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Problems of Disaster Displaced Communities

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Abstract

Displacement is a pervasive social phenomenon and confronting situation on an unprecedented scale in the developing world. Their flight nevertheless does not bring an end to their problems. A long struggle for survival, settlement and return await the displaced at the places the land. Disaster induced displacement severely affects the physical psychological, socioeconomic and legal safety of people and should be systematically regarded as an indicator of potential vulnerability of civilian population. The needs and problems of the displaced community are to be assessed on regular basis and necessary humanitarian beneficiaries can be provided with legal safeguards and support the implementation of desirable solutions. A comprehensive psychosocial and mental health interventions which focus both on the individual within a family context and on strategies' to promote well being of the family as a whole causing coping strategies at the family, community and societal levels. However due to the urgency following displacement and partially due to pressure from the international community and humanitarian agencies, most countries have given more attention and resources to addressing the immediate needs of displaced persons in the first two phases of the cycle than to focusing on the long-term measures needed for ending displacement.

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Introduction

“Displacement remains arguably the most significant humanitarian challenge that we face today” - Ban Ki Moon, Secretary General, United Nations.

Displacement is a pervasive social phenomenon and confronting situation on an unprecedented scale in the developing world.

Their flight nevertheless does not bring an end to their problems.

A long struggle for survival, settlement and return await the displaced at the places the land. Disasters trigger the displacement process. Millions are displaced by disasters each year within their own countries owing to natural disasters is one of the principal causes of displacement and this trend is set to increase as climate a change accelerates globally.

Disaster induced displacement severely affects the physical psychological, socioeconomic and legal safety of people and should be systematically regarded as an indicator of potential vulnerability of civilian population. The needs and problems of the displaced community are

to be assessed on regular basis and necessary humanitarian beneficiaries can be provided with legal safeguards and support the implementation of desirable solutions(1,2).

Existing problems among disaster displaced communities

Why displacement due is challenging

People who have been displaced by major disasters may be:

Disoriented – they are in unfamiliar surroundings.

Disconnected from social support – they are separated from loved ones.

Disconnected from pets – they may be worried about pets they had to leave behind.

Disconnected from information – they are unable to get news about what is going on and about what happened to family and friends or their homes.

Disconnected from belongings – they may be without things they need in daily living, be without their cherished possessions, and may have no access to money.

Disconnected from familiar activities and routines – they may be without a job and their children may be unable to attend school.

Disconnected from familiar resources – they are suddenly unaware of where to go for medical help or other services, they may be without transportation.

This helps to assist professionals and volunteers in helping, displaced people to deal with various issues and in providing the information displaced.

People need to make good decisions throughout the displacement process.

Problems of the people in disaster displaced community

The problems of people who have been displaced due to a disaster are potentially great.

Displacement following a disaster means people may no longer have many or any of their personal possession.

A place to live, a job, food, access to health care, access to friends and Family, and more.

Basic Needs

Shelter or Housing

Finding adequate accommodation is one of the most immediate and often most poorly met needs of the displaced people Shelter and housing will likely be a major need in any situation involving mass displacement. Emergency shelters established before (when warning allows) and after a disaster may be managed by disaster relief organizations. Once the emergency phase of the disaster passes, people may be moved to more permanent housing.

Food and Clothing

Two basic, high-priority, urgent needs of people who have experienced a disaster or have been displaced to sheltered camps are food and clothing. This need will likely exist in both temporary and long-term displacement events. Disaster relief organizations, which typically run emergency shelters, often supply food and clothing in the immediate aftermath of a disaster(3).

Transportation

Transportation is an important need for people who have been displaced from their homes following a disaster because they have been left without their own mode and public transportation vehicles. Addressing the transportation needs of people who have been displaced will often take creativity and determination on the part of the disaster relief measures.

Forced evictions

The impact of forced evictions upon the lives of the displaced people extends beyond the manifest of accommodation and homelessness. They were subjected to multiple displacement s and are exposed to physical danger during each displacement as well as suffering from the negative impact that the transition has upon established in livelihoods, social capital, education and health care.

Health Care Needs

Health care, like food and clothing, is an urgent, high-priority need for people who have been displaced due to a disaster. Infectious diseases can be particularly prevalent in displaced populations owing to both the

actual physical conditions displaced people find themselves in as a result of the adverse events, as well as a lack of basic health knowledge, education and/or promotion within the population itself

Displacement of the people increases Crude Mortality Rate (CMR) to at least double normal baseline rates in the population before any displacement activity Measles, a lack of sanitation, malaria, diarrhea and acute respiratory infections all contribute to an excess CMR amongst displaced populations, especially in under-developed countries (5).

