# Recovery Basics:

## the impact of disasters on communities and individuals

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We recognise Aboriginal and Torres Strait Islander peoples' 60,000 years or more of living history, and their continuing physical and spiritual connection to land, sea, and waters. In this we recognise their intrinsic knowledge of the ecological system. We also acknowledge the unique impact climate and environmental challenges are having and will continue to have on Aboriginal and Torres Strait Islander people's cultural heritage, traditional food sources, sacred sites and song lines, tribal totem animals, and the trauma associated with being displaced from traditional lands and the healing needed to reconnect to country. This resource was created by people living on nipaluna and Noongar Country.

Within this resource, the term 'emergency' is used and can apply to any form of emergency incident or disaster. Where the term 'disaster' is used, this is interchangeable with 'emergency' and connotations of one term over the other should not be made.

1    Australian Red Cross, 2012, *Community Recovery Information Series*.

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# Contents

# Introduction

*Recovery Basics* is a series of three booklets for people or organisations living through or working in disaster recovery. Red Cross also offers Recovery Basics workshops, which draw on the content.

The series is targeted and practical, can be applied to any type of emergency in any geographical area and can be used in large or small emergencies. It covers the basics of recovery and the research that guides us. Although introductory, it provides references and resources for further reading.

Interest in disaster recovery has steadily increased over the past decide. There are a range of resources, research and training produced by different organisations. Therefore, this resource doesn't provide a comprehensive overview of disaster recovery, nor does it duplicate information found elsewhere. It is s a concise, clear, accessible introduction to community recovery that can be used as both a stand–alone resource, and a compliment to a Recovery Basics workshop.

The series comprises of three short booklets covering the following topics[2]:

1. Recovery Basics: the impact of disasters on communities and individuals
2. Recovery Basics: working in recovery
3. Looking after yourself during and after disasters



This booklet *Recovery Basics: the impact of disasters on individuals and communities* covers the impact of disasters on communities and individuals. It explains what we might see, think, feel and understand after a disaster. It is an introduction only, and suggestions are made for where to go for a deeper understanding.

If you work in disaster recovery, we suggest you read this booklet alongside *Recovery Basics: Working in recovery* and *Looking after yourself during and after disasters*

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2    A fourth booklet *Recovery Basics: planning a Red Cross Recovery Basics workshop* is available to Red Cross people to support workshop planning and delivery.

# What is recovery?

*"Recovery is the process of coming to terms with the impacts of a disaster and managing the disruptions and changes caused, which can result, for some people, in a new way of living. Being 'recovered' is being able to lead a life that individuals and communities value living, even if it is different to the life they were leading before the disaster event"[3]*

### A new normal

Recovery isn't about returning to the way things were, or 'bouncing back'. The impacts of disasters fundamentally change people, households and communities. Rather, a more helpful way to describe recovery is 'creating a new normal'. For most individuals this involves things like their decisions no longer revolving around the disaster, and a feeling that their choices and goals can reflect who they are and what they want. The disaster may become part of the 'story' of their lives and communities, rather than being the central event.

Different communities prefer to use different terminology to describe their experience, and this may change over time. For example, some communities might dislike the term 'new normal' or even 'recovery' and prefer 'renewal', or vice versa.

### Start on day one

What happens before, during and after a crisis impacts how people recover in the longer term. This includes how prepared people were[4], to their experiences of being evacuated, to media reports, to receiving help and support from neighbours. For this

3    Australian Institute of Disaster Resilience 2018, *Australian Disaster Resilience Handbook Collection: Community Recovery*.
4    Randrianarisoa, A, Richardson, J, Brady, K & Leguy, L 2021, *Understanding preparedness and recovery: A survey of people's preparedness and recovery experience for emergencies*, Australian Red Cross, North Melbourne, Vic.

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reason, planning for recovery should occur before an event, and support that promotes recovery should begin as soon as the emergency occurs.

## There is no formula

Recovery isn't a linear process, like building a house. Recovery is influenced by various factors, from the disaster itself, the strength of community connections, socio-economic factors, structural disadvantage, support during recovery and community dynamics. All these things are interconnected. This complexity means there is no formula or set of operating procedures to follow.

## Recovery takes a long time

It can be tempting to assume that as soon as material items are replaced, and infrastructure is repaired, that life will go back to normal. However, recovery also involves individuals, families and the community rebuilding relationships, routines and ways of living in a new environment.

Experience and research tell us that the impacts of disasters go on for a long time. The *Beyond Bushfires* research, conducted across many communities impacted by the 2009 Victorian bushfires, found that ten years after the bushfires 66.5% of respondents across all communities reported they personally felt 'mostly' or 'fully' recovered[5]. This timeframe will vary depending on the type and severity of event[6], it is likely to be many years. Disasters are more like marathons than sprints. Recovery is a process with no fixed point at which it can be declared 'finished'.

## The impacts of disasters on people

The term 'psychosocial' refers to the dynamic relationship between the psychological and social dimension of a person. The psychological dimension includes internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices.

Disasters have far-reaching and varied impacts on people and communities. The range of impacts of disasters on a community can be described using seven categories, the natural, social, financial, cultural, built, political, and human[7]. While these categories are analytically useful, all disaster impacts are psychosocial. For example, exposure to a threat, loss of community infrastructure, separation from family, friends and pets, deterioration in the environment and living conditions, inability to provide financially for oneself and family, and lack of access to services can all have psychosocial consequences for individuals, families and communities.

