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Parenting after Black Saturday:  
Lived experiences since the 2009 Victorian bushfires

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## Abstract

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In the aftermath of disasters, parenting is often recognised for its influence on children's wellbeing and recovery. Research has also shown that the parental role has implications for parents' post-disaster mental health as well. However, little is known about what the experience is like for parents themselves, particularly in Australia. In February 2009, catastrophic bushfires burned across the state of Victoria resulting in tragic loss of life, significant destruction of property and land, and disruption to communities. This study explored what it has been like to be a parent since the 2009 Black Saturday bushfires.

Semi-structured interviews were conducted with 22 parents (19 mothers, 3 fathers) who, along with their dependent children, survived the Black Saturday bushfires. The interviews were conducted around 6-7 years following the fires, thus offering a longer-term perspective than much of the research in this area to date. An inductive thematic analysis was conducted to explore parental experiences over the years since the disaster.

The findings provide insight into parents' experience of adjusting to life after the fires as that of being forced into a new normal. Parenting after the bushfires stood out for many as being different and difficult. For some, the extent or nature of the changes were spoken about as a loss of a valued part of their identity. Some changes stood out as new situations, ones they had never expected to face as parents. There were also challenges they considered typical of parenting which were amplified after the disaster and now felt beyond parents' control.

This study identified five parenting challenges faced by participants in the aftermath of Black Saturday: (i) parenting flexibly and finding new strategies; (ii) sticking to their values; (iii) being present and available; (iv) being patient and tolerant; and, (v) negotiating differing needs. The challenges showed ways in which the post-disaster environment (e.g., the number of demands, changes within their communities), parental mental health (their own or their partner's trauma and grief reactions) and their children's mental health at times undermined their efforts to be the parents that they wanted to be.

Parental experiences of supports and services showed the value and nuance of relationships and indicated ways in which formal services can facilitate or strengthen social support. Additionally, the importance of reinforcements with helping children cope as well as services to assist parents' own coping was highlighted. The findings also speak to the critical significance of childcare (in particular the availability of safe and trusted places for children) and value in facilitating opportunities for time together as a family away from the onslaught of post-disaster demands.

This study contributes to understanding the complexities of parenting and unique experiences of parents post-disaster. It has provided detailed insight into parental experiences following the Black Saturday bushfires offering an opportunity to acknowledge, normalize, and validate such challenges.

To the parents who participated in this research, and,

In loving memory of my own  
parents:

Ursula Daniels (1947-1996)  
Bob Kosta (1952-July 2009)

And to Mary Kosta, as I have  
two mothers.

## Declaration

---

This is to certify that:

- i. the thesis comprises only my original work toward the Doctor of Philosophy;
- ii. due acknowledgment has been made in the text to all other material used;
- iii. the thesis is less than 100,000 words in length, exclusive of tables, maps, bibliographies and appendices.

Signed:

Lauren Giovanna Kosta

## Acknowledgements

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First and foremost, I would like to acknowledge the 22 parents who volunteered to share deeply personal parts of their lives with all of us by participating in this study. Thank you for entrusting me with your experiences; it has been a privilege and a responsibility I did not take lightly. I hope you find that is reflected in how I have represented your words, and that decisions I have made to be able to portray your collective story are respectful of your individual experiences.

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# CHAPTER 1

## Introduction

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Bushfire is an intrinsic part of Victoria's landscape, and if time dims our memory we risk repeating the mistakes of the past. We need to learn from the experiences of Black Saturday and improve the way we prepare for and respond to bushfires. (Teague, McLeod, & Pascoe, 2010, p. vii)

In the summer of 2009 catastrophic bushfires swept through the Australian state of Victoria, the worst of which are considered to have occurred on February 7<sup>th</sup>—a day now known as Black Saturday. Black Saturday was the result of both natural and human causes and it embodied what many consider to be defining features of disasters: entire communities were simultaneously exposed to widespread disruption and loss and, as a result, individuals experienced numerous adversities concurrently (Bonanno, Brewin, Kaniasty, & La Greca, 2010; Norris, Friedman, Watson, et al., 2002). Over 400 people were injured, and 173 people lost their lives during the fires or as a result of injuries sustained. More than 3,500 buildings were destroyed, of which over 2,000 were houses leaving thousands of people displaced, and the estimated economic cost of the fires exceeded \$4 billion (Teague et al., 2010). This thesis explores the experiences of parents since the Black Saturday bushfires. The aim is to contribute Australian parents' voices to enhance understandings of the nature of parenting after a disaster. In turn, such understandings can be used to inform efforts to support parents, children, and families who have experienced a disaster or those who are exposed to disasters in the future.

