sensitivity of resource allocation is worsened by the lack of consensus on the criteria of distribution, the absence of reliable socioeconomic data, and political change, and the extent to which revenue distribution is tied to perceptions of regional ethnic dominance (Suberu 2001). Revision in Federal revenue sharing arrangements have been the most important redistributive policies designed to contain ethnic minority agitation in Nigeria. The irony however is that, the various review exercises have been done at the disadvantage of the oil producing communities. Before oil assumes a prime position in the Nigerian economy derivation principle occupied the centre stage of revenue sharing practices. The percentage allocated to derivation stood at 50% before the promulgation of the Distributable Pool Account (DPA Decree 13 of 1970) which slashed it down to 45%. The 1979 Constitution revised the Petroleum Act of 1969 by declaring Federal Government's ownership of all mineral resources both onshore and offshore and the derivation share of oil revenue slashed to 5% by the Second Republic government of Shehu Shagari. By 1985 the derivation principle as an index of revenue allocation has been partially eliminated. For example, the Babangida administration (1985-93), at its inception inherited a revenue sharing arrangement which assigned 2 per cent and 1.5 percent of oil mineral revenues to the oil producing states and oil

producing areas respectively (For detail see Suberu 1996). This was later slashed down to 1 per cent in order to provide fund for the development of Abuja, the Nigerian new capital city. Following intensive agitation, the statutory allocation for the mineral producing areas was increased from 1 to 3 per cent of federally collected revenue. This remained so till the end of 1993. Now according to the 1999 (Section 162 subsection 2 and 3) Nigerian Constitution the derivation formula for sharing revenue stands at 13 per cent. Nonetheless, the increase has not doused the flame of the struggle for equity and justice in the Niger Delta region as communities demand for total control of what they feel is their God-given resources or at least a return to the pre-1970 period when other formulae like population, equity, and need were peripheral. Though the revision in Federal revenue sharing arrangements have been the most important redistributive policies, this has been used to the advantage of the major/dominant ethnic groups. Thus, the major ethnic groups (Hausa/Fulani, Yoruba and Igbo) have been accused of internal colonialism. Indeed, this forms a major crisis that the National Political Reform Conference (NPRC), inaugurated by President Olusegun Obasanjo in 2005, had to contend with (NPRC Minority Report of the Committee on Environment and Natural Resources).

Other measures include the establishment of special commission and federal agencies to address the peculiar developmental needs of the region. For example Shagari administration (1979- 83) set up a presidential task force in 1980 known as the 1.5 Per Cent Committee to see to the developmental peculiarities of the region. 1.5 per cent was allocated to the Committee to carry out its mandate. The task force recorded nothing of note on the sands of time. Later, the Oil Mineral Producing Areas Development Commission (OMPADEC) was established by General Ibrahim Babangida, the then military head of state. He gave OMPADEC the mandate of turning around the situation in the region. It was a glaring fact that the Commission like the previous ones failed to achieve its founder's vision. It was widely believed that inefficiency, lack of focus, inadequate and irregular funding, official profligacy, corruption, and excessive political interference, lack of transparency and accountability and high overhead expenditure in the organization ensured that people largely got disappointed. The failure of OMPADEC accounted for its dissolution by Obasanjo's civilian administration upon inception in 1999 and its replacement by Niger Delta Development Commission (NDDC). The NDDC was set up with the mission of facilitating 'the rapid, even and sustainable development of the Niger Delta into a region that is economically prosperous, socially stable, and environmentally regenerative and politically stable. President Obasanjo in his speech also charged the commission to make the people of the Niger Delta feel a sense of belonging by uplifting their standard of living through the implementation of life-touching projects. The

persisting crisis of development in the region is a testimony to the fact that little has been achieved by the Commission due to pandemic political and bureaucratic corruption.

Reorganization Policies: A common feature of ethnic politics in Nigeria is the unrelenting agitation for administrative autonomy. This has resulted in incessant state and local government creation exercises. The philosophical basis for such agitation is the underlying assumption that such administrative unit enhances access to national wealth; facilitate equitable inter-ethnic power sharing and as well local community development. Suberu (1996) writes;

A key feature of Nigerian federalism is the decisive role that state and local government play in facilitating the access of territorial communities to federal developmental patronage. This role has arisen from the virtually complete dependence of the states and localities on federal oil revenues, but also from the continuing emphasis on the standard of inter-unit equality in distributing federal financial resources and infrastructural opportunities to the nation's constituent communities and segments.

Therefore, the Nigerian state has responded to intense clamour for additional constituent units in the Delta region. Presently, the Niger Delta comprises nine states of Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo and Rivers. In order to pacify the people of the region, the ruling Peoples Democratic Party has conceded the post of the Vice Presidency of the country to the region. However, it is significant to note that the creation of states and constituent units have also failed to serve as a panacea to the crisis. A number of factors explain this- the poor relationship between the host communities and the multinational oil companies; the devastating impact of the activities of the oil companies on the environment; competition among the various communities for recognition and access to resources; crass poverty and poor management of the available resources by the states and local government within the region. More important is the fact that most policies designed to short-circuit the crisis are formulated at a level far removed from the communities.

Regulatory/Repressive Policies: Successive governments in Nigeria have used regulatory and repressive instruments to contain the crisis in the Niger Delta. These include promulgation of Decrees during the military era and Acts of Parliament during the Civilian administration. For example, Babangida military regime promulgated Decree No 21 of May, 1992 among other Decrees as a sanction against ethnic minority agitation. Decree NO 21 (Cited in Suberu 1996: 41) for instance, empowered the President of the Federal Republic to:

dissolve and proscribed any association of individuals of three or more persons ... which in his opinion is formed for purposes of furthering the political, religious, ethnic, tribal, cultural or social interest of a group of persons or individuals contrary to the peace, order and good governance of the Federation...”.

Other measure that is being proposed to address the terror dimension is constitutional engineering. Recently, the legislative arm of the government has received two bills entitled (1) “An Act to Prohibit Terrorism” and (2) “Prevention of Terrorism Act”. The first bill sponsored by one of the Senators prescribes life imprisonment for those involved in hostage-taking, kidnapping and related activities while the second bill sponsored by the president prescribes a maximum of 20 years jail term for offenders of such terror actions. The bills also recommend the establishment of antiterrorism agency in the country. Another regulatory approach is the deployment of the law enforcement agents and the military to the troubled zone to suppress the agitators and enforce order.

This approach often further aggravates the crisis. In certain circumstances, the police and the soldiers have overreacted, killing innocent citizens and renders thousands homeless. This is inevitable because the police and the soldiers deployed to such scene are often poorly equipped and as well poorly trained in weapon handling and crowd control. For instance, when the Ijaw Youth Congress (IYC) leading other groups in the historic Kaima declaration asked all multinational oil companies to leave the Ijaw land in December 1998, General Abdulsalami Abubakar dispatched several warships to the Delta Region to quench the riot and enforces order. When Ijaw Youths went out in the street of Yenagoa, the Bayelsa state capital in peaceful protest about three hundred of them were shot down by soldiers in cold blood. The soldiers also invaded the city of Kaima and murdered several people including the son of the king. The story is not different when the civilian government of Olusegun Obasanjo sacked the Odi community in 1999. Hundreds of people lost their lives in an operation that reduced the whole community to rubble.