## Additional reading or resources

Ep 1 *What to Expect*
*After the Disaster podcast, ABC Radio*

Australian Disaster Resilience Handbook Collection:
Community Recovery
*Australian Institute of Disaster Resilience*

10 Years Beyond Bushfires Report
*University of Melbourne*

5    Gibbs, L., Bryant, R., Harms, L., Forbes, D., Block, K., Gallagher, H.C., Ireton, G., Richardson, J., Pattison, P., MacDougall, C., Lusher, D., Baker, E., Kellett, C., Pirrone, A., Molyneaux, R., Kosta, L., Brady, K., Lok, M., Van Kessell, G. & Waters, E. 2016. *Beyond Bushfires: Community Resilience and Recovery Final Report.*, University of Melbourne, Victoria, Australia.
6    Alesch, D., Arendt, LA., & Holly, JN., 2009, *Managing for Long-term Community Recovery in the Aftermath of Disaster,* Public Risk Institute, Fairfax.

7    Quinn, P., Gibbs, L., Blake, D., Campbell, E., Johnston, D., & Ireton, G. 2020. Guide to Post-Disaster Recovery Capitals (ReCap). Bushfire and Natural Hazards Cooperative Research Centre. Melbourne.

# Resilient communities

*"…we… find it difficult to accept that, in general, people are rather more resilient than people like us – experts – think they are. Be it psychiatrists, politicians or planners, there is a long history of overestimating vulnerability and underestimating resilience stretching back many generations"*[8]

## A strengths–based approach

The dominant model of disaster recovery typically focuses on the negative impact of disasters.

However, individuals and communities have existing capacity to manage shocks and stresses. This is often called 'resilience'. Resilience is demonstrated by adapting to changes (like disasters) by drawing on the resources such as internal and external skills, knowledge, social networks and support. These resources are sometimes called 'capitals' and can be categorised into the natural, social, financial, cultural, built, political, and human[9].

Although often they have negative impacts, disasters also have the potential to increase resilience to future events and improve community wellbeing more broadly[10]. They can be a catalyst and opportunity for social and political change[11]. This positive change is more likely if a community is strongly connected before a disaster and is resourced and listened to so they can lead their own recovery.



## The importance of connectedness

Strong community connectedness, or 'social capital' can contribute positively to individual and community recovery. Social capital includes the trust, interconnectedness and social and economic networks that people draw upon to solve common problems and support individual and community functioning. Social capital is built and managed through formal and informal social networks.

Individuals with strong social capital are more likely to be supported and support each other to recover effectively. Alternately, individuals with weak social capital (few social supports) are less likely to have the support they need to recover[12]. Cohesive and strong communities are more likely to accurately identify the skills, resources and relationships they have available, to develop a shared vision for their future, and act collaboratively to support the whole community to recover[13].

8 Greenberg, N and Wessely, S.2017, 'Mental health interventions for people involved in disasters: what not to do', *World Psychiatry*, 16: 249– 250. doi:10.1002/wps.20445.
9 Quinn, et al, op cit.
10 Rogers, B.C., Werbeloff, L., Wilkinson, C., Jones, K., Archer, F., Martin, B., Bragge, P., Fisher, J., Wickes, R., Forbes-Mewitt, H., Johnston, D., Mandl, S., Clarence, C., Anseline, L., Malekpour, S., Satur, P., Spencer, C., and Lennox, A, 2021, *An Agenda for Change: Community-led Disaster Resilience*. *Fire to Flourish*. Melbourne, Australia.
11 Cretney R.M. 2016, 'Towards a critical geography of disaster recovery politics: Perspectives on crisis and hope' *Geography Compass,* vol.11, no.1.
12 Aldrich, D. 2010. Fixing recovery: Social capital in post-crisis in resilience. The Selected Works of Daniel P Aldrich.
13 Chamlee-Wright, E. & Storr, V.H. 2011. Social capital as collective narratives and post-disaster recovery. The Sociological Review, vol 59, no 2.

## Survivors

An important factor in being able to bounce back emotionally and practically from a disaster is the ability to be an active participant in the recovery process. Part of this is viewing people as active survivors rather than passive victims. In emergencies, people may be going through the most difficult time of their lives. In the midst of this, it is important to emphasise their strength and resilience to help maintain their dignity and promote belief in their own self-efficacy[14].

## Additional reading or resources

Fire to Flourish. An Agenda for Change: Community-led disaster resilience
*Monash University*

Guide to Post-Disaster Recovery Capitals (ReCap).
*Bushfire and Natural Hazards Cooperative Research Centre*

Ep 10, The Disaster Ripple
*After the Disaster podcast, ABC Radio*

14   International Federation of Red Cross and Red Crescent Societies Psychosocial Centre, 2020, *Talking and writing about MHPSS in emergencies*.

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# People experience recovery differently

*"I've noticed a consistent pattern in many different disasters and other trauma situations where people only really react when they come out of the busyness of a situation"*
*– Dr Rob Gordon[15]*

## Everyone has been affected

Everyone who is touched by a disaster is affected. It is important to understand that individual responses will vary, and that recovery is not necessarily a single or linear journey but may fluctuate. People's reactions to disasters can be very broad and may be a result of how a disaster affects a person's emotional, spiritual, financial, cultural, psychological, and social needs.

It can be easy for us to try and 'categorise' people based on the impacts that we can see, but it's important that we recognise that people may have been impacted in a wide variety of ways, many of them intangible. Dividing communities into 'affected' and 'non–affected' by an emergency can create simplistic categories and fails to consider the wide ranging impacts of an emergency beyond the physical impacts and the damage to infrastructure.

There are three factors that influence the responses individuals have to disasters:

1. *What someone takes to a disaster.*

   For example, previous health conditions, social networks, employment, or financial situation. Often social, demographic, and political inequalities have an influence.