## 1.1 Study inception: A personal reflection

My entry into post-disaster research was based on broad interest in understanding disaster related trauma and bereavement. In discussing this work with my primary supervisor, she mentioned the following quote from a participant in a study on individual and community recovery after Black Saturday, the Beyond Bushfires study ([www.beyondbushfires.org.au](http://www.beyondbushfires.org.au)):

*I remember one day thinking 'I can't tell them'. I'd heard about another family that had gone, a whole family and they were the scout friends and I just couldn't tell them. And the next day I was driving them to school and I remembered that I hadn't told them and I knew that they were going to find out at school so in the bloody car I had to tell them about a family of four that were gone and it was ridiculous. (Harms et al., 2015, p. 181)*

I wondered how this experience affected the participant herself, as a parent, given the unintended consequence of her reluctance to tell her children. I wondered what other challenges parents might face in the aftermath of a disaster and I felt as though I did not have a starting point in the post-disaster literature I had been reading.

My professional training as a social worker has included practice experience in child protection and in a paediatric hospital which has contributed to my appreciation of parental perspectives. I found that even when working in fields of children and families where the primary focus is on the child, often you spend as much time, if not more, working directly with parents. Furthermore, even when interventions are planned in the best interests of the child, they are influenced by what parents are experiencing. In these situations, as with considering parenting after a disaster, I am influenced by personal and professional values that encourage me to understand from parents themselves how best to support them.

With respect to my personal experiences, not being a parent myself has contributed to my interest in hearing from parents to learn how adversity affects parenting. I have also had personal experiences of reconstructing family life after loss and trauma. My mother passed away when I was a child and I have since lost my father. As a child in particular, I

felt others seemed to privilege my experience as parentally bereaved. By contrast, I was inspired by my family, and was left with a desire to acknowledge and support parents.

## **1.2 Fundamental elements of the research**

The global definition of social work provides a professional mandate to respond to disasters (Adamson, 2014), be that responding to communities, groups, families and individuals. Understanding the needs and experiences of disaster survivors is a critical part of the knowledge base for social work clinicians, managers, and policy practitioners (Padgett, 2002; Rowlands, 2007; Zakour, 1997). Thus, Rowlands (2007) argues, research is a form of social work intervention in itself.

With the aim of enhancing understandings of the nature of parenting after disasters through the contribution of Australian parents' voices, this section provides a brief description of the fundamental elements of this study.

Guided by principles of pragmatism and constructionism, this study employed an inductive qualitative design. The overarching research question this thesis sought to address was:

What has been the experience of parenting since the Black Saturday bushfires?

Two secondary questions on aspects of the experience were:

What parenting challenges did participants face?

What supports and services did parents find useful or would have liked to have available?

To achieve this, semi-structured interviews were conducted with 22 parents (19 mothers and 3 fathers) of dependent children who had been living in an area affected by the bushfires in 2009. The interviews took place between 6-7 years after the fires. Transcripts from the audio recordings of the interviews were analysed through thematic analysis (Braun & Clarke, 2006).

### **1.3 Overview of the thesis**

This thesis is organized into nine chapters. This first chapter has provided an introduction to the motivation for this study, its aim, and the study design. Chapters 2 and 3 provide further context on the significance of parental perspectives post-disaster. In Chapter 2, child focused post-disaster research is briefly reviewed as a substantive discourse on the importance of parenting post-disaster, and for the implications it may have in framing parenting support. Chapter 3 then presents an exploration of the current state of post-disaster research with parents. Given the inductive, exploratory nature of this study, the focus is on the evidence base of post-disaster parenting experiences, rather than on theories of parenting.

Chapter 4 covers the methodological underpinnings and design of this study in detail. This includes explanation of sampling, interview and data collection procedures, ethical considerations, data management, and analysis. Chapter 5 provides a demographic profile of the 22 parents who participated in this research, along with a description of their family contexts and experiences during the fires.

In Chapters 6-8 the findings of the inductive, thematic analysis are reported. Chapter 6 explores participants' descriptions adjusting to life after the fires. Chapter 7 presents the parenting challenges faced by participants. Chapter 8 examines participants' experiences with formal and informal supports, as well as their considerations of what else may have been useful.

In Chapter 9 broader insights into understanding parenting post-disaster are presented, with parental experiences since Black Saturday discussed in relation to existing literature. Considerations for social work practice to strengthen support for parents and their families post-disaster are also suggested. The strengths and limitations of the study are addressed both to contextualize the findings and inform suggestions for future directions. Finally, Chapter 9 revisits the aim of the study and provides concluding comments.