Other palliative measures include negotiation and dialogue with the oil producing communities. Before the exit of Obasanjo’s administration, the president organized meetings at regular interval with all the stakeholders. This forum provided the oil communities to table their grievances in a legitimate manner. It also provided the opportunity for the government and the multinational corporations to assess their activities on the one hand and ensure corporate social responsibilities on the other hand. Furthermore, the Federal Government charged the NDDC to produce an all-inclusive Niger Delta Development Master

Plan. The Niger Delta Regional Development Master Plan was launched by President Obasanjo on Tuesday, March 27; 2007. The broad goals of the master plan with mutually reinforcing components include poverty reduction, industrialization and socio-economic transformation to prosperity. Therefore the plan focuses on five major themes: Economic Development, Community needs the natural environment, Physical Infrastructure, and Human and Institutional Resources. The 15-year Plan clearly enunciates the role of all the stake holders- Local Government, State Government, Federal Government, Multinational Oil Companies etc. - in tackling the problem of development in the Niger Delta. Only recently, President Umaru Yar'Adua's Amnesty Programmes/plan for the Niger-Delta and the militants, has brought about relative peace so far. The problem however, remains whether the new Amnesty Plan will not suffer the same faith that befell the previous policies.

SELF ASSESSMENT EXERCISE

What were the various measures put in place by government to ameliorate the Niger-Delta crisis prior to the Amnesty plan?

4.0 CONCLUSION

It has been argued in this unit that domestic threats and violence in the Niger Delta region is a consequence of the long years of negligence, real and perceived marginalization of the oil producing communities and the nonchalant attitude of the oil companies to environmental safety. It is directed at the Nigerian state and the multinational oil companies rather than against the national interest of any nation. Therefore, the Niger Delta question in Nigeria is peculiar and domestic though it may have international implications. From all sides of the divide, it calls for a careful understanding of the issues involved, and the strategies being applied. The problem is for the Federal Government to solve. Repressive state policies or military solution cannot be the right panacea but a determined effort, devoid of rhetoric, to promote social justice and equity; to stem the tide of environmental devastation and ecological destruction going on in the Niger Delta.

5.0 SUMMARY

In the last three decades, the Niger Delta region, the centre of Nigeria's oil wealth has been the scene of protest, sometimes violent, against the repressive tendencies of the Nigerian state on the one hand and against the recklessness, exploitative and environmentally unfriendly activities of multinational oil companies on the other hand. The violence has taken terror dimensions. Such violent agitations have claimed thousands of lives, other thousands displaced and inestimable properties have been

destroyed rendering the region one of the most dangerous zones to live in Nigeria today. This unit discussed the genesis of the crisis, the threats it poses to human and national security and the policies that have been adopted by the Nigerian state to curtail and control the crisis. This unit shows that repressive tendencies and military solutions are not the best panacea but a policy, devoid of rhetoric, that will promote social justice and equity, reduce poverty and regulate the activities of the multinational oil companies in such a way that their activities will conform with best practices around the world.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss at a more general level the Niger-Delta crisis as an emergency with special emphasis on the social, economic, political and environmental dimensions.

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UNIT 4 HOSTAGE TAKING AND NEGOTIATION

CONTENTS

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1.0 INTRODUCTION

The use of hostage taking as a method of securing concessions in negotiation is a tactic nearly as old as civilization. In fact, until the early 20th century, the practice had a measure of societal and governmental support as a quasi-legitimate means by which countries negotiated with one another. The latter half of the 20th century has witnessed a near universal rejection of hostage taking as an acceptable adjunct to lawful dispute resolution. Perhaps not surprisingly, however, the popularity of hostage taking as a terrorist or criminal tactic has far from waned. Recent history abounds with examples of high profile incidents across the world, wherein individuals and groups have taken hostages in an attempt to level the bargaining field when negotiating for concessions with more powerful adversaries. The recent spate of videotaped executions of non-combat hostages in Iraq serves as a chilling reminder of the power of this tactic when utilized as a technique in the context of a terror campaign.

2.0 OBJECTIVES

The current unit explores the phenomenon of negotiation within the context of hostage taking. The development of negotiation procedure is first traced through early models of suppression and tension reduction. A variety of techniques peculiar to hostage taking negotiation are then explored, in an effort to develop a thorough understanding of the issues faced by those bargaining for the lives of hostages.

3.0 MAIN CONTENT

3.1 Hostage Taking and Negotiation

The phenomenon of kidnappings in the Niger-Delta and other regions of the world and murders of foreign nationals and citizens alike in Iraq would appear to signal a resurgence of interest in the ancient technique of hostage taking. However, despite the intense media scrutiny such contemporary events garner, hostage taking has been used as an effective negotiation tactic since at least the 3rd century B.C. Needham notes that ransom was the primary motivation behind the kidnapping of Richard the Lionhearted in 1193 A.D.; the Soviet Union's motive in taking a number of German citizens hostage in 1920 was to secure the release of Karl Radek, a Soviet agent being held in German custody. As media technology developed over the course of the 20th century, hostage taking became even more of an internationally recognized practice. Perhaps no better example of the global flavour of hostage taking can be cited than that of the "Munich Massacre" orchestrated by the Palestinian terror organization Black September. On September 5, 1972, the day before the Munich Olympic Games commenced, nine members of the Israeli Olympic wrestling team were taken hostage by eight Arab terrorists. The terrorists' demands were not met, and a disastrous rescue attempt by German police led to the deaths of all the nine athletes, five terrorists and one police officer. The high profile nature of the Munich incident, coupled with the fact that the event unfolded while virtually the entire world watched on television, provided the impetus for increased study into the phenomenon of hostage taking. It further punctuated the powerful effect that media coverage has on hostage taking incidents.

The Rise of Negotiation on Hostage Taking Incidents

Negotiation as a method of securing the safe release of hostages has become increasingly more common. The development of the phenomenon of negotiation can be well understood by examining the strategies utilized by the United States to cope with prison riots over the last century. In the latter half of the nineteenth century, the United States supported an approach to riots that advocated for complete suppression of anti-establishment behaviour. Rapid, overwhelming force intended to defeat all resistance was viewed as a required and somewhat paradoxically humanitarian way of dealing with public unrest. Quick containment of aggression was viewed as the best way to keep violence from negatively impacting law-abiding members of the community. Prison riots that took place in the latter part of the 19th and early 20th century were managed almost exclusively by use of force. Negotiation was not seriously considered as a legitimate option during this time

period. As the century reached its midpoint, however, law enforcement personnel began to show more restraint in riots where people had been taken hostage. Those incidents in which hostages were not taken continued in general to be resolved by use of force.

Needham (1997) notes that, up until the 1960s this suppression-based model of public confrontation characterized law enforcement's approach to dealing with prison riots in the United States. However, as violent showdowns in prisons continued to develop despite the state's use of (sometimes overwhelming) force to suppress them, a new model emerged that advocated for a less aggressive approach. Indeed, confrontation management was thought to have tremendous potential to resolve conflicts without violence. Considered a precursor to modern day crisis intervention strategies, conflict management's primary goal was tension reduction rather than forceful suppression. The theory postulated that, by engaging in dialogue with hostage takers, law enforcement officials could buy time to develop more effective strategies while providing at least a veneer of interest in exploring the hostage taker's cause. It was further thought that the passage of time would allow for initial tensions to reduce, thus making it less likely that a decision to harm hostages would be made in haste.

Categorization of Hostage Takers

Clearly, not all hostage takers have the same agenda. Prisoners who have taken prison support staff hostage may wish to bargain for better living conditions, whereas a jilted husband barricaded in a house with his estranged spouse may be less clear what his demands are in the heat of the moment. Terrorists, on the other hand, may view hostage taking as a vehicle through which they can garner international attention for a political cause. In order to determine how best to negotiate a peaceful resolution to a hostage taking incident, therefore, it is important to understand the motivations of the particular hostage takers. This initial assessment allows negotiations to be tailored to meet hostage taker's needs, and enhances the possibility that a non-violent solution can be reached. It is widely accepted that it is possible, and indeed useful, to categorize hostage takers into three distinct groups, based on the motivations underlying a hostage taking incident. While the nomenclature used to define these groups varies, the units attempts to divide hostage takers into the general categories of mentally ill, criminal and terrorist.

