Recognising the vulnerability and capacities of young people

Dr Lori Peek talks with Kate Lahey about the importance of engaging young people in disaster preparedness and recovery.

‘People would rush up to me, after I’d give a talk — even in Australia in fact — and somebody rushed up and said, “I wonder if I could make a little child-sized shovel they could use?”’

Dr Lori Peek is Associate Professor of Sociology and Co-Director of the Centre for Disaster and Risk Analysis at Colorado State University and her paper, *Children and Disasters: Understanding Vulnerability, Developing Capacities, and Promoting Resilience — An Introduction*, was first published in 2008. Since then, young people have invented for themselves some extraordinary contributions to disaster recovery, from mobile phone apps to organised, volunteer workforces. Yet this is a field that Dr Peek says needs more discussion.

Much of the research into youth and disasters has focused on the ways in which young people suffer; psychologically, physically and through disruptions to education. However, less is understood about the best ways to allow and encourage young people to take part in the recovery process so they can help rebuild not just their communities, but their own lives, Dr Peek said.

Dr Peek studies vulnerable populations in disaster, particularly low-income families, racial and ethnic minorities, women, and children and youth. She is the author of *Behind the Backlash: Muslim Americans after 9/11*, co-author of *Children of Katrina*, and co-editor of *Displaced: Life in the Katrina Diaspora*. She also serves as Associate Chair of the Social Science Research Council Task Force on Hurricane Katrina and Rebuilding the Gulf Coast.

Her research into young people and disasters has included tracking a group of children and young people for seven years who were displaced following *Hurricane Katrina*. Many of the children she studied, as well as thousands of others who experienced *Hurricane Katrina*, never returned to New Orleans.

Some changed schools multiple times in the years after the disaster as their families tried to resettle. Some never finished school.

Dr Peek said disruption to education was unique to children in a disaster and could have lifelong consequences. ‘I think that connection between disaster disruption and educational attainment is still something we’re only beginning to understand but I think it’s one of the most critical issues.

“We actually lost track. We don’t have great numbers on how many kids did not attain degrees because of *Katrina*. I think this is one of the biggest questions we need to pursue more aggressively: How do we get kids into that normal situation, even if nothing else is normal in their lives? How can we prioritise education?’ she said.

Dr Peek has visited Australia three times, most recently in 2012. She sees strong similarities in the work that both the USA and Australia are doing with youth in this field.

‘Right now in Australia and in the United States, we are kind of running on parallel tracks in that we have a lot of really engaged researchers and practitioners who are trying to get children and youth at the table, literally,’ she said.

Both countries were also working towards integrating child and youth issues into various emergency management contexts, she said. Dr Peek explained that some of the work the USA has done is to try to
anticipate the needs of young people in disasters and address them. She also described some of the ways young people themselves have been preparing for and responding to disasters and the danger of the ‘pendulum’ that swings between caring for vulnerable young people and allowing them to contribute, to realise their ‘infinite’ potential.

Dr Peek believes one of the major contributions to this work in recent years has been the USA’s National Commission on Children and Disasters. In 2010, the Commission released its report⁵ with more than 100 recommendations for ways to ensure children are better protected. The report found ‘serious deficiencies in each functional area, where children were more often an afterthought than a priority’ (p. iii).

In response, the Federal Emergency Management Agency set up a working group for policy on children and disasters. It has since formed a Youth Preparedness Council.

In its final report, the Commission noted that other progress had been made, such as recognising childcare as an essential disaster service. The Commission noted that 67 million children in the USA were in schools and childcare on any given weekday, ‘a time when children are most vulnerable because they are away from their families’ (p. iv). Despite this, only a handful of states in the US required basic school evacuation and family reunification plans.

Further, just six per cent of hospital emergency departments had the supplies and equipment to treat children. The Strategic National Stockpile² (intended to provide medical supplies in the event of a public health emergency) was ‘woefully under-stocked with medical countermeasures for children’ (p. iv).

The Commission spelled out its concerns for children in disasters:

- ‘Children may experience long-lasting effects such as academic failure, post-traumatic stress disorder, depression, anxiety, bereavement, and other behavioural problems such as delinquency and substance abuse.

- Children are more susceptible to chemical, biological, radiological, and nuclear threats and require different medications, dosages, and delivery systems than adults.

- During disasters, young children may not be able escape danger, identify themselves, and make critical decisions.

- Children are dependent on adults for care, shelter, transportation, and protection from predators.

- Children are often away from parents, in the care of schools, child care providers, Head Start or other child congregate care environments, which must be prepared to ensure children’s safety.

- Children must be expeditiously reunified with their legal guardians if separated from them during a disaster.