## **CHAPTER 2**

### **Supporting parents after disasters**

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This chapter critically considers how parents and parenting are framed in a substantial portion of extant post-disaster research: research focused on children's wellbeing and recovery after disasters. The trends are then examined in the context of contemporary parenting culture to establish the significance of listening to parents' experiences, the approach taken in the current study. The final section turns to the issue of working with parents post-disaster and examines existing literature on specific interventions.

#### **2.1 The framing of parents in post-disaster research on children**

In searching for research conducted with parents what became evident was that parents were frequently, and arguably predominantly, studied in relation to children's wellbeing rather than their own. Though not the focus of the current study, this child-focused research is considered briefly as it contributes to how parents and parenting are framed by professionals post-disaster.

Parents have been engaged in post-disaster research on children in several ways. One recurrent role parents have is as an informant or proxy in relation to children's outcomes, in effect parents are engaged as helpers. Pfefferbaum et al. (2013) found parents participated as informants in 44.8% of studies (65/145) on children following three disasters (September 11 terrorist attacks, 2004 Indian Ocean Tsunami, and Hurricane

Katrina). In a meta-analysis of youth post disaster posttraumatic stress symptoms specifically, parents participated as informants in 23 of the 96 studies included (Furr, Comer, Edmunds, & Kendall, 2010).

In addition to being engaged as informants, parents have also participated in research that has explored how parents either directly (e.g., through parenting behaviours) or indirectly (e.g., parental mental health) impact on outcomes for children. Essentially such approaches frame parents as risk or protective factors for children's recovery. This body of research on the influence of parents on children's outcomes post-disaster has been critiqued for methodological limitations. These include the inability to claim causal inferences (as the most common study design is cross-sectional), and similarly, that the extent to which predictor variables (e.g., parenting behaviours) may have changed following the disaster is rarely assessed (Cobham, McDermott, Haslam, & Sanders, 2016). Also, importantly, these studies rarely consider bi-directional patterns of influence; that is, the influence children may have on parents following disasters (Cobham et al., 2016; Kaniasty, 2011). Nonetheless, a link between children's and parents' post-disaster distress is considered to be well established and, in light of the evidence, parental distress is considered to contribute to children's distress (Bonanno et al., 2010; Cobham et al., 2016; Kaniasty, 2011; Norris, Friedman, & Watson, 2002).

Along with parental mental health, the following parenting and family environment risk factors were also identified as increasing children's vulnerability post-disaster in a recent review of over 60 studies on parental psychopathology and family functioning (Cobham et al., 2016, p. 53):

- “Hostile’ and ‘anxious’ parenting styles
- Too much or too little conversation about the disaster
- Parent-child and/or more dysfunctional family environment/functioning
- Low perceived family connectedness and worry about the family
- Changed and/or more dysfunctional family environment/functioning
- Exposure to disaster related media, which appears to be largely unrestricted by parents.”

Kaniasty (2011) similarly summarised 'parenting crucibles' for families following disasters as parents coping poorly or experiencing psychological distress, being overly protective of their children, and being burdened by responsibility for family recovery. Other reviews of research related to parenting after trauma (inclusive of but more broadly defined than disaster contexts) have also concluded that exposure to trauma has been accepted by the clinical community as having a deleterious impact on parents and their capacity to parent their children – though again noting insufficient empirical support (Appleyard & Osofsky, 2003). Parental help-seeking on behalf of their children has also received attention (DeVoe, Bannon, & Klein, 2006; Poulsen, McDermott, Wallis, & Cobham, 2015; Stuber et al., 2002), highlighting another area of influence parents are considered to have on their children's post-disaster recovery as gatekeepers and enablers of access to support.

In addition to summarizing risk factors, Cobham and colleagues also identify the following possible protective factors: "parenting that encourages emotional expression, acceptance and positive reframing," and, "a more supportive parent-child relationship" (2016, p. 53). Kaniasty too prompts, "for every study showing how post-disaster parental functioning may hinder children's recovery there are several studies that show salutary effects of parental social support" (2011, p. 90). However, the identification and discussion of risk factors seemingly outweighs the identification and discussion of protective factors.

This risk (and protective) factor approach to parenting has several implications apparent in the literature. These include that it contributes to (i) how parenting is studied, as some explicitly select parenting variables that have been shown to impact children (e.g., Kelley et al., 2010; Wilson, Lengua, Meltzoff, & Smith, 2010); and, (ii) approaches to interventions with parents, as it is argued parenting is a modifiable factor and is therefore an opportunity to intervene in children's post-disaster environment (e.g., Cobham & McDermott, 2014; Cobham et al., 2016; Kelley et al., 2010; Tiwari, Self-Brown, Lai, Jackson, & Kelley, 2015).