1. Mentally Ill

Though not common in Nigeria, Mentally or emotionally disturbed individuals account for the bulk of hostage incidents encountered in

most advanced countries. For example the New York City Police Department's Hostage Negotiation Team, statistics shows that it is likely true for most urban centres in North America. This category refers to disturbed people that may take hostages as a method of calling attention to themselves or their situation. These individuals may experience difficulty with reality testing or may suffer from a host of personality disorders, persistent non-adaptive coping patterns that lead them toward this extreme behaviour. Alternatively, their behaviour may be an acute response to a stressor or series of stressors in their environment, such as the loss of employment or interpersonal or domestic difficulties. The mentally ill hostage taker is more likely to make demands that are unrealistic or impossible; in these situations, negotiation is more likely to be viewed as a preliminary tactic to allow time for other strategies to develop, rather than a strategy to resolve the conflict.

2. Professional Criminal

The professional criminal may take hostages if surprised by law enforcement during the commission of a crime. Hostages are viewed as a vehicle through which a criminal is able to barter for escape. This type of hostage taking is relatively rare, although its sensationalistic nature may lead to increased media coverage. This type of hostage takers are just criminals who want to minimize their losses, those who do not want to get hurt and do not want to go to jail forever.

3. Terrorist/Revolutionary

Terrorists/Militants tend to view hostage taking as a means to further a political agenda; the highly publicized nature of these incidents allows the terrorist to reach a large audience, often bringing international attention to his or her cause. This is because of the theatrical aspects of terrorism; specific acts lend themselves to sensational reporting. The terrorist is aware of this and tends to play to his audience. Terrorist hostage takers differ from the other categories in several important ways. Firstly, the groups themselves tend to be organized into highly structured cells that carry out a carefully planned siege. Victims may be specifically selected, based upon the magnitude of effect their abduction will generate. The specific details of the operation itself may be orchestrated and rehearsed well in advance. Those chosen to take part in the siege itself are often young, educated, politically aware individuals who are willing to give their lives for the cause; further, they are often well trained in combat and military tactics.

Secondly, terrorist hostage takers deliberately recruit media coverage of the hostage-taking event. Media coverage is an essential element behind the hostage taking exercise; the terrorist relies on the media to reach a

wide audience, in effect making the world a stage for his or her political agenda. It is such that a sacrifice without the cooperation of the press would be useless. The motivation behind a particular hostage-taking incident, as discussed above, will vary based on the circumstances of the hostage taking. Similarly, the strategy utilized to negotiate a peaceful solution will depend largely on the specifics of the particular incident. Despite the case-specific nature of any given hostage taking incident, parallels can be drawn across virtually all hostage-takings.

3.2 Negotiation in Hostage Taking – Specific Techniques

Law enforcement or government personnel faced with a hostage-taking incident have a range of options available to them in responding to the crisis. The hostage takers can be ignored completely, or the law enforcement personnel can choose not to communicate with the hostage takers. An all out assault can be initiated, with the intention to end the incident by overwhelming use of force. Alternatively, the demands of the hostage takers can be met without negotiation. However, the particulars of a given hostage taking incident may preclude the use of any of these tactics. If hostage takers issue demands, and threaten to start harming hostages if those demands are not met, a strategy of non-communication will likely lead to disaster. Similarly, if the hostage takers are barricaded, well-armed or willing to die for their cause, an assault cannot be seriously considered unless the situation is sufficiently dire that the risks in allowing it to continue are greater than those inherent in an assault. More often, some form of negotiation will be considered as part of an overall hostage incident management strategy. It is important to indicate at this point that, negotiation is sometimes adopted because no other strategy is available to end a crisis. A typical example is the recent hostage taking activities in the Niger-Delta in Nigeria. As other strategies develop, negotiation may become less a key feature of crisis management, and more a method of delaying until those strategies can be properly implemented. The following section examines some common negotiation techniques used to resolve hostage-taking incidents.

Tension Reduction and Hostage Taking

Stalling for Time

Modern day hostage taking management is largely informed by the theory of tension reduction, described above. To that end, a primary strategy in hostage taking negotiation involves stalling for time. Stalling for time can have a variety of useful effects upon a hostage-taking incident, from allowing the initial crisis of the hostage-taking incident to pass, to garnering time to develop a more effective resolution strategy.

The passage of time is critical in giving the hostage taker the opportunity to consider his actions rationally, rather than reacting in the crisis of the moment. Regardless of the intention of the hostage taker, hostage situations are inherently emotionally charged events for all involved. As time passes, a measure of tension reduction results because it is not physiologically possible to maintain indefinitely the heightened sense of alarm that accompanies emergency situations; it is pretty much agreed that time is our ally. With the passage of time, the emotions de-escalate. Stalling for time may allow for the hostage taker to feel a sense of complacency. If an assault is not deemed to be imminent, the hostage taker may fall into a pattern of predictable behaviour that can be used in planning a rescue attempt. Alternately, exhaustion may set in over time, affording hostages the opportunity to contact rescuers, or even plan an escape.

Transference

It is widely recognized that, as time passes in a hostage taking incident, it becomes less likely that captors will harm their hostages. The highly charged environment that captor and hostage share appears to be conducive of the development of a measure of interpersonal relationship. This theory, well known within therapeutic circle, is called transference. The Hostage Negotiation Study Guide (2003) indicates that transference is viewed as a function of shared experiences, dependency, proximity and tension of the situation. Transference experiences can be divided into positive and negative transference. Positive transference may result in the hostage taker being less inclined to harm the hostage, despite initial intentions to do so. Positive transference may take one of two forms. A hostage taker may develop an attachment to his or her captors such that it becomes difficult to harm them; this can become an important protective factor for hostages. Alternatively, hostages may align themselves with the hostage taker's cause, and begin to suspect law enforcements' motivation in ending the siege. This latter phenomenon is generally known as the Stockholm Syndrome, so named after a particular hostage taking incident in Sweden.

It is not surprising that hostages develop a measure of understanding and even support for their captor's cause. Hostage taking incidents are highly charged affairs, wherein the decisions of any individual could have life and death consequences for the others. Hostages are thrust into a powerless, submissive role wherein their survival is largely dependent upon the choices of others. At the same time, they are cut off from ordinary sources of support. Both hostage taker and hostages are under threat from outside; the hostage taker faces a deadly assault by rescue forces, while the hostages may be executed during an assault, or fall

victim to friendly fire from rescuers. This leads the hostages to identify with their captor. This identification has been noted, to be borne out of fear, rather than admiration. Hostages appear to deny the threat created by the hostage taker, focusing instead on the fact that they have not yet been physically harmed or killed. Negative transference, or counter transference, on the other hand, may place a hostage at increased risk of injury or death. It may be easier to execute a hostage that either fails to identify with his or her captor or is argumentative or difficult.

Communication

Communication is the essence of negotiation; without it, negotiation cannot take place. In fact, containment of a hostage situation without communication may lead to increased anxiety that might erupt in violence. Indeed, communicating with hostage takers allows the tension and anxiety inherent in the event to be released. The hostage taker is forced to articulate in a rational way his or her demands, in effect putting his or her fears and anxiety into words. Such a process results in slowed thinking, and requires the hostage taker to utilize a modicum of rational thought in appraising the situation. Various communication techniques lend themselves to hostage negotiation situations. Therapeutic listening allows the hostage taker to express his or her concerns. The goal is to lead the hostage taker to believe that they are being actively listened to, that the negotiator is concerned about their well being and is committed to resolving the incident in a peaceful manner. Tactics like the Salami technique, used by the Viennese Police, focus more upon distraction and diversion while at the same time developing the relationship between hostage taker and negotiator. The extent of a particular negotiation effort will in large part be determined by the reasonableness of the hostage taker's demands, and will establish whether or not negotiation will take place in good faith or will be relegated to the role of a tactic. The use of concessions as a technique in bargaining ensures that no demand is met without something being given in return.