- Children in disaster shelters require age-appropriate supplies such as diapers, cribs, baby formula, and food.’ (p. 20)

The Commission’s report stated that disaster management agencies should ‘place a specific and sustained focus on children in their daily and disaster response activities’ (p. 21).

Dr Peek said the report represented a major change in the way children and young people’s needs were recognised. But she said, ‘it’s a difficult question to answer’ as to how well authorities anticipated those needs in practice. ‘The identification is obviously important, this focus is very important, but it’s only the first step. We’re talking about these issues, writing about these issues. Every time I go to a meeting people are talking more about children and youth—but is it actually translating to change on the ground?’

‘Do our ambulances today actually have the pediatric medical items that we need to respond to children and youth in an emergency? The answer to that is “no”’. ‘We’re doing a good job of anticipating these needs but there’s still a lot of ground to be covered,’ she said.

In September 2013, the organisation Save the Children released a ‘disaster report card’⁷ which found most US...
states were still failing to meet the basic child-safety measures endorsed by the Commission.

Save the Children tested the states on four standards. It expects US states to require:

- all childcare centres to have an evacuation plan, a family reunification plan, and a plan for children with special needs, and
- all schools to have disaster plans that account for multiple types of hazards.

In 2013, 28 US states plus the District of Columbia [the nation’s capital] failed to meet all four of the standards, according to Save the Children.

Dr Peek’s 2008 paper argued that to improve children’s resilience to disasters, ‘we must improve their access to resources, empower them by encouraging their participation, offer support, and ensure equitable treatment’ (p. 1).

Many children and young people needed little encouragement to participate, and some persisted, even when they had been discouraged at first, Dr Peek said. They were often an untapped resource. ‘They’re imaginative, they’re creative, they have energy, they have strength and they also often have time—something that adults don’t always have,’ she said.

After the BP oil spill in the Gulf of Mexico in 2010, a group of teenagers in Lafourche, Louisiana offered to help in the clean up but were turned away as authorities did not want them to be exposed to the oil. The teenagers tried to volunteer in an office instead, but were again rejected. According to one, Alex Naquin, who was 16 at the time, ‘They said, "no, we can’t have you, it’s too much of a liability". I mean, paper cuts? You think we’re going to sue you all for paper cuts? It just baffled us and it really upset us,’ he said.

Mr Naquin said it was hard to see so many parents—including his own—lose their jobs as a result of the spill, and he was frustrated when he felt he couldn’t do anything. He and his friend, Caroline Guidry, decided to form a not-for-profit organisation to lend credibility to their offers of help. The group, Sassafras Louisiana, became a voice for local young people and awards prizes for the heaviest rat (current record is around 14kg).

Stories included that of a young teenage boy who knew his uncle couldn’t swim. The boy found a piece of Styrofoam and took it to his uncle, so he could move through the water to safety.

Mr Naquin, now 19 and a freshman at Louisiana State University, described his group as ‘the file to the gumbo,’ the spice that thickens the stew—hence the name ‘Sassafras’.

‘Governments and big organisations have the rules and funding, but young people have the power and energy. As an organisation, we try to connect the youth to the government or to the organisations that need the help,’ he said. He hopes his group will inspire other young people. Resilience, he says, is all about seeing the positives. ‘Yes, it sucked. But we didn’t look at that part,’ he said.

After Superstorm Sandy hit the east coast of the USA in 2012, the Rockaway Youth Taskforce—a group of people in Queens, New York, aged 15–29—began delivering food and essential items to people stranded in high-rise buildings, carrying goods up staircases, and knocking on doors. The group attracted national media attention for the crucial role it played in helping survivors.

In Monson, Massachusetts, in 2011, teenager Laura Sauriol was taking shelter from a tornado in her basement when she set up a Facebook group for everyone in the town to share information and support. It continues today with 1880 members. Recent posts on the page include storm warnings, information about reconstruction and continuing requests for help in recovering from the 2011 tornado.

Dr Peek co-edited the book Displaced: Life in the Katrina Diaspora with Lynn Weber, and contributed a chapter with co-author, Alice Fothergill. The chapter details some of the stories of children who helped save the lives of their relatives when New Orleans flooded. Stories included that of a young teenage boy who knew his uncle couldn’t swim. The boy found a piece of Styrofoam and took it to his uncle, so he could move through the water to safety.

‘I will never forget that boy’s face and I will never forget what he did. In Katrina there were definitely a lot of stories like that of children who were rescuing people,’ Dr Peek said.