Indeed, there is substantial literature advocating a role for parents in interventions to support children post-disaster (e.g., Margolin, Ramos, & Guran, 2010; McDermott &

Cobham, 2012a; Mohay & Forbes, 2009; Overstreet, Salloum, Burch, & West, 2011; Pfefferbaum et al., 2012; Salmon & Bryant, 2002; Scheeringa, Cobham, & McDermott, 2014). In a meta-analytic review of 24 studies of psychological interventions for children following natural and man-made disasters, Newman et al. (2014) found that interventions that involved parents resulted in better outcomes than those that did not involve parents. Margolin et al. (2010) equate parents to first responders with respect to children's needs, alongside health care and school personnel. Some authors have specifically argued that parents are important from a public health perspective on youth mental health following disasters (Tiwari et al., 2015), considering parents in relation to universal interventions (Vernberg, 2002), and including parent effectiveness training as 'tier 2' interventions for children and families (McDermott & Cobham, 2014). Despite these arguments, it is noteworthy that in a review of services that identified 140 recovery-funded initiatives for children and young people following the Black Saturday bushfires, only 6% included parents, teachers and service providers (Gibbs et al., 2014).

Norris, Friedman, and Watson (2002) noted the focus on modelling risk factors in even earlier post-disaster research on children and parents. Acknowledging the value of such knowledge, they cautioned that insofar as a guide for interventions it may be limited in its effectiveness if addressing such risk factors is the primary consideration. They suggested that interventions need to be responsive to family contexts, and that providing care and support to parents may be the best way to also support children (Norris, Friedman, & Watson, 2002). Nonetheless it certainly appears trends focusing on parenting risk factors for children's recovery have continued through the decades that have followed.

### **2.1.1 Contemporary parenting culture**

The trends framing parenting in post-disaster research on children are consistent with the hallmarks of contemporary parenting culture. Sociologists have argued that in Western societies, parents are seen as wholly, or at least principally, determining their children's outcomes from physical health to psychological wellbeing (Füredi, 2008; Lee, Bristow, Faircloth, & Macvarish, 2014). At the same time, contemporary childhood has been constructed as a time of inherent vulnerability (Füredi, 2008; Lee et al., 2014). As Lee et al. (2014) and Füredi (2008) contend among others, a corollary of these views is

that parents are framed as being both responsible for managing any risk to their children and potentially posing risk to their children themselves. Furthermore, parenting has become a social issue; “a highly important and problematic sphere of public life,” (Lee et al., 2014, p. 9; Van den Berge, 2013) in which the daily actions of parents in their relationships with their children are contested (Faircloth & Murray, 2015). Parenting is increasingly viewed as requiring “a specific skill-set: a certain level of expertise about children and their care, often based on the latest research on child-development or an affiliation to a certain ‘expert-led’ way of raising a child” (Faircloth, Hoffman, & Layne, 2013, p. 1; Faircloth & Murray, 2015; Lee et al., 2014). Australian parents’ attitudes appear to embody these perspectives. Two representative surveys of Australian parents’ concerns found a majority feel there is considerable community pressure to ‘get parenting right’, that parenting is not something that comes naturally, and they lack confidence in their parenting (Tucci, Mitchell, & Goddard, 2004, 2005).

In addition to the broader cultural context of contemporary constructions of childhood, recent understandings of disasters provide another layer of ‘risk’ to conceptualizations of childhood. While disasters have historically been considered to affect populations indiscriminately due to their seemingly random occurrence, the social vulnerability paradigm recognizes the impact of disasters (through both risk of exposure and responses in the aftermath) is shaped by the convergence of environmental factors with social, political and economic factors (Peek & Stough, 2010; Wisner, Blaikie, Cannon, & Davis, 2004). Under this paradigm, children are typically identified as being particularly vulnerable to the effects of disasters (Peek & Stough, 2010).

Much of the child focused research has drawn on theoretical perspectives that are congruent with the social vulnerability paradigm in emphasizing the critical importance of parents to children’s recovery post disaster. For example, applying the work of Urie Bronfenbrenner, the central position of parents in children’s social ecology has motivated inquiry into the role of parenting in children’s post-disaster reactions, recovery, and opportunities for intervention (e.g., Noffsinger, Pfefferbaum, Pfefferbaum, Sherrif, & Norris, 2012; Pfefferbaum et al., 2012). Similarly, with a developmental lens, it is contended that dependence on parents is a defining characteristic of childhood and one

that makes this relationship of particular significance in the aftermath of a disaster (e.g., Silverman & La Greca, 2002).

## **2.2 Parenting support