Therapeutic Listening

Hostage taker's demands have been categorized into one of two types of behaviour: Instrumental and Expressive behaviours. Instrumental behaviour consists of demands and objectives that are meant to meet the objectives of the hostage taker. These are best dealt with by direct, objective problem solving. Expressive behaviour refers to communication by a hostage taker that describes his or her emotional state. Therapeutic listening is meant to address the second of these two elements, and consists of the efforts made on behalf of a negotiator to allow the hostage taker the opportunity to vent his or her feelings. Its

goal is to reduce tension by allowing a measure of verbal, and thereby emotional, release. At the same time, by employing therapeutic listening skills the negotiator is able to gain a measure of control over the direction of the negotiation. The negotiator utilizing therapeutic listening skills has a variety of tools at his or her disposal. It is beyond the scope of this paper to inventory the arsenal of techniques used to bring a particular hostage taking to a peaceful conclusion. However, the theory behind therapeutic listening requires the negotiator to develop a rapport with the hostage taker, so that the latter does not view the former as a threat. By breaking down the barriers characteristic of a high intensity hostage-taking situation, the negotiator hopes to effect positive changes in behaviour by removing him or herself as a source of threat; reflecting back feelings in an empathic manner; paraphrasing the hostage taker's words; and suggesting non-violent alternatives.

The Salami Technique

An offshoot of stalling for time, the Salami technique has been used effectively by Viennese Police to reduce the tension inherent in hostage-taking situations. The negotiator approaches the hostage taker in a friendly, non-confrontational manner, and purports to be working to meet all of his or her demands. A series of setbacks and inconveniences present, but both hostage taker and negotiator work together to overcome them. Because the negotiator appears willing to submit to the orders of the hostage taker, and appears helpful, a measure of transference takes place. Over time, the hostage taker loses the motivation necessary to make good on his or her threats toward the hostages. Boredom and frustration eventually take hold, and as the impetus for violence is lost, the hostage taker is more willing to surrender to law enforcement, who have appeared willing to do their best to submit to the hostage taker's demands. According to Clyne (1973), no hostages have ever been injured by hostage takers when the Salami technique has been allowed to continue for any length of time.

Communication as a Bargaining Tactic

In any negotiation, it is important that the parties involved consider the costs and benefits of engaging in negotiation as a form of dispute resolution. As Pirie (2000) notes, one must consider whether or not one's goals can be met better, faster or easier by using a different method to resolve a particular dispute: "put simply, will negotiation produce something better than, or good as, the results you can obtain without negotiating. Within the context of a hostage taking incident, communication with hostage takers may be viewed either as a way of achieving a peaceful end to a standoff or as a method of delaying while other more feasible strategies are developed. That decision is a function

of context, and cannot be separated from the specifics of the crisis situation itself. Whether or not negotiation is considered a legitimate source of dispute resolution depends on several variables. Yale University sociologist Albert Reiss (1976), suggest six factors that determine whether negotiation will be utilized to resolve a hostage-taking incident. Firstly, the value a society places on human life will determine the extent to which negotiation is considered. Clearly, if one views the safety of hostages as a paramount concern, one is more likely to be willing to negotiate a resolution that allows for the safe return of hostages. Western liberal democracies tend to view human life as sacrosanct, something to be protected at all costs. The Western world's preference for solving problems via rational discourse rather than resorting to raw emotion or revenge makes it an ideal environment in which to develop hostage negotiation strategies. Conversely, societies in which human life is not as highly valued are more likely to depend on tactics other than negotiation, such as doing nothing or mounting a full scale assault on hostage takers. If negotiation is viewed by a particular society as capitulation to the demands of violent individuals, it is less likely that members of that society will support a negotiated settlement to a confrontation.

Secondly, media plays an important role in the decision to negotiate a hostage taking crisis. Leaders are likely to be judged harshly if they appear incompetent in resolving a particular hostage-taking incident. Negotiation signals a willingness to respect the value of human life; by attempting to resolve a dispute peacefully, the general public is assured that it can trust its leaders not to resort to violent confrontation as a method of dispute resolution unless all other avenues are exhausted. The extent to which a government possesses a specialized negotiation team is a third important factor in determining whether or not it will negotiate a standoff. Systems that retain personnel specifically trained to resolve disputes without the use of force will be expected to use them as part of any negotiation. Many major urban centres in North America have negotiation task forces that consist of various parts, including command, support, tactical and negotiation units. A government's resources in this regard will largely inform its decision to engage in negotiation. Fourthly, the tactical situation will influence the extent to which negotiation is used. If assault is not feasible due to the logistics of a particular incident, negotiation strategies are likely to be utilized, at least initially. A fifth factor affecting hostage negotiations involves the power imbalance between hostage taker and law enforcement. Despite the fact that hostages are people, and thus are inherently valuable, some are deemed to have more value than others. For example, a foreign government is likely to engage in good faith negotiations when government personnel are being held hostage. Conversely, it would make little sense for a hostage taker to expect government officials to

attach the same value to a death row inmate, or fellow hostage taker. Finally, Reiss punctuates the fact that the extent to which a government will negotiate in good faith depends largely on the reasonableness of the hostage takers' demands. As a general rule, if the demands are deemed to be realistic, negotiation will be considered in earnest. However, where hostage-takers' requirements are beyond the scope of reasonableness, negotiation is likely to be relegated to tactical status, a technique used to distract or stall for time until other options can be developed.

Management of the Hostage Taker's Environment

The extent to which a hostage taking setting is controlled by negotiators will have a significant effect on the negotiation. Containment of the hostage taker's environment accomplishes several goals. Firstly, it provides an essential component of security. Control of the perimeter of the hostage taking area ensures that negotiators are able to manage who has contact with the hostage takers. Secondly, in the case of terrorist hostage taking incidents, management of the physical area allows law enforcement officials to have some control over the broadcast of a terrorist's message. The extent to which a terrorist is allowed access to media will often influence the course of negotiations; a positive outcome will be difficult to obtain if negotiators are made to compete for terrorist's attention with outside influences such as media.

Control of Utilities

Wind (1995) offers some suggestions on how best to contain and control the hostage-taking environment. He notes that one of the first tasks of negotiators is to deny access to outside telephone lines. This cuts off a key communication avenue, especially for terrorists, thus ensuring control over the extent to which a terrorist's political message or demands are broadcast to the media. Further, it denies access to sympathetic parties on the outside who may be charged with gathering intelligence and communicating it to the hostage takers inside the perimeter. Similarly, Wind suggests that utilities should be controlled from the outside. Cutting off heat, running water and electricity may have several beneficial effects. It necessarily limits hostage taker's access to television coverage of the incident, thereby preventing them from monitoring the effectiveness of their action or gauging popular support for their cause. The removal of such comforts as heat, hot water and toilet facilities has the effect of creating a less comfortable environment within which the hostage takers must operate. Once the hostage taker's environment has been impoverished by removal of basic utilities, these comforts can be restored in response to concessions made by the hostage taker. The resumption of heating, for instance, can be

bargained for in exchange for the release of a number of hostages, or a reduction in the demands made by hostage takers. Indeed, as a norm, no concession should be made in the context of a hostage taking incident without the receipt of something in return.

Separation of Decision Maker from Negotiator

Generally, it is disadvantageous to have the hostage-taking incident negotiated by the person who is ultimately responsible for deciding whether the hostage takers' demands will be met. The potential ramifications of this dangerous move involves: firstly, if negotiations take place face to face, the decision maker runs the significant risk that he or she will be taken hostage, as the decision maker often represents a more powerful bargaining chip than the hostages themselves. More importantly, the separation of negotiator from decision maker allows for greater flexibility in the negotiation process. The negotiator is more able to deny the hostage takers' demands without appearing inflexible, as it is not he or she who is saying no, but rather the decision maker. Conversely, the negotiator is able to consider demands that the decision maker would reject outright. His or her role in such an instance is to deliver demands to the decision maker, and vice versa, not to decide the appropriateness of those demands.