Sustained stresses due to displacement have also led to an increase in chronic diseases such as diabetes and Hypertension. These largely preventable (and highly treatable) disease states are also often exacerbated by malnutrition. Displaced populations have been seen as having increased risk for acute tuberculosis and related infection, Hepatitis B and intestinal parasite infections.

Mental Health Needs

The displacement process is multi-faceted, complex, and full of decision points, so the process may be incredibly stressful. It may be difficult to normalize an experience for people who have relocated to a new environment, but they should benefit from expressing feelings and having their feelings validated.

A number of studies have indicated that displaced communities suffer significantly more mental health impairment than other groups. Four of the most common psychological reactions found in displaced people groups have included— PTSD (as a reaction to violence and/or torture), depression (as a reaction to loss), somatization and existential dilemmas (where belief patterns have been challenged. Factors associated with PTSD were witnessing the disappearance of family members, being close to death, or living with many other people in one house. Elevated anxiety symptoms were associated with witnessing a massacre, being wounded and experiencing a number of traumatic events. Studies have shown that displaced people have marked tendency to present somatic rather than emotional conditions when seeking help for underlying mental health difficulties (6, 7).

Anguish about missing relations when nobody was recovered was common. There was suicidal ideation of losing a large proportion of close family. Alcohol abuse among men who had lost their wives and were struggling to cope with young children. Fear of the sea and

nightmares related to future and return to the coastal areas were common. Minor mental health conditions like depression, anxiety related conditions including phobias, PTSD, somatoform disorders, traumatic grief reactions, alcohol abuse and suicidal ideas and attempts were observed

Schools/Child Care

Schools will be a major need for families with school-age children who have been displaced. Getting children back into school is a good first step in returning them to a normal routine after being displaced. If families will stay in emergency shelters for a lengthy amount of time, then it may be worthwhile to establish classes or a school in the shelter

Employment

The amount of assistance people will need finding employment will likely vary widely from person to person. Some people who were displaced will be professionals in high-demand fields who need little attention to find employment in the new community. Other people, however, will need much more assistance. People with few job skills will likely have difficulty finding employment in the new environment. Attaining gainful employment is an essential step in the path towards self-sufficiency and recovery.

Financial

This financial need may exist because a displaced people cannot access their financial resources, or because they do not have access or may have lost the things needed to access their funds in banks (e.g., their credit or debit cards, or official identification). This need may also result from the fact that many people live without savings or other emergency resources; a major disruption that prevents them from working or interrupts the delivery of a paycheck causes serious financial shortfalls.

Infra-structure breakdowns

Internal displacement disrupts the lives not only of the individuals and families concerned but of whole communities and societies. Both the areas left behind by the displaced and the areas to which they flee can suffer extensive damage. Socio-economic systems and community structures often break down, impeding reconstruction and development for decades.

Legal Protection Needs

Environmental disasters are clearly challenging many of the long-standing conceptual, legal and organizational means of dealing with displacement. The international protection regimes set up for refugees and internally displaced persons either exclude or fail to focus on disaster displaced persons.⁶ The possible need for new terminology and systems of protection of human rights for those displaced by environmental disasters thus requires examination⁸. Specific law and protection should apply to all those displaced by natural disaster. The governments should adapting their national laws so that they can better respond to natural-disaster-induced displacement (8, 9).

Special considerations among displaced populations

Discrimination

Displaced people are highly vulnerable. They suffer from discrimination, experience significant deprivation and are frequently impoverished. Marginalized within their own society and facing the emotional trauma of their uprooting experience, displaced people turn into excluded people who suffer loss of economic opportunities, breakdown of cultural identity, loosening of social and familial structures, interruption of schooling and increased poverty levels.

Domestic and sexual violence

Although hard evidence on the influence of disasters on domestic and sexual violence is limited, several field reports suggest that the safety of women experiencing violence in the home may be compromised in the aftermath of disaster and they may not have access to disaster relief and recovery resources. These women often live in a world of narrow social networks. Attending to preparedness or evacuation warnings, stabilizing their lives in a disaster-stricken neighborhood, or accessing recovery resources may be impossible tasks.

Sexual abuse

Women and girls are more vulnerable to sexual abuse in disaster situations and may be coerced into sex for basic needs such as food, shelter and security. The sex industry often becomes part of the interaction between the refugee or displaced population and the local community. Men and boys may also be at risk of sexual abuse in such circumstances.