2. *The experience of the disaster itself.*

   Some people lose loved ones, others their house, possessions or pets, some people may have been in a life–threatening situation, or suffered injury. Some may have been out of the area and not known whether their loved ones were safe.

3. *Experiences in early and longer–term recovery.*

   People's experience in recovery will affect their recovery. For example, if people don't get the support they feel they deserved, a perception of injustice can form. People may divorce, experience family violence or face unemployment for the first time.

## Normal reactions to an abnormal event

| Psychosocial problem | Before emergency (12 month prevalence) | After emergency (12 month prevalence) |
|---|---|---|
| Severe mental disorder (such as psychosis, severe depression, severe disabling anxiety disorder) | 2–3% | 3–4% |
| Mild or moderate mental disorder (such as mild and moderate depression or anxiety) | 10% | 20% (reduces to 15% with natural recovery) |
| Moderate or severe psychological/social distress (no formal disorder but severe distress) | No estimate | Large percentage (reduces to natural recovery) |
| Mild psychological/ social distress | No estimate | Small percentage (increasesover time) |

*Figure 1*

15   Lucas, R. 2020. Six months after bushfires, East Gippsland's road out of hell feels as long as ever, ABC News, https://www.abc.net.au/news/2020-07-05/rob-gordon-bushfire-mental-health-six-months-on/12419886

Figure 1, adapted from mental health research[16], shows that around 80% of people affected by a disaster will recover over time with support from family and friends.

Most people show great resilience in the aftermath of a disaster and most of the disaster-affected population will continue to conduct their lives without significant health problems. It is normal for people to feel stressed, distressed, tired, overwhelmed, troubled, or frustrated during their recovery. This will resolve over time. However, these people will still benefit from psychosocial support whilst they are experiencing the stress and distress of recovery.

Around 20% of people will experience temporary mild or moderate mental health challenges, which will reduce to 15% over time. This includes people with non-diagnosable distress but who have difficulty adjusting over the longer term. 3–4% of people will develop a severe diagnosable mental health disorder. This may include posttraumatic stress disorder (PTSD), depression, and anxiety. This is an increase from 2–3% prevalence generally in the population before an event.

The *Beyond Bushfires* research supported these figures, and (unsurprisingly) found that the risk of poor mental health outcomes was higher for those who feared for their lives during the fires or experienced the death of a loved one or lived in highly impacted communities[17]. Separation from family during the bushfires was also shown to be associated with higher levels of PTSD symptoms 3–4 years later.

## Common trajectories after trauma

There are a range of common outcomes for people in the aftermath of trauma. These are generally referred to as common trajectories. Figure 2[18], shows the range of long-term mental health outcomes

16   Bhugra, D., & Van Ommeren, M. 2006. Mental health, psychosocial support and the tsunami. *International Review of Psychiatry, 18*(3), 213–216.
17   Gibbs, et al, op. cit.
18   Bonanno, G.A., Brewin, C.R., Kaniasty, K & La Greca, A. 2010. Weighing the cost of disaster: Consequences, risks and resilience in individuals, families and communities. *Psychological Science in the Public Interest,* vol. 11.
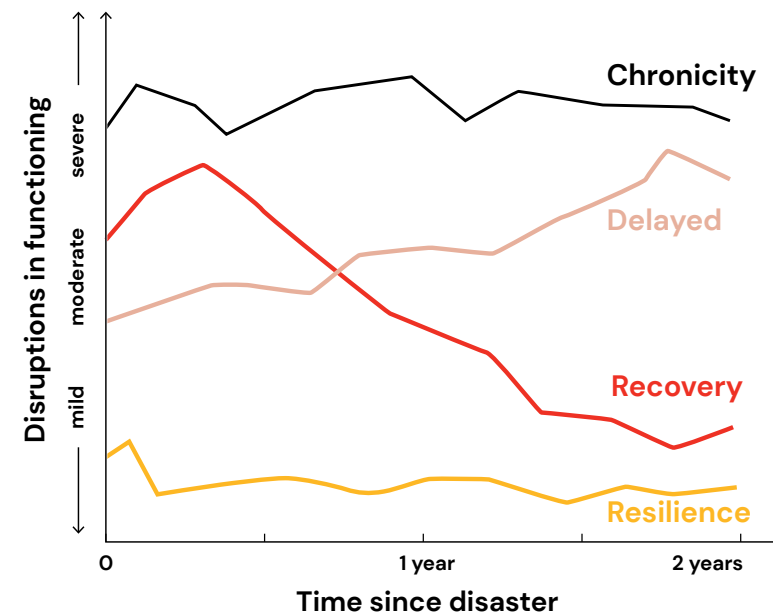
*Figure 2*

following a traumatic event, such as an disaster or emergency. It depicts disruptions people may experience in their functioning over time following exposure to trauma. Most people will experience a resilient or recovery trajectory. This means they will experience mild to moderate effects on their mental health and day to day functioning. The most common trajectory is that of healthy adjustment or resilience, meaning people experience some mild disruptions that ease over time. In the recovery trajectory, people experience some initial distress and disruption, but this too decreases with time. It is expected that most people will experience a phase of disruption to their functioning after a traumatic event and with time and access to good support from family and friends their distress will reduce.

Anecdotally, delayed reactions are common in people who are carers, helpers and who work in recovery. Commonly they will be intensely involved in helping others, or on critical tasks, and

experience an increase in distress over time. In others, their symptoms worsen over time. As this happens when time has passed from the disaster there may be less intensive and specialised recovery support available, and it may be harder to connect their reactions to the event itself.