Other ways children and young people help might seem mundane but were significant, she said. ‘Like the girls we would see in shelters who would take care of babies, or would play with other children, or sit down and do homework with boys and girls so their parents could go stand in the lines. There are endless stories of things like that, things that children just do because they see a need,’ she said.

Dr Peek visited New Zealand after the 2011 Christchurch earthquake and said the response of young people to that disaster, in establishing the Student Volunteer Army and offering a mobile app to streamline requests for help, was widely recognised for its contribution to the relief effort. The Christchurch example showed young people were increasingly leading the way in providing tools to help communities recover, particularly through technology and social media, Dr Peek said.

8 See www.sassafrasla.org.

9 See http://utpress.utexas.edu/index.php/books/webdis.
However, not every young person ‘desperate to help’ was able to find a way to do that, and that, in itself, could affect how well that young person recovered, Dr Peek explained. Her research has included a collaborative project with Robin Cox and Jennifer Tobin-Gurley on children’s recovery after the Joplin tornado in Missouri in 2011.

‘I have talked to young people who didn’t get to help. Even years after a disaster happens that still stands out to them as a real wound,’ Dr Peek said. Protecting children and young people after a disaster is, of course, essential, but preventing them from helping could actually make them feel worse.

‘Often, once they’ve made it through that most dramatic moment of the disaster what has been most challenging and harmful and hurtful was how badly they wanted to be engaged in the response and recovery efforts and how much it hurt to be turned away,’ she said. Dr Peek believes there are many ways young people can contribute.

But this raises questions such as: Who decides what role young people can play in response and recovery? Do young people have a say in whether, how and when they can help? To start to answer these questions, Dr Peek said countries like Australia and the USA could look to developing countries.

‘In a lot of ways, we in developed countries are sort of playing catch up with what’s been going on in developing countries.

‘In some of these countries there is no choice but to engage children and youth. This isn’t a luxury of “maybe we’ll let them in”. Children and youth in many of these developing countries make up the majority of the population,’ she said.

The development agency, Plan, tells a story on its USA website of a group of high school children in the Philippines who lobbied to have their school moved. The country’s Mines and Geosciences Bureau had assessed the Santa Paz National High School in Southern Leyte as high-risk, in a region prone to earthquakes and landslides.

The students, with Plan and others, defied the wishes of many parents and community members and won a vote to move their school to a safe location. The new school was built with some funding from Plan and includes toilets in each classroom as schools are often used as evacuation shelters.

Dr Peek said this way of engaging young people in the ‘front end’ process of building stronger communities was very important. So was keeping sight of their vulnerability, amid all the excitement about how capable children can be when disasters strike.

‘That’s a concern of mine, making sure we keep a balance. That we recognise there are still children and youth today who are suffering profound effects from Katrina and other major disasters. It is important to not lose sight of this, while thinking about ways to engage children and youth in recovery. I don’t think of those two things as separate. I think they’re intimately intertwined,’ she said.

Authorities should also think more about ways to engage young people both at the front end as well as after a disaster strikes. ‘Starting to think about it in that sort of life-cycle way, I think, is really, really important,’ she said.

Dr Peek praises the education programs run in Australian, New Zealand and American schools but adds that being educated is not always the same as being prepared.

‘We know that knowledge does not always spark action, that there are many people who are risk-aware but they are risk-trapped. You may have all the information and knowledge in the world but if you don’t have the resources and the capacity, the access to capital to be able to act on reducing your risk, then you are risk-trapped.

‘Having a child at the table isn’t enough, we also need to make sure that children are going to schools in safe places and in buildings that aren’t going to fall down or be flooded. Those are the sorts of things children and youth may be able to advocate for but at the end of the day, someone needs to pay to retrofit schools, or to build safe schools,’ said Dr Peek.

Dr Peek has spent the past year in New York at National Centre for Disaster Preparedness at Columbia University. She is working on a youth empowerment project called SHOREline, with project director David Abramson, for young people in Louisiana, Mississippi and Alabama. The project grew from research on the Gulf Coast after Hurricane Katrina and the BP oil spill. The program is designed to assist young people to help themselves and their communities to recover from disaster, and to provide ways to help others in a similar situation.

‘That’s what we heard from the young people: “What would help me the most is if I could take all these bad things I’ve gone through and help somebody else.”’ This is an idea that Dr Peek believes could take off.

‘Children and youth want to help in other areas. The Joplin kids wanted to help in Superstorm Sandy. We’re looking at creating a national youth network, perhaps even an international youth network,’ she said.

Such a network is yet to be built, but if anyone can do it, it is arguably today’s young people.

‘Children and youth, I just think they have infinite potential, infinite, unrecognised potential,’ Dr Peek said.