Gender Differences

Women and men may suffer different negative health consequences following a disaster. It is not clear whether this is because of biological differences between the sexes, because of socially determined differences in women's and men's roles and status or because of an interaction of social and biological factors.

Loss of the ability to take care of the family may cause adjustment difficulties for some men, especially those with more traditional gender role norms. Others may view receiving financial aid as a stigma and feel challenged in their role as breadwinner.

Women's vulnerability to the impact of disasters is also increased by socially determined differences in roles and responsibilities of women and men and inequalities between them in access to resources and decision-making power. Men's roles as protectors may place a greater responsibility on them for risk taking during and after a disaster, both within their households and as volunteers and rescue workers

Female headed houses

The impact of displacement is felt more acutely by children, women with small children or heading the family, and disabled and elderly people. It is very common to find that displaced people experience their condition as a "freezing" of their existence expressed by feelings of solitude, confusion, fear and pain and by symptoms of mental illness, of lack of direction and a life plan, of becoming uncommunicative, unhappy and excluded.

Cultural Aspects

Health professionals working with people who have been displaced should understand the many ways culture may affect the displacement experience. Being forced to leave a community because of a disaster and relocate to another place (the host community) is stressful, and an already difficult displacement experience may be complicated further by the cultural differences between a person's home community and the host community. Nurses should be aware of these cultural differences and consider how they might affect those displaced people. In addition to the impact of differing cultures on the experience of those who have been displaced, the infusion of people deemed to be "outsiders" may also affect the host community and its residents (10).