While disasters cause disruption and psychological harm, the rates of serious psychological harm or chronic outcomes rarely exceed 30% of people affected. For example, the Beyond Bushfires study found that 3–4 years following the 2009 Victorian bushfires 26% of study participants reported symptoms consistent with a diagnosable mental health disorder, including posttraumatic stress disorder (PTSD), depression, and psychological distress[19].

More recent research has found that people may also experience growth alongside trauma. Many people report that in addition to a disaster being a terrible experience, they came out the other end having learnt a great deal about their capabilities, priorities and how they deal with difficult times[20]. However, this is complex, as growth occurs alongside, and in the midst, of grief and trauma.

## A communities experience will change over time

Figure 3 shows the stages of recovery a community will go through over time. It shows that in the immediate days after an event, affected people tend to fuse or bond. They have a shared sense of survival and (often wrongly) assume that everyone has been through the same experience. This is a very useful phase, as it means people work together in the initial clean-up for shared benefit.

This cannot last forever. Once this 'honeymoon' phase has subsided, people go through the normal and challenging process of grieving what they've lost, navigating the bureaucracy of insurance and support. This is often accompanied by anger, frustration and
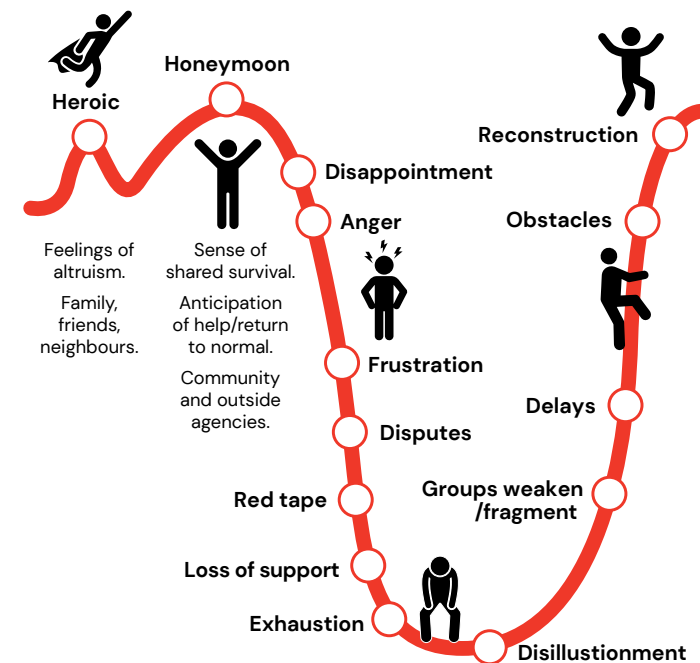


*Figure 3: Stages of recovery[21]*

exhaustion. Over time, this will subside and the community will slowly recover. It is normal for communities (even those with strong social capital) to experience periods of conflict and fatigue. Reconstruction doesn't mean life will return to the way it was. Community life will be different. It may be better or worse, depending on the recovery process and people's experiences.

## Additional reading or resources

Disaster Survivors
*You Can't Ask That Series 4 Episode 8, ABC iView*

19  Gibbs, et al, op. cit.
20  New Zealand Red Cross, 2014, *Recovery matters*, New Zealand Red Cross staff, volunteers and member training.

21  Adapted from Cohen & Ahearn, 1980, and DeWolfe, 2000 Source: Australian Institute of Disaster Resilience, Community Recovery Handbook.

# Stress

*"As many ...in recovery will tell you, the disaster itself was not their biggest problem"*[22]

## What is stress?

Understanding the purpose and effects of stress can help us understand how and why people react to disasters the way they do. On a day-to-day basis, the human body adjusts to external and internal changes to ensure that the mind and body can operate effectively within an optimal physical and emotional 'comfort zone'. Stress is the body's natural way of finding the extra energy needed to work outside of this normal comfort zone. Stress is caused by stressors. A stressor is any change, be it positive or negative, which triggers a stress response and may be external or internal.



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## Stressors in disasters

It is important to remember that stress is a normal response that helps us to cope, especially in stressful situations like a disaster.

Primary stressors are those that arise directly from the emergency. This includes loss of a loved one, watching or experiencing an injury or fear for one's life and the lives and safety of others.

Secondary stressors are indirectly related to the emergency event. Some secondary stressors are entities in themselves, whereas others are unresolved primary stressors. The *Beyond Bushfires* study found that major life stressors associated with the bushfires such as loss of income, accommodation and relationship breakdown, were associated with poorer mental health outcomes over the next 10 years[23]. They also found that 10 years after the bushfires 17.4% of people were still experiencing some level of financial stress[24].

Other secondary stressors include practical problems such infrastructure failure and challenges in rebuilding or repairing structures and less tangible stressors such as a loss of control over one's life, a sense of community, dignity or hope. They may also include the impacts of policies and plans made before, during and after events that inadvertently limit people's recovery. For example, navigating insurance and the bureaucracy of accessing support are common secondary stressors.

Stress may cause people to become vulnerable to more severe psychological or physical reactions to a disaster[25].

22  McNaughton, E., Wills, J & Lalleman, D. *Leading in Disaster Recovery: A companion through the chaos*, NZ Red Cross.

23  Gibbs, et al, op. cit.
24  ibid.
25  Gordon, R. 2005. Information and advice about stress, trauma and psychological first aid.

## Stress reactions

The longer a body is under stress, the more tension is stored both in the mind and body. Being under stress for any length of time leads to typical reactions. These are common reactions to stress. Some examples are provided below.

