

PTSD: National Center for PTSD

Effects of Disasters: Risk and Resilience Factors

Every year, millions of people are affected by both human-caused and natural disasters. Disasters may be explosions, earthquakes, floods, hurricanes, tornados, or fires. In a disaster, you face the danger of death or physical injury. You may also lose your home, possessions, and community. Such stressors place you at risk for emotional and physical health problems.

Stress reactions after a disaster look very much like the [common reactions](#) seen after any type of trauma. Disasters can cause a full range of mental and physical reactions. You may also react to problems that occur after the event, as well as to triggers or reminders of the trauma.

Risk factors

A number of factors make it more likely that someone will have more severe or longer-lasting stress reactions after disasters:

Severity of exposure

The amount of exposure to the disaster is highly related to risk of future mental problems. At highest risk are those that go through the disaster themselves. Next are those in close contact with victims. At lower risk of lasting impact are those who only had indirect exposure, such as news of the severe damage. Injury and life threat are the factors that lead most often to mental health problems. Studies have looked at severe natural disasters, such as the Armenian earthquake, mudslides in Mexico, and Hurricane Andrew in the US. The findings show that at least half of these survivors suffer from distress or mental health problems that need clinical care.

Gender and family

Almost always, women or girls suffer more negative effects than do men or boys. Disaster recovery is more stressful when children are present in the home. Women with spouses also experience more distress during recovery. Having a family member in the home who is extremely distressed is related to more stress for everyone. Marital stress has been found to increase after disasters. Also, conflicts between family members or lack of support in the home make it harder to recover from disasters.

Age

Adults who are in the age range of 40-60 are likely to be more distressed after disasters. The thinking is that if you are in that age range, you have more demands from job and family. Research on how children react to natural disasters is limited. In general, children show more severe distress after disasters than do adults. Higher stress in the parents is related to worse recovery in children.

Other factors specific to the survivor

Several factors related to a survivor's background and resources are important for recovery from disaster. Recovery is worse if you:

- Were not functioning well before the disaster.
- Have had no experience dealing with disasters.
- Must deal with other stressors after the disaster.
- Have poor self-esteem.
- Think you are uncared for by others.

- Think you have little control over what happens to you.
- Lack the capacity to manage stress.

Other factors have also been found to predict worse outcomes:

- Bereavement (death of someone close)
- Injury to self or another family member
- Life threat
- Panic, horror, or feelings like that during the disaster
- Being separated from family (especially among youth)
- Great loss of property
- Displacement (being forced to leave home)

Developing countries

These risk factors can be made worse if the disaster occurs in a developing country. Disasters in developing countries have more severe mental health impact than do disasters in developed countries. This is true even with less serious disasters. For example, natural disasters are generally thought to be less serious than human-caused. In developing countries, though, natural disasters have more severe effects than do human-caused disasters in developed countries.

Low or negative social support

The support of others can be both a risk and a resilience factor. Social support can weaken after disasters. This may be due to stress and the need for members of the support network to get on with their own lives. Sometimes the responses from others you rely on for support are negative. For example, someone may play down your problems, needs, or pain, or expect you to recover more quickly than is realistic. This is strongly linked to long-term distress in trauma survivors.

After a mass trauma, social conflicts, even those that have been resolved, may again be seen. Racial, religious, ethnic, social, and tribal divisions may recur as people try to gain access to much-needed resources. In families, conflicts may arise if family members went through different things in the disaster. This sets up different courses of recovery that often are not well understood among family members. Family members may also serve as distressing reminders to each other of the disaster.

Keep in mind that while millions of people have been directly affected by disasters, most of them do recover. Human nature is resilient, and most people have the ability to come back from a disaster. Plus, people sometimes report positive changes after disaster. They may re-think what is truly important and come to appreciate what they value most in life.

Resilience factors

Human resilience dictates that a large number of survivors will naturally recover from disasters over time. They will move on without having severe, long-lasting mental health issues. Certain factors increase resilience after disasters:

Social support

Social support is one of the keys to recovery after any trauma, including disaster. Social support increases well-being and limits distress after mass trauma. Being connected to others makes it easier to obtain knowledge needed for disaster recovery. Through social support, you can also find:

- Practical help solving problems.
- A sense of being understood and accepted.
- Sharing of trauma experiences.
- Some comfort that what you went through and how you responded is not "abnormal."
- Shared tips about coping.

Coping confidence

Over and over, research has found that coping self-efficacy - "believing that you can do it" - is related to better mental health outcomes for disaster survivors. When you think that you can cope no matter what happens to you, you tend to do better after a disaster. It is not so much feeling like you can handle things in general. Rather, it is believing you can cope with the results of a disaster that has been found to help survivors to recover.

Hope

Better outcomes after disasters or mass trauma are likely if you have one or more of the following:

- Optimism (because you can hope for the future)
- Expecting the positive
- Confidence that you can predict your life and yourself
- Belief that it is very likely that things will work out as well as can reasonably be expected
- Belief that outside sources, such as the government, are acting on your behalf with your welfare at heart
- Belief in God
- Positive superstitious belief, such as "I'm always lucky."
- Practical resources, including housing, job, money

Summing it up

Disasters can cause both mental and physical reactions. Being closer to the disaster and having weak social support can lead to worse recovery. On the other hand, being connected to others and being confident that you can handle the results of the disaster make mental health problems less likely. Overall, human beings are resilient, and most survivors will recover from the disaster. For those with higher risk factors, [self-care](#) and [seeking help](#) are recommended. To learn more about coping after any kind of trauma, see [Self-Care and Coping](#).

Sources

This fact sheet is based on a more detailed version, located in the "Professional" section of our website: [Mental Health Effects following Disaster: Risk and Resilience Factors](#).

Date this content was last updated is at the bottom of the page.

The National Center for PTSD does not provide direct clinical care, individual referrals or benefits information.

For help please see:

[Where to Get Help for PTSD](#) or

[Get Help with VA PTSD Care, Benefits, or Claims](#)

For Web site help: [Web Policies](#)

PTSD Information Voice Mail:
(802) 296-6300
Contact Us: ncptsd@va.gov
Also see: [VA Mental Health](#)

Connect with us