Problems of the people in disaster displaced community

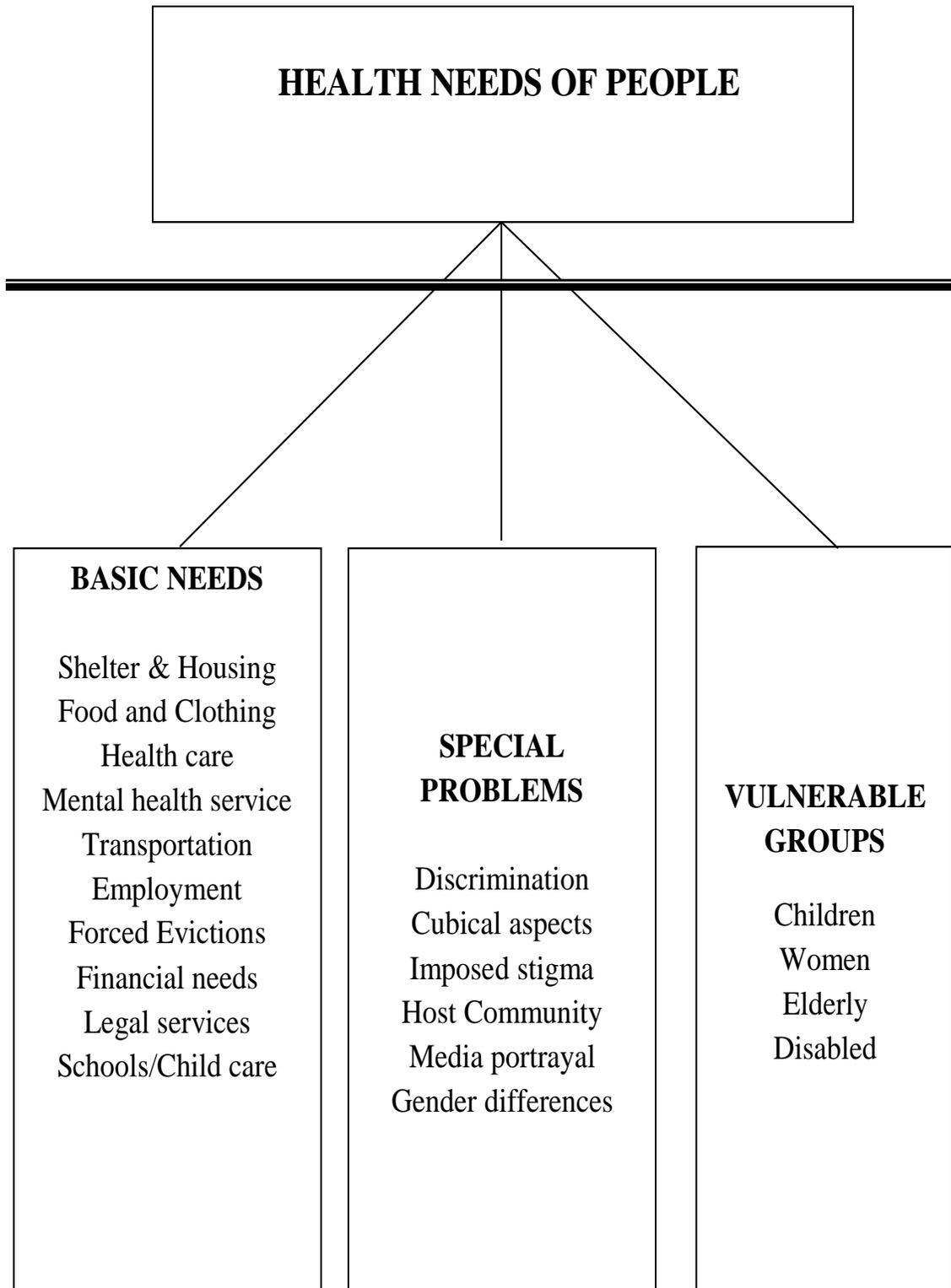


Fig.1 Inverted Pyramid Approach

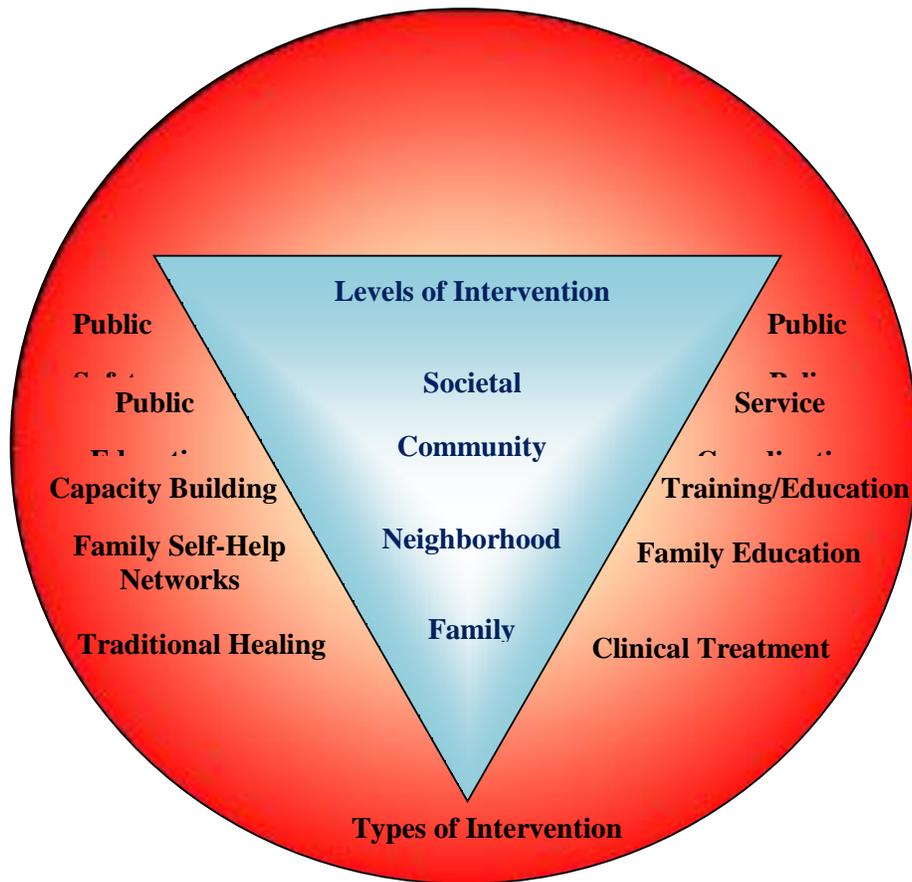
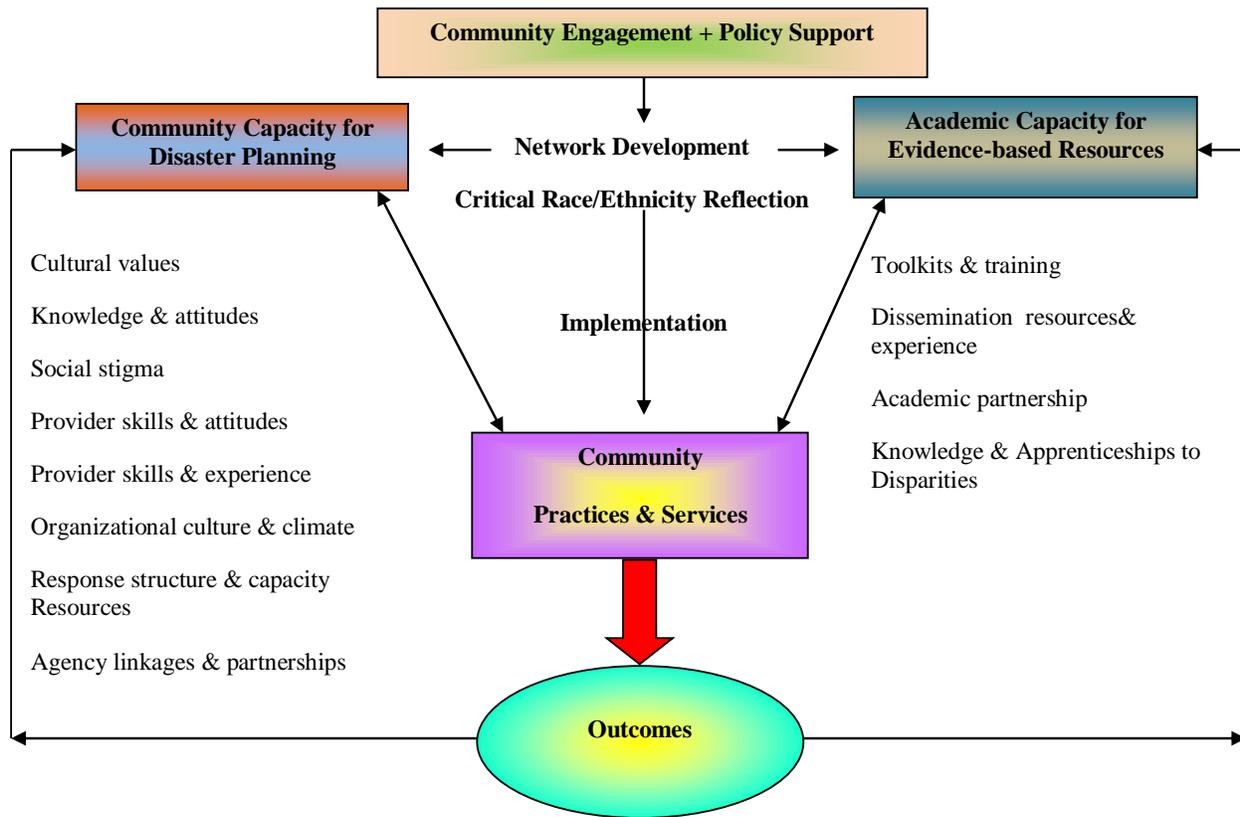