- Physical symptoms include dizziness, sweating, trembling, heart palpitations, nausea, diarrhoea, headache or other aches and pains
- Mental symptoms include poor memory, organisation, planning, decision making abilities
- Behavioural symptoms include apathy, restlessness, black humour, sleep disturbance, increased intake of alcohol, tobacco, caffeine or other substances
- Emotional symptoms include excitement, high spirits, frustration, anger, depression, vulnerability, suspiciousness and inappropriate emotional reactions
- Social symptoms include excessive talking about the event or need for support, distrust, misunderstandings and conflict in close personal relationships, withdrawal from social situations
- Existential (spiritual) symptoms include disillusionment, loss of interest, questioning values and philosophy, cynicism[26]

## Cumulative stress

Cumulative or chronic stress occurs when the body does not have time to relax between one demand or stressor and the next. It is not necessarily intensity that causes cumulative stress, but continuous stress over time. This often happens during recovery when those affected do not get a chance to relax or unwind between one stressful situation and the next for an extended period. Some emergencies such as droughts and pandemics also cause cumulative stress, as they affect daily lives and routines and livelihoods, and have an unknown end date.

26  Gordon, R. op. cit.



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## Adrenalin and cortisol

Two of the naturally occurring hormones in the body associated with stress are adrenalin and cortisol. When stressors push the body outside of the comfort zone, the stress hormones cortisol and adrenalin are released, causing stress reactions. Beyond physical reactions, cortisol and adrenalin impact a person's thinking, communicating and decision–making skills[27].

Adrenalin stress liberates unknown energy reserves to functions such as strength or speed. Adrenalin stress is high energy, short term, physical and unsustainable. Adrenalin causes the body to prioritise survival skills at the expense of normal functioning. In the case of an emergency, adrenalin can increase a person's ability to survive.

27  Gordon, R. 2011. The Course of Recovery after Disaster, *CIMA Conference,* Melbourne, November 2011.

The impacts of adrenalin on thinking and acting include:

- Focus is limited to the immediate problem and a need to act now
- Thinking in images and actions
- Strong and intense emotions
- Decreased reflection and internal feedback
- Communication skills are limited, simple and direct
- Peripheral thinking is limited.

Following the adrenalin phase is the cortisol phase (or the endurance mode). Cortisol stress helps the body to endure adversity and keep going as long as required, regardless of demands.

The impacts of cortisol on thinking and acting include:

- Shutting down of non-survival physiological functions.
- Narrow problem solving, not able to innovate or be creative
- Reduced memory
- Limited emotional range
- Depleted energy and interest in social interactions

Cortisol can last until stress subsides and routine and stability have returned to people's lives. Typically, this can be anywhere from six months to two years[28].

## Additional reading or resources

The Disaster Mental Health Hub
*Phoenix Australia*

Hummingly tools and resources
*Hummingly*

28  ibid.

# Recovery over time

*"Anniversaries are a very important part of creating a sense of history. Putting things into the past helps us to put the present into perspective, allowing us to recover"*
*– Dr Rob Gordon*

The diversity of people's lives, coping skills and experiences means peoples responses diverge the further into their recovery journey they are. Often, we start to disconnect people's responses from the event itself, especially if we feel like we're recovering ourselves.



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Some might experience chronic stress or difficulty letting go of their recovery identity. For others, routines might re-establish, energy reserves gradually restore, and people make meaning and integrate the event into their life story and identity. Regardless of people's responses, key milestones can trigger certain responses or emotions. These milestones might include:

## Anniversaries

Anniversaries fulfil both social and psychological functions, marking the passage of time and provide an opportunity to pause, reflect, celebrate or mourn.

Around anniversaries, people will often unhelpfully compare their situation or feel the weight of the expectation of others. People may also have their own expectations of how 'recovered' they should be and feel frustrated about their situation.

Anniversaries are a time of both personal and collective remembrance that can be marked by formal and informal memorial events or services[29]. Anniversary events can be:

- opportunities for relatives and survivors to reunite
- 'updates' for people outside communities
- times when bereavement and grief resurface
- times when media coverage of events can trigger grief and onset of post-traumatic stress
- a function to locate and reinforce a disaster in a community's narrative.

## Sensory reminders can cause stress responses

People may experience stress responses when their senses encounter a similar sensation to the disaster itself. Triggers might include warnings, storms, heavy rain smoke or sirens. Commonly these are associated with the hazard season of the event that occurred.