Non-Negotiable Issues

Regardless of the threat that hostages face from their captors, it is widely recognized that some issues are beyond negotiation. Guns or other weapons are not considered negotiable items, as it is clearly counter-productive to supply hostage takers with the means to amplify their potential for violence and destruction. Negotiators will typically not allow non-prescription drugs to be demanded; the introduction of mind or mood altering substances adds an intolerable degree of unpredictability to the negotiation.

Negotiators will rarely allow hostages to be exchanged. Two reasons have been suggested why this is the case. Firstly, by supplying replacement hostages, the positive effect of transference process is interrupted. Hostage takers will not have the same regard for new hostages as they would for those with whom they have spent a period of time, thus making it easier for them to harm the new hostages. Secondly, negotiators run the risk that, during a hostage exchange, hostage takers will receive individuals in return who have more value as hostages. This may lead hostage takers to try to "trade up" their hostages for more influential personnel, thereby derailing negotiation efforts altogether. The willingness of governments or individuals to pay ransom in exchange for hostages remains an issue of some debate. Many nations

(including the United States and Israel) refuse to consider payment of a ransom, as it is thought that doing so only serves to reward the hostage takers, thereby increasing the frequency of attacks.

Conversely, private companies may be more willing to pay for the release of executives held as hostages. Convinced that payment of ransom destroys the deterrent effect of their no ransom policies, some governments have gone as far as to try to enact legislation that prohibits the payment of ransom by family members of hostages. In sum, the negotiator facing a hostage-taking incident has a variety of tools upon which to draw in order to secure the safe release of hostages. Within this context, communication of any kind can be viewed as a form of negotiation; the latter cannot take place without the former. Whether negotiation is used as a legitimate attempt to find a peaceful solution to the incident or whether it is relegated to the role of a bargaining, stalling or distraction tactic is largely dependent upon the context of a particular hostage taking event.

SELF ASSESSMENT EXERCISE

What are the six factors that determine whether negotiations will be utilised to resolve a hostage taking incidents?

4.0 CONCLUSION

Negotiation as a method of modern dispute resolution represents an outgrowth of the theory of tension reduction, which informs negotiation within the context of hostage taking. The tension reduction model, largely a response to the ineffectiveness of the suppression theory in reducing violent outbursts in the prison population, led to the development of a variety of procedures unique to hostage taking incidents. Many of these hostage specific techniques were reviewed in the current paper, with the intention of providing a backdrop for discussion of a particular hostage taking incident.

5.0 SUMMARY

The use of hostage taking as a method of securing concessions in negotiation is a tactic nearly as old as civilization itself. In fact, up until as late as the early 20th century, the practice had a measure of societal and governmental support as a quasi-legitimate means by which countries negotiated with one another. The latter half of the 20th century has witnessed a near universal rejection of hostage taking as an acceptable adjunct to lawful dispute resolution. This unit looked at The Rise of Negotiation on Hostage Taking Incidents, Categorization of

Hostage Takers and some common negotiation techniques used to resolve hostage-taking incidents.

6.0 TUTOR-MARKED ASSIGNMENT

List and discuss the broad categories of hostage takers and explain one in the context of hostage taking in Nigeria.

Highlight and discuss some strategies employed by hostage takers in their operation.

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UNIT 5 YOUTHS POVERTY AND UNEMPLOYMENT

CONTENTS

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- 2.0 Objectives
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1.0 INTRODUCTION

A high population growth, coupled with a worrisome rural-urban migration rate, has combined to give Nigeria the fastest growing cities in Africa. Nigerian's urbanization rate, about 5.3 % a year is one of the fastest in the world (National Planning Commission 2004). Also an urban bias in the provision of infrastructure, led to the rapid growth in the urban areas. Work opportunities and wage differentials provided the incentive for rural exodus of unskilled labour that swelled the ranks of the urban poor. Poverty reduction is the most difficult challenge facing Nigeria and its people and the greatest obstacle to the pursuit of sustainable socio-economic growth. Although Nigeria is well endowed with natural resources, the institutional structures are poor, thus creating new types of poverty and deviant survival strategies that are more evident in the urban areas. For example, there are young unemployed, secondary school and university graduates, large numbers of under-employed, unskilled informal workers and people suffering from different sorts of deprivation leading to substance and alcohol use\age which further create unrest in cities..

2.0 OBJECTIVES

This unit seek to examine the youth's poverty situations and some of their contributive factors, as well as develops a conceptual model, succinctly discusses the survival strategies identified.

3.0 MAIN CONTENT

Youth in different Nations of the world have their common problems ranging from high poverty level, lack of opportunity, unemployment, family problems, drug and substance abuse, lack of education and early marriage and child bearing. Rural poverty has been perceived by the International Fund for Agricultural Development as a dominant feature of life in all regions of the world. The percentage of the rural population

(including the youths) whose income and consumption fall below the nationally defined poverty line is estimated to be 60 percent in sub-Saharan Africa. Majority (70 %) of the youths in this region (sub-Saharan Africa) are estimated to live in rural areas. This worsening standard of living has inspired studies into poverty situation in Nigeria, which have revealed that it exists at both micro and macro levels. Perhaps, the problems faced by these youths are more severe partly due to high level of unemployment or underemployment and poverty situations engulfing their communities. Since gainful employment is fundamental to economic progress, it may be necessary to study the survival strategies employed by the youths to overcome their poverty and unemployment situations.

Poverty and the Metamorphosis of Street Children in Nigeria

The existence of street children in the large metropolitan areas of Africa and other developing countries is not particularly new. The international media began to document the condition of large numbers of street children as early as the 1970s. Despite the significant media attention over the past three decades, however, much remains unknown about their daily lives and activities. Also approximating the actual size of the population of street children has proven difficult. Estimates of their numbers in Nigeria is unreliable, though that of Brazil is estimated to be from 7 to 17 million, but more informed assessments suggest that between 7 and 8 million children, ages 5 to 18, live and/or work on the streets of urban Brazil. While the vast majority of street children are boys, Brazilian government estimates put the number of street girls at approximately 800,000, with almost two-thirds of them working as prostitutes in various parts of the country. Part of the problem in estimating the number of street children lies in the distinction between what are known as "children *on* the street" and "children of the street". Children *on* the street work in informal sector occupations in order to supplement the family income, but return home at night to sleep. These children typically reside in households headed by impoverished, single women and spend most of the day and night in the street selling candy or gum, guarding cars, shining shoes, or carrying groceries and wares of traders and travellers around shopping malls, motor parks and bus stops and other transports and business corridors.

By contrast, children *of* the street have oftentimes completely severed ties with their families, and that they seemingly choose to leave homes where hunger, neglect, and exploitation are commonplace, making life on the street preferable. A very small number of children actually live full-time in the streets, often engaging in illegal activities in order to survive. Creating what is called the 'absence of childhood' a situation where children at an early age, were expected to be economically active-

to earn their keep and contribute, if they could to a family income; the problem here of course was the absence of schooling – low rates of literacy were common among the poor as most children in the street of Lagos involved in entrepreneurship were observed. It is pertinent to state here that since education is one of the main (long-term) routes out of poverty, inadequate/lack of it will effectively (and unknowingly) perpetuate their poverty. Children of the street are more typically associated with theft, drug sales, petty theft, prostitution, as in the case of young girls, and gang activity. Younger children often begin their careers on the street by begging, and if not checked as they age some of these children rely increasingly on crime to support themselves and become less successful at panhandling and scavenging. For young street girls, apart from hawking and petty trading, prostitution is commonly used as a way of supporting themselves.