Fig.2 Holistic Community Approach



Fig.3 Community Engagement Approach



Impact of stigma on displaced people

Displaced people may become stigmatized simply because they have been displaced. If host community residents assume displaced people are violent, then displaced people inherently possess a non-desirable characteristic.

Host community

Displacement that requires physical relocation not only affects those who are displaced but also the resident population—people who are not directly affected and so who do not move, but feel the impact of losing their neighbors, networks and resources—as well as the host population—those who receive displaced people and could be positively or adversely affected.

Friction between displaced persons and host communities may occur for several reasons. Residents of the host community may feel like resources that resources normally used to improve or sustain the host community are now being redirected to help the people

who have been displaced. Members of the host community may also see the cost of living and housing increase rapidly because of the sudden appearance of many new residents, and this increase in costs can be a burden to host community residents.

Media portrayal

Providers should be aware of how displaced people are portrayed in the host community and national news media. If displaced people are depicted in the media as requiring an inordinate amount of resources and services, or as taking resources that would have normally gone to host community members, then these portrayals may lead to resentment among host community members towards the people who have been displaced.

Negative media depictions of displacement may also be demoralizing to the people who have been displaced. Therefore, it will be helpful for nurses to counterbalance negative depictions of people who have been displaced, providing media-based advocacy for those displaced people.

Vulnerable Populations

Poor and vulnerable groups are particularly at risk in activities involving displacement, as they are more severely affected than those who are better off. These groups are often susceptible to hardship and may be less able than others to rebuild their lives after their displacement. Those less able to care for themselves including children, people with disability and the elderly. Careful attention is needed throughout the aid management cycle to help these vulnerable groups improve or at least re-establish their lives and livelihoods.