29   Forrest, T. 1993. cited in Eyre, A, 2007, Remembering: Community commemoration after disaster, Handbook of Disaster Research.
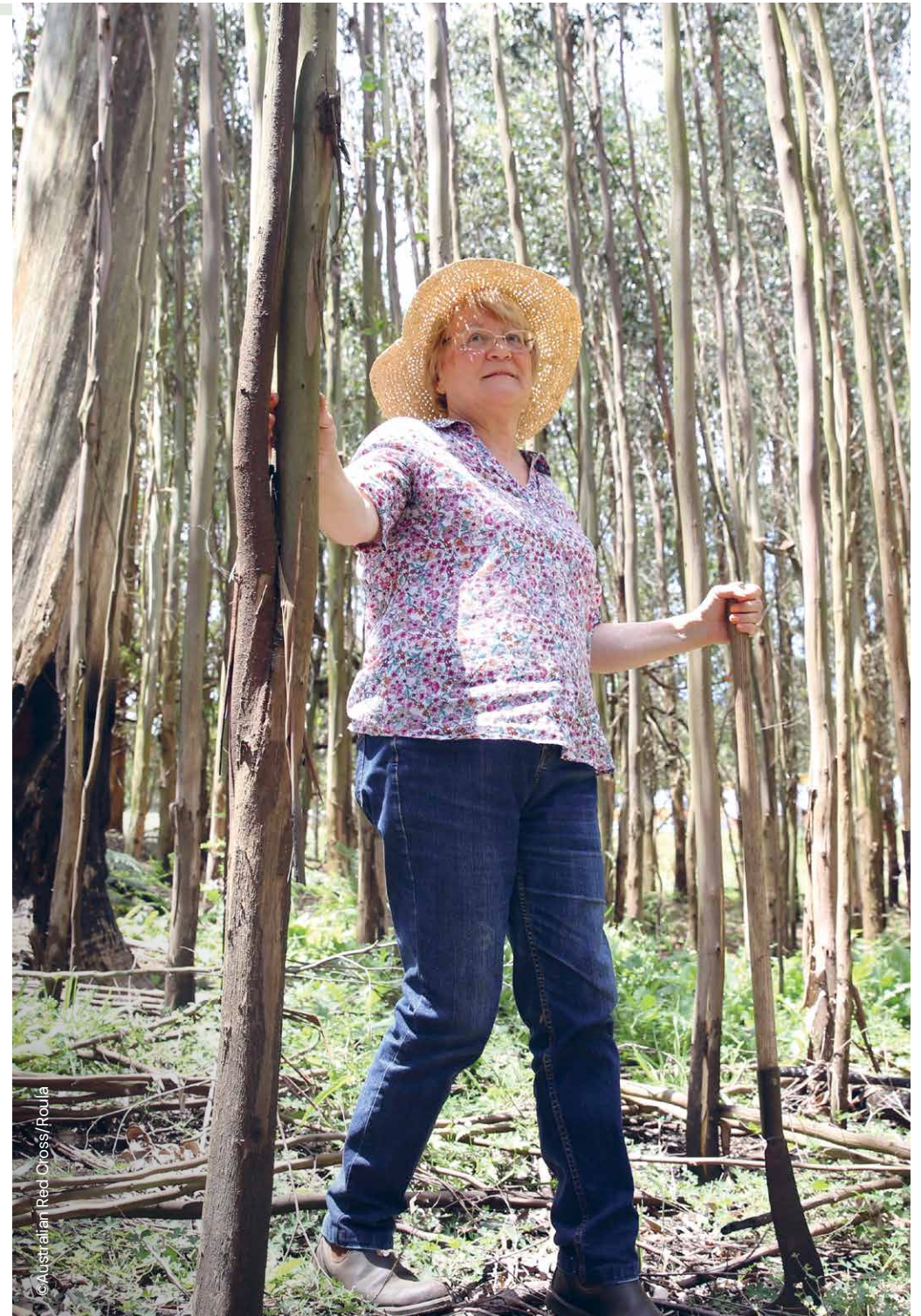
©Australian Red Cross/Roula

## Moving into a new home or relocating

For those who have lost their home, rebuilding is an important part of recovery, allowing those affected by disasters to re-establish routines, sense of place and identity[30]. Often people tell themselves that moving into a rebuilt home will signal the end of recovery. Rebuilding can be an important symbol and worth celebrating. Beyond Bushfires research[31] found that generally people were satisfied with their rebuilt house, irrespective of whether the design was based on their original property or a new design. However, sometimes the 'pause' that comes from stopping planning can cause people to reflect and mourn other things they have lost.

Relocation affects both the people who go and the people who stay. The Beyond Bushfires study found that those who lost their property were more likely to move away, but it was a difficult choice[32]. People who move away tend to report feeling guilty about leaving their community but the physical changes to the local environment, memories associated with the bushfires and aftermath, and social and community tensions are reasons given for moving. Those who stay report feelings of abandonment when their friends and neighbours move away and that it impacts on their sense of community and mental health.

Figure 4, from the Beyond Bushfires study, shows the different kinds of stressors faced by people who stay in their communities' verses those who relocate. Overall, the levels of wellbeing of those who stayed living in the community and those who moved away were about the same 3–4 years later, but for different reasons. Those who chose to stay, identified a sense of shared experience with their community and a strong connection to both place and people. However, the negative and stressful events that occurred afterwards significantly impacted their wellbeing. For those who relocated
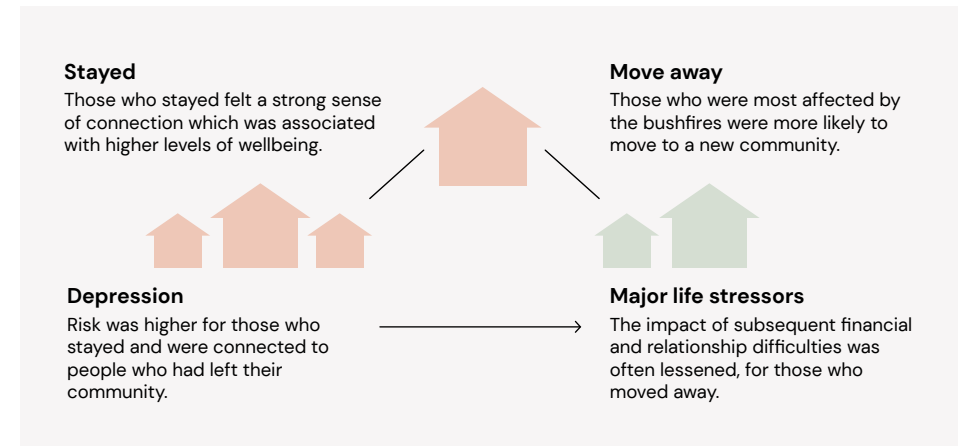


**Stayed**
Those who stayed felt a strong sense of connection which was associated with higher levels of wellbeing.

**Move away**
Those who were most affected by the bushfires were more likely to move to a new community.

**Depression**
Risk was higher for those who stayed and were connected to people who had left their community.

**Major life stressors**
The impact of subsequent financial and relationship difficulties was often lessened, for those who moved away.