As the number of street children and their related criminal activity continue to grow, so does public opposition to their presence. Over the past decade, public opinion has shifted dramatically. Youngsters who were once looked upon as deserving compassion and sympathy are now viewed at best as a nuisance and at worst as a danger to public safety -- future criminals who ought to be locked up. Although popular views characterize these children as delinquents and thieves, nevertheless few scholars among others have championed the cause to view child labour and street children from a rational viewpoint as they most accurately described street youths as simply "Poor children in the wrong place". This sentiment enabled the Brazilian National Congress to pass the Child and Adolescent Act. The act was designed to reform the legal status of children in Brazil and to create councils that would act as children's rights advocates, with an eye toward integrating impoverished children into the larger society. However, negative attitudes toward street children by the Brazilian people still prevail.

Till date street children is constituting the leprous arms of the same alarming social problem that most times lead to the production of adult social delinquents in the form of the "alright sir boys" or "area boys" or touts, from which some eventually mature and start working with National Union of Road Transport Union while others take to armed robbery, prostitution and so on. According to Fakoya (2009),

They represent the face of hunger, insecurity and social neglect. Like in Mumbai-India they roam the street and abound in thousands in most cities of many Third world countries. And here in Nigeria, roaming in their thousands and portraying the decadent social order are the street children of Nigeria.

The phenomenon of Street children is increasingly recognized by sociologists and anthropologists to be a socially constructed category that in reality does not form a clearly defined, homogeneous population or phenomenon. 'Street children' covers children in such a wide variety of circumstances and characteristics that policy-makers and service providers find it difficult to describe and target them. Upon peeling away the 'street children' label, individual girls and boys of all ages are found living and working in public spaces, visible in the great majority of the world's urban centres (www.streetchildren.org.uk). The definition of 'street children' is contested though, but many practitioners and policymakers use UNICEF's concept of boys and girls aged under 18 for whom 'the street' (including, motor parks, unoccupied dwellings and wasteland) has become home and/or their source of livelihood, and who are inadequately protected or supervised.

It has been estimated that there are about 300 million children less than 15 years of age in Africa, representing almost half of Africa's population. There are no known statistics for street children in Nigeria, but it is known that children of under 18 years of age made up nearly 48% of the estimated country's population of 120 million in 1996 (World Bank). This estimate remains undiminished with the passage of years and associated increase in Nigeria's population. Massive corruption coupled with legendary mismanagement of natural resources has made the provision of social amenities impossible in Nigeria. Not exempted is the faithful provision of compulsory education to Nigerian children. The United Nation Children's Fund (UNICEF) reported in May 2005 that over 7.3 million Nigerian children of school age were not in schools. This ugly trend has its own social consequences, one of which is the spiralling proportion of street urchins in the major towns and cities of Nigeria.

The phenomenon has transcended the urban exception, being both an urban and rural phenomenon in present day Nigeria. While it might be difficult to assume a reflective figure for the dimension of this problem, suffice it to say that the phenomenon was rare in the mid eighties. There were an "estimated" 8000 of them by the early 1990s. By 1999, children were reported in over a hundred street locations in Lagos alone. The problem, rather than abating, is worsened by the persisting social climate of poverty subsisting in ignorance and political mismanagement. The aetiology of this phenomenon appears multifactorial. Socio-political view shows that Nigerian children were caught up in the struggle for survival occasioned by the dearth of technological and infrastructural development in Nigeria leading to mass urban migration with resultant emergence of the urban poor. This situation is partly enhanced by the disintegration of the extended family system which hitherto had promoted the concept of brotherhood and shared responsibility. The

resultant chaos has led to the balkanisation of the sacred ethos of the value of children to the average Nigerian.

Other causative factors include marital problems or instability in the home, poverty, hunger, insecurity, abuse and violence from parents, displacement caused by clashes in the community, insufficient parental care, death of one or both parents, inadequate family income, unemployment of one or both parents, lack of (or limited) opportunities in education, abandonment by parents, housing difficulties, drug use by children, and peer influence (UNICEF, 2006). UNICEF accepted that physical abuse accounted for greater than 27% of children forced into the street, 24% by family financial problems, 8% by family misunderstandings and 5% by emotional trauma. Children living and/or working on the streets experience harsh and hazardous conditions. They are unprotected from extremes of weather conditions and also prone to various forms of abuses such as sexual abuse, vagrancy and kidnapping. Life on the streets is far from pleasant, necessitating ability to cope with and an unwritten pact with dangers and vicissitudes of life. Children work as vendors or hawkers, beggars, shoe shiners, car washers and watchers, head-loaders (*alabaru*), scavengers bus conductors and as Motor Park touts. Oftentimes, majority are boys but an increasing army of girls is becoming a recent development. It is not uncommon to see street children and destitute families living under bridges, in public buildings, uncompleted buildings, markets and major streets and alleys.

RURAL YOUTH: CONCEPTUAL PERSPECTIVES, NATURE AND STATE OF UNEMPLOYMENT

The concept of youth is defined from various perspectives. This varies from one country to another depending on political, economic and socio-cultural circumstances. However, three conceptual perspectives have been highlighted in different publications upon which the definition of youth can be based. FAO (1999) summarized the three perspectives of its meaning as a particular age group, that is, the period during which people graduate from school to work, from child to parent, from dependant to head of household; and as attitude, that is hopeful and apprehensive, tentative and reckless, irreverent and idealistic. For statistical purpose, however, the United Nations defined the youth as young men and women between the ages of 15 and 24 years. This definition, according to age category, may not, however, satisfy the universal interest due to the variations in laws, customs and constitution. The country's youths can be defined as young men and women between the ages of 13 and 30. This was based on the expected age of entry into primary education or vocational apprenticeship training which is usually 13 years, (the entry age into the youth world), while 30 years is the terminal age for participating in National Youth Service Corps (NYSC)

- a youth programme for Nigerian graduates from either Universities or Polytechnics. The youth forms a very significant proportion of the rural population in Nigeria. Rural youths are generally characterized to possess innovation proneness, minimal risks conversion, faster reaction time, less fear of failure, less conservatism, greater physical strength, greater knowledge acquisition propensity, social propensity, faster rate of learning, and love for adventure and preference for boldness. These typify the nature of youth in rural areas, which may be resourcefully applied to sustainable rural development efforts in Nigeria. No wonder, Torimiro (1999) in his challenging farewell poem to the African participants at the International Roundtable Conference on Youth, Agriculture and Development in Africa synthesized the general situation of African Youth in the second stanza thus:

*“Hail, African Youth!
For how long would she be developing?
Amidst the circumstances against her being.
No job! No food! No shelter! No clothing!
Sparingly grip by fear of future.
Arise, the elders of her continent!
Your songs shall be to hail the youth,
To guide and lead for her to see,
That your work today shall ever live.”*

Food and Agricultural Organisation (1999) reports that 17 percent of the youths around the world listed unemployment as one of their main concerns. Unemployment, in this case, is usually defined in development economics as the stock of those entire employable individual who are not in employment and who are either in the process of moving to a new job or who are unable to find work at the prevailing real rate. Nigeria’s Federal Office of Statistics (1999) estimated the higher rate of rise in unemployment in the rural sector from 2.8 percent in 1997 to 3.0 per cent in 1998. It characterized the poverty features in the order of magnitude among Nigerians, and wrote that unemployment and underemployment were rated number four by 90 percent of the population. However, it is generally observed in the rural areas that majority of the youths are not willing to work on the farm, because of the inadequate rural infra-structure and social amenities but rather prefer to work as clerk and officer in the urban and non-agricultural sectors. This presents a worrisome situation, most especially in an agrarian economy such as Nigeria’s. Large percentage of these youths does not have the required skill to enable them fulfil this aspiration. In situations where skills are available, the vacancies are not always there.

Rising Numbers of Disengaged Youth; Primate Cities and Squatter Settlement

The 2007 USAID Statistic highlight that youth between the ages of 15-24 years make up nearly 30 percent of the population in developing countries, and for the foreseeable future, are the largest and potentially most significant human resource cohort in the developing world (USAID, 2007). The World Bank estimates that by 2010 the worldwide number of youth in this age bracket will reach 1.8 billion and 1.5 billion of them will live in developing nations. Despite the growing numbers, many countries (of which Nigeria was listed) continually fail to recognise or invest in the assets, resources, and potential embodied in their young citizens. Evidences are bound that the vast majority of young people lack basic education, marketable skills, decent employment, and are not positively engaged in civil society. Out of school and un- or underemployed youth are at higher risk of becoming, touts, prostitutes, victims or perpetrators of violence and crime. This is a typical situation of touts in the transportation sector in Nigeria, as mostly evident in Lagos where series of crime and violent activities have been attributed to the increasing number of *areaboys* and touts. Such negative outcomes not only impose costs on young people and their families, but also on the economy and society at large. Important to understanding the presence of large numbers of street youths in the world in general, and in Nigeria in particular, is a comprehension of the nature of primate cities and what life is like in the thousands of primate city shantytowns. Most developing countries contain one or more "primate cities," urban areas that grow in population and influence far beyond the other cities in the region or nation. In many Latin American countries, and in other developing nations as well, the largest cities may have several times the combined populations of the next two or three urban areas and may also have a significant share of the national population. Mexico City's population of 16 million, for example, accounts for 20% of the nation's population, while other cities are considerably smaller: Guadalajara (1.6 million), Monterrey (1.1 million), and Puebla de Zaragoza (1.1 million). Similarly, the populations of Brazil's two largest cities -- São Paulo and Rio de Janeiro -- combine to account for some 16% of the national population.

Primate cities like Lagos Port Harcourt, Warri, and Sapele (Nigeria) Rio de Janeiro, Sao Paulo typically are located on the coast or in other areas close to transportation routes, since many were political and economic centres when under colonial rule. The orientation of such cities had been toward supplying the developed nations with raw materials and other goods, rather than toward the urban areas and hinterlands of their own country. Among the greatest difficulties experienced by these cities in Africa and Latin America are those of stimulating industrialization and

providing employment. It has been argued that people who move into these urban locales do so, not because of the employment opportunities the cities provide, but because the living conditions in rural areas seem so much worse. Previous research has suggested that rural populations have been "forced" to relocate because of increasing agricultural density and the inability of the land to support its people. Rural-urban migrants believe that the cities offer a better life and at least the hope for employment. Some do find work in small enterprises, but the lack of sophisticated technology and industrial production methods does not provide for the large pool of unskilled labour that characterized the Western industrial revolution. As a result, the unemployment rates in the cities of many developing nations exceed 25% of the labour force. Common features of the primate city landscape are the sections which comprised of shanties, shacks, and makeshift huts under the bridges in the cities of Lagos inhabited by those who have no other shelter. In South America squatter settlements known as *barriadas* in Peru, *ranchos* in Venezuela, *villas miserias* in Argentina, or *favelas* in Brazil, have been estimated to house as much as one-third of the urban population. Mexico City alone has some 4 million squatters, Calcutta has 2 million, and Rio de Janeiro has over 1 million. Once again statistics on squatter settlements in Nigeria and Africa are either not available or unreliable.

POVERTY SITUATION AND SOME CONTRIBUTIVE FACTORS

Poverty as an expression of life situation, a state of mind and perception of self in the complex web of social relation, is a very sensitive and controversial concept that has defied a universally acceptable and objective definition or assessment. The World Bank (1996) in its report characterized poverty as overwhelmingly rural and having regional outlook. The total number of people in poverty as at 1992 was specifically put at 34.7 million with about two-third from rural Nigeria. Decline in the world oil prices was identified as a major factor, consequent upon which, the per capita income which stood at \$1000 in 1980 fell to as low as \$340 in 1992. This has further fallen to \$260 as at 1995. Perhaps, the introduction of the Structural Adjustment Programme (SAP) in July, 1986 and subsequent deregulation of the economy led to an untold hardship for the citizenry. For instance, the deregulation of the naira led to an eroded purchasing power of the people. This was further aggravated by the spiraling inflation, which stood at 73 percent in 1995.

Another contributive factor to poverty situation in rural Nigeria is the inequality in distribution of income and other productive resources. For instance, a lot of inequalities exist in the distribution of agricultural land, which has remained skewed because of the traditional land tenure

system and lack of true commitment to agricultural development which has made farming uninteresting and unattractive to the youths, who constitute the bulk of the rural population. Chambers (1983) who had earlier caught the glimpse of the rural poor wrote that: Poverty contributes to physical weakness (through lack of food, small bodies, malnutrition leading to low immune response to infections, and inability to reach or pay for health services); to isolation (as a result of the inability to pay large expenses or to meet contingencies); and to powerlessness (because lack of wealth goes with low status, for the poor have no choice). Arguably none of the poverty alleviation programmes put in place by the Federal Government has worked. Even the “living” wages of N7, 5001 per month popularly awarded to workers, are not only small and unrealistic but are not regularly paid. It will also be significant to note that majority of those who are categorised as employed in the private sector earn below this figure. All these factors have their attendant effects on the entire populace of both the youth and adults alike.

Youth Unemployment: Participation of the Unskilled and Homeless in Street Economy

The Lagos-Nigerian case and probably other cities in sub saharan Africa suggest that even persecuting urban youth cannot extinguish their resolve to remain in cities. Enticing urban youth back to rural areas through increased investment in the countryside may yield very minimal success. There are some instances of reverse migration (from urban to rural areas in Africa) but this has been in trickles. Most of Africa’s urban youth are thus very likely to remain in cities regardless of the degree of investment in the countryside or the difficulties they face in cities. The consequences of this are in threefold of having so many young permanent residents of African cities who feel excluded and alienated from others. First, the combination of their dominant presence and marginalized social status invites the question of just who represents youthful urbanites, both politically and within civil society. What does civil society mean, for example, if the majority of its members feel they do not belong to it? Second, urban development will be hamstrung if most urban youth are not central contributors to it. Third, the presence of a vast youth population that remains largely disengaged from civil society and economic development activities will almost inevitably have a negative impact on personal and community security in urban Africa.

Though adequate and reliable unemployment figures for African countries are not available, nevertheless information on the majority of youths in Africa and other developing economies shows that they engage in informal sector activities such as shop assistants, farm hands, clerical assistants, typists, stewards and cooks in hotels and restaurants,

in street trading, casual labour and odd activities, such as touting, prostitution. Informal income earning activities among African countries takes place outside official channels as the name connotes, and has long been equated merely with smuggling of goods, or with other dubious and illegal activities. However, researchers and institutions have started to associate informal activities with large informal sector existing in African countries. Other criminal activities have also been identified such as stealing, armed robbery, dealing in prohibited substances such as drugs. Anecdotal accounts of drug abuse among street youths are commonplace. Numerous media stories have reported the widespread use of inhalants (such as glue, gasoline, lighter fluid, *bim* -- a mixture of ethyl alcohol, sugar and benzene), others include marijuana and cocaine, and valium among street children. Only a small proportion of youth are engaged in the formal sector. Many of them, male and female, are to be found along the streets of major cities, selling apples, oranges, telephone cards, telephone handsets, calculators and other assorted goods, and a growing number of them take to touting after a while. This is common among the male youths/street children between the ages of 14-25 years in urban centres.