Children

The severe natural and manmade disasters with slow recovery and multiple complexities can be especially difficult for the children and their families resulting in acute and chronic psychological effects that negatively affect child's normal development. For children experiencing such disasters, their once thriving communities, including homes, neighborhoods, grocery stores and playgrounds are no longer functional. Many children and experienced multiple moves and changes in schools, separation from friends and family members and much parental stress resulting from family disruption and unemployment. The family and parental stress is due to the severe economic difficulties, losses of traditional supports and even their identities because they must learn to live and thrive in other communities often with fewer economic resources.

Adolescents

Adolescents Studies have also reported adverse reproductive outcomes following disasters, including early pregnancy loss, premature delivery, stillbirths, delivery-related complications and infertility.

Women

Women experience consequences of displacement more severely than men. On the one hand, they share common experiences with the group as a major constituent of the civilian population. On the other hand, there is gender specificity due to socially ascribed gendered roles. The gender-specific experience for displaced women is rooted in the culture of discrimination that denies women equal status with men and, among other things, deprives them of basic rights such as access to education, mobility and participation in decision-making.

Elderly People

Older client's reaction to disaster depend a great deal on their physical health, strength, mobility, independence and income. They can react deeply to the loss of personal possessions because of the high sentimental values attached to them. They may try and conceal the seriousness of their health conditions or losses if they fear loss of independence.

Community oriented approaches to overcome problems of disaster displaced people

Inverted pyramid approach

A comprehensive and useful conceptual model for psychosocial and mental health interventions is an inverted pyramid, with five overlapping and interrelated levels of interventions prepared by the UN and International Society for Traumatic Stress studies for the disaster workers. At the top of the pyramid are societal interventions designed for an entire population such as laws, public safety, public policy, programs, social justice and a free press. Descending the pyramid, interventions target progressively smaller groups of people. The next two layers concern community level interventions which include public education, support for community leaders, development of social infrastructure, empowerment, cultural rituals and ceremonies, service coordination, training and education of grass root workers and capacity building. The fourth layer is family interventions which focus both on the individual within a family context and on strategies' to promote well-being of the family as a whole. The bottom layer of the pyramid concerns interventions designed for the individual with psychological symptoms or psychiatric disorders. These interventions include psychiatric, medical and psychological treatments which are most expensive and labor intensive approaches and require highly trained professional staff. The inverted pyramid approach was applied to the Tsunami (2004) victims of Vanni region, Srilanka and was found to be effective in the prevention of variety of psychiatric disorders, massive and wide spread trauma and loss which affect family and social processes causing coping strategies at the family, community and societal levels.

The holistic community approach

The holistic community approach applied to the Gujarat Earthquake (2001) disaster victims is based on four pillars. Counsellor training involved relaxation

techniques such as group therapy and structured progressive muscular relaxation was the first pillar. The second pillar was Indian Yoga which was already deeply ingrained in the society and therefore easily adopted for mental health practices. The victims were taught preselected Yogasanas which were targeted at progressive muscular relaxation using visual imagery and breathing techniques. Another important pillar and significant ‘Indian’ part of the approach was the focus on spiritual rituals, which is typical of the people living in that geographical area. Rituals known as Yajnas which appeared to bring spiritual relief to the survivors concerned was organized for the survivors. The results of the intervention proved that there is a decrease in the percentage of PTSD survivors from 89.7% in February to 18.6% in April and a further decrease in the following administrations.

Community Engagement Approach

A Conceptual model for the Community Engagement Approach to disaster response including mental health has been used for the evacuees of Katrina storms (2005) in United States. In the framework, community engagement promoting equal decision making through two way knowledge exchange is combined with policy support to promote network and integration of community and academic/clinical and public health perspectives and to generate programs that are implemented and evaluate to build community disaster response or improve mental health outcomes a key component of the development of networks, policy and implementation however is attention to the salience of race and ethnicity, a process of leadership reflection emerging from critical race theory. These help assure that programs developed and their implementation will be equitable from a social justice perspective.

The program implementation in services are used in a feedback loop to build community and academic capacity and inform policy makers to provide further support for effective and equitable programs for disaster planning. Such a community learning framework integrates multiple theories such as social learning, expert opinion and organizational learning and quality

improvement theory within an overall sociological framework. Due to the advocacy of international humanitarian organizations and the media, the plight of IDPs has received considerable attention over the past decade. However, perhaps due to the urgency following displacement and partially due to pressure from the international community and humanitarian agencies, most countries have given more attention and resources to addressing the immediate needs of displaced persons in the first two phases of the cycle than to focusing on the long-term measures needed for ending displacement.

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