*Figure 4*

elsewhere, the opposite was observed: the severity of the original bushfire experience was still impacting their wellbeing 3–4 years later, but they were less affected by the individual and community-level disruptions and challenges that follow a disaster event[33].

## Additional reading or resources

Ep 5, Memorials and Anniversaries
*After the Disaster podcast with Kate Brady, ABC Radio*

Ep 4: Should I Stay or Should I Move?
*After the Disaster podcast with Kate Brady, ABC Radio*

10 Years Beyond Bushfires Report
*University of Melbourne*

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30  Quinn, et al, op. cit.
31  Gibbs, et al, op. cit.
32  ibid.

33  ibid.

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# The impacts of disasters are not equal

*"The poor…bear disproportionally higher economic and social costs if disaster occurs, irrespective of their levels of preparedness, because they tend to be in more exposed areas and have fewer options to respond, cope and recover"*[34]

A range of physical, geographic, economic, social, cultural, and political factors contribute to increased vulnerability and affect people's capacity to cope with and recover from disasters[35]. Rather than 'equalising', disasters exacerbate pre–existing social inequalities and problems. Factors like housing that is of less quality or living in areas more vulnerable to disaster, general physical and mental health, insurance and insecure employment all play a role in how disasters affect our lives and our ability to recover.

In addition, recovery services, policies and messaging often exclude some groups and overlook their circumstances, capabilities and needs.

Research shows us that some groups are affected in recovery in certain ways. Examples include:

## Aboriginal and Torres Strait Islander peoples

A third of Aboriginal and Torres Straight Islanders experience high to very high levels of psychological distress compared to one in eight non–Indigenous Australians[36]. For Aboriginal and Torres Strait Islander people the cultural and spiritual meanings attached to nature and

34  Cutter, S. L., Barnes, L., Berry, M., Burton, C., Evans, E., Tate, E. & Webb, J. 2008. A place–based model for understanding community resilience to natural disasters, *Global Environmental Change,* 18(4), 598–606.
35  Quinn, et al, op. cit.
36  BeyondBlue, 2013, *Aboriginal and Torres Strait Islander Health Survey: First Results,* Australia, 2012–13.

the deep connections between land, culture, history, colonisation and identity can have particularly profound impacts on wellbeing after disasters. Yet Aboriginal communities are also characterised by resilience, shared identities and close social bonds. There is developing knowledge of the ways in which recovery of Aboriginal people and the broader community may be enhanced by these strengths[37].

## Domestic violence increases after disasters

Research following the 2009 Victorian bushfires found that the incidence of domestic and family violence increased seven-fold and was a significant contributor to women experiencing post-traumatic stress[38]. Similar evidence has emerged internationally, with a 53% increase in family violence call outs on the weekend of the Christchurch earthquake and a four-fold increase in family violence after Hurricane Katrina[39].

## LGBTIQA+ communities

During and after emergencies specific vulnerabilities exist for all people of diverse gender and sexual identities, including LGBTQIA+ people. Research suggests that some LGBTQIA+ people are reluctant to access emergency services because of historic and ongoing discrimination and abuse experienced by them and their communities[40]. Cultural norms and attitudes towards marginalised groups can have negative impacts on experiences of disaster recovery through stigma, discrimination and supports that favour heteronormative couples.

## Children and young people

After a disaster, children from a very young age through to older youth can experience anxieties and upheavals in all the environments

they participate in, from school, friendship groups and at home[41]. For parents, this involves developing new understandings, skills and strategies, whilst dealing with their own trauma responses[42].

## People with disabilities

People with disabilities are more likely to die in any type of emergency than people without disabilities. People with visual, hearing, physical or intellectual impairments may be less able to escape from hazards and may have greater difficulty accessing humanitarian assistance and disaster related information. At least 15% of any disaster-affected population will be persons living with disabilities. The barriers they face are greatly amplified by the societal and bureaucratic challenges caused by disasters[43].

## Older people

Older people can be both vulnerable and resilient to a disaster (often simultaneously). They may be highly resilient as life experience has developed strong coping skills, particularly dealing with disruption, shortages, or other disasters. On the other hand, they may also be susceptible to isolation, especially if informal social supports, or transport options are disrupted. The exponential rise and use of technology to communicate and provide services means some older people, who are not technologically literate, may find it difficult to access important supports.

## People from culturally and linguistically diverse (CALD) backgrounds

People who have migrated tend to experience both greater impact and a slower recovery from disaster events when compared to majority populations. Factors that contribute to this include; poor knowledge of local hazards, limited proficiency in the majority language, past traumatic experience, social isolation, lack of support networks,

37  Quinn, et al, op. cit.
38  Molyneaux, R., Gibbs, L., Bryant, R., Humphreys, C., Hegarty, K., Kellett, C., Gallagher, H. C., Block, K., Harms, L., Richardson, J., Alkemade, N., & Forbes, D. 2020, Interpersonal violence and mental health outcomes following disaster. *BJPsych Open,*; 6(1).
39  Parkinson, D. & Zara, C. 2013. The hidden disaster: domestic violence in the aftermath of natural disaster, *Australian Journal of Emergency Management,* vol. 28, no. 2.
40  Gender and Disaster Australia, 2018. Research project on identifying the experiences and needs of  LGBTI communities before, during and after emergencies in Victoria.