Studies have shown that unskilled migrants as well as urban homeless draw on a mix of income strategies from different economic spheres in order to cover their subsistence. It was observed that their respective activities are time-consuming and constitute the basic structure for the homeless' daily routines and are thus a central aspect of street culture. Another important aspect of their survival strategies is constituted by specific modes of economizing and consumption, which are based on collectivity and reciprocity. These routines help to bridge periods of money shortage and facilitate survival in a marginal and insecure economic position more generally. Skill acquisition has also been noted as one of the characteristic features of street economy. Studies carried out in selected countries in Europe concluded that skills acquired by being part of the street economy do not seem to provide any relevant qualifications for the formal labour market and thus cannot be regarded as a potential means of overcoming their marginal position. Common findings show that there are general consensus that income-generating activities contribute to the individuals' well being in important ways:

1. Firstly, they provide the basis for crucial social networks with other homeless persons.
2. Secondly, these jobs often give a meaning to the lives of people who would otherwise feel completely worthless and even more excluded and thus generate the potential for collective and individual identification and the construction of self-esteem.

3. Thirdly, income-generating activities do provide important links to mainstream society through social contacts with the staff of aid organizations, commuters, customers and passersby.
4. Among unskilled, unskilled migrants, youths and adults work is an important concern in the state of homelessness.
5. For many homeless and/or extremely poor persons, their informal incomes are essential for survival and must not be made illegal or hampered but should be facilitated and enhanced.

STREET YOUTHS AND SUBSTANCE USE

Street youths are widely perceived ‘problem population’ at risk for drug and alcohol use. Many of these youths are drawn from homes characterised by family conflict, sexual and physical abuse, and parental drug and/or alcohol problems. The majority of this population is under- or unemployed, often lacks a permanent residence, and spends a significant amount of time without shelter and are easily prone to violence. Their lives are characterised by poverty, hunger and other conditions of extreme deprivation as they hang out on the street on a regular and permanent basis. It has also been argued that street youths participation in deviant activities is most likely the result of the homeless experience itself and not the direct effect of predisposing background variables. Street youths also spend a considerable amount of time on the street, immersed in an environment that may leave them more at risk from drug and alcohol abuse. Peers have been identified as one of the most important risk factors in the use of legal and illegal drugs by youths. Studies indicate that peers provide an important learning environment in the initiation of drug use and provide opportunities and reinforcement for drug –using friends after becoming involved in drugs, selectively embedding themselves in social networks that reinforce choices, attitudes and behaviours. On the street, homeless youths may be more likely to encounter peers who can initiate them into drug and alcohol, or they may find networks that reinforce their use.

Past works on serious drug users suggest that adult drug use is a characteristic of a preferred street lifestyle and subculture. Evidences are abound of how drug and alcohol users on the street with an easy to obtain status-conferring identity. Drug use on the street often is enjoyed in the company of others, and participants in this lifestyle limit their contacts to other drug users and accept drug use as a part of their role or character. The proper pursuit of this lifestyle requires continuous infusions of money, leading to an emphasis on financial resourcefulness. High frequency drug users on the street are heavily involved in property crime, violent crime, and drug trafficking, and the most persistent offenders spend much of their criminal gains on alcohol and other drugs. The drug and crime relationship is interactive; crime finances use; use

encourages more use; more use encourages more crime. However, levels of criminal success become key to this relationship because they can influence levels of drug use.

UNEMPLOYMENT AND SUBSTANCE USE

The street lifestyle also is characterised by irregular employment. Drug users have higher than average rates of changing jobs, getting fired and being unemployed. Unemployment affects individual beliefs in the legitimacy of conformity to conventional rules and norms and negates the relevance of work, leaving individuals free to deviate. In contracts, legitimate employment means less need, less interest in, and less time for drug and alcohol use. Unemployment can decrease commitment to a conventional lifestyle while increasing a commitment to the streets and the drugs and crime lifestyle. However there is no simple link between employment status and substance use. The interpretation of labour market situation plays a large role in shaping their response to it. People's response may be contingent on what they believe caused their unemployment, the duration of their unemployment, the extent of their employment experience, and how intensely they feel their failure. In this vein the attributions for failure can influence use. There are some indications that people who blame themselves for failure are at increased risk for alcohol and drug use. Also drug and alcohol use is more likely when people experiencing employment difficulties believe the system is at fault and dismiss dominant norms. Literatures suggest that the most common response to unemployment is an internalisation and withdrawal. Furthermore there is evidence that the negative effects associated with failure, including depression, can lead to increase substance use. Drug using groups may reflect the end product of a process in which individuals in the group share the circumstances leading to failure and adopt drug use as a collective solution to their common failure. This drug subculture provides an environment in which dominant norms are rejected and drug-using behaviour is supported.

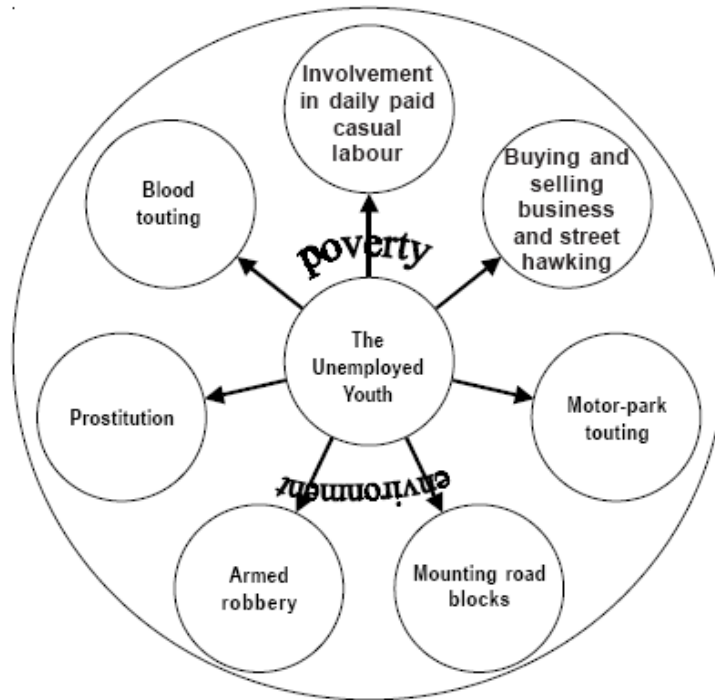


Fig. 1. Conceptual model explaining youth unemployment as a push factor to evolve a survival strategy in a poverty environment.

SELF ASSESSMENT EXERCISE

Poverty as an expression of life situation, calls for emergency. Discuss.

4.0 CONCLUSION

In sum, homeless youths tend to come to the streets with backgrounds that promote drug and alcohol use. However, once on the street, their risk for drug and alcohol use is exacerbated by their street experiences, including cultural supports for substance use, drug-using peers, and involvement in a criminal lifestyle that finances heavy drug and alcohol use. Further. They are embedded in employment situations that can either leave them alienated from conventional society or frustrated with their failure, both of which serve to increase the risk of drug and alcohol use. The unit seeks also the reduction of poverty through the restructuring of the institutional and management set up, so that it can be more responsive to the needs of the poor. Improving the situation of the poor requires recognition that the poor should be the key actors in any poverty reduction programme; in the long run substance use and frustration will be curtailed if not reduced among other problems facing youths in both rural and urban areas.

5.0 SUMMARY

In this unit, we focused on street youths and unemployment; conceptual perspectives, nature and state of unemployment and substance use, participation of the unskilled and homeless in street economy; poverty situation and some contributive factors such as the role that various background, labour market, and street lifestyle factors play in street youth's drug and alcohol use. It shows a link between poverty, exposure to parental substance abuse and increase in street youth's alcohol and hard-drug use as well as various ways in which long term homelessness influences hard drug use, also role drug- and alcohol-using peer influence the use of alcohol, marijuana and other related drugs. Lastly the unit, through diagrammatic framework pinpoints some deviant survival strategies unemployed youths engaged in to foster survival.

6.0 TUTOR-MARKED ASSIGNMENT

To what extent can unemployment lead to deviant behaviours?

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