41  Gibbs, et al, op. cit.
42  ibid.
43  CBM 2020, *Humanitarian Action.*

financial constraints, discrimination or lack of trust in emergency management authorities. These factors are exacerbated when culturally appropriate services are not available.

## Making assumptions

It is important to avoid making assumptions about vulnerability based on certain traits. For example, assuming all people over 70 will be disproportionally affected in recovery ignores the fact that a person may have good health, be financially independent, and have good family support. Groups and individuals who have experienced prior life challenges may also have developed a stronger ability to deal with adversity and demonstrate leadership and resilience in recovery. It also means that people may be missed if they don't meet a neat demographic category, or are experiencing temporary life challenges, like an accident, relationship separation or unemployment.

## Additional reading or resources

Fire to Flourish. An Agenda for Change: Community-led disaster resilience
*Monash University*

Ep 2, Helping our Kids
*After the Disaster podcast with Kate Brady, ABC Radio*

Ep. 14, Family Violence
*After the Disaster podcast with Kate Brady, ABC Radio*

GADPOD
*Gender and Disaster Australia*

Emerging Minds resources
Mental health and wellbeing resources for children, young people and their families

# Different types of events

*"It's not only whether this drought is worse, or longer, or whether the drought is over. It's that it's another one! I've been on the land for 40 years and the longer you have been here the more you realise how many times you have lost your income, and watched animals and family suffer...You don't buy a business to go broke. You invest to be successful. To work for reward. To prosper"*
*— Mark Robinson, grain grower from Coonamble, NSW[44]*

## Sudden onset vs protracted events

Sudden onset and protracted emergency events can have similar and different challenges.

A sudden-onset disaster is one triggered by a hazardous event that emerges quickly or unexpectedly. Sudden-onset disasters could be associated with, e.g., bushfire, tropical cyclones, severe storms, earthquake, volcanic eruption, flash flood, chemical explosion, critical infrastructure failure, transport accident[45].

A slow-onset disaster is one that does not emerge from a sudden, distinct event (such as a fire or flash flood). Drought, epidemic, pandemic, conflict, desertification and sea-level rise are all examples of slow onset disasters[46]. Slow onset disasters emerge over time and may be based on a confluence of different events. They often have no distinct start or finish, and duration of the disaster, as well duration of recovery, are difficult to define. Slow onset disasters and their impacts can last for years, with deep

44  McGowan, M. 2018. Australia's drought crisis and farmers' stories of anxiety, fear and resilience, The Guardian, https://www.theguardian.com/australia-news/2018/aug/04/australias-drought-crisis-and-farmers-stories-of-anxiety-fear-and-resilience
45  United Nations General Assembly, 2016, *Report of the open-ended intergovernmental expert working group on indicators and terminology relating to disaster risk reduction.*
46  UN Office for the Coordination of Humanitarian Affairs, 2011, *OCHA and slow-onset emergencies.*

implications for health and wellbeing. The duration of protracted events can lead to a long journey of fluctuating levels of stress and frustrations at different times, often triggered by changes which either relieve or exacerbate the event.

## Cumulative disasters

People who are exposed to more than one disaster are likely to have poorer mental health than the general population, or those who have experienced one event. The reasons for this include:

- Experiencing multiple disasters influences our perceived safety, and hope for the future
- More than one disaster is likely to cause more social and economic impacts
- Mental health symptoms result from exposure to one disaster can increase vulnerability and erode resilience (however it can also have the opposite impact)[47]

It is also worth making the distinction between traumatic events and chronic stress events. Chronic stress events (like pandemics and droughts) wear us down over time and breaks down our capacity to adapt. Whereas traumatic events...

Despite these additional challenges, most people who experience cumulative disasters will demonstrate a resilient reaction, and are likely to recover in time, with support from family and friends and community. However, it is worth being aware that the recovery process may be more complex and take a little more time.

## Collective trauma events

A collective trauma event (CTE) is an event, irrespective of the hazard, which results in a blow to the basic tissues of social life that damages the bonds between people and impairs the prevailing sense of community. Such events may impact things we previously took for granted about public locations, routines and values[48].

Commonly occurring elements of CTEs include:

- Witnessed violence
- Horror
- Public grief
- A strong sense of injustice
- Intense media coverage
- A highly politicised aftermath
- Judicial or public enquiry processes
- Identification with victims or locations

Not all disasters are CTEs. To meet the definition above, CTEs must have an impact on the broader community and challenge people's typical understanding of the way the 'world works'[49].

## Additional reading or resources

Best practice guidelines: Supporting communities before, during and after collective trauma events
*Australian Red Cross*

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47   Smith, E. 2021. From bushfires to floods to COVID-19: how cumulative disasters can harm our health and erode our resilience, *The Conversation* September 15th 2021, retrieved from From bushfires, to floods, to COVID-19: how cumulative disasters can harm our health and erode our resilience (theconversation.com)

48   Brady, K., Randrianarisoa, A. & Richardson, J. 2018. *Best practice guidelines: Supporting communities before, during and after collective trauma events*, Australian Red Cross, Carlton, Vic.
49   Brady, et al, op. cit.

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# Fundamental principles

In all activities, our volunteers, members and staff are guided by the Fundamental Principles of the Red Cross and Red Crescent Movement.

## Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all people.

## Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

## Neutrality

In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any me in controversies of a political, racial, religious or ideological nature.

## Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

## Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

## Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

## Universality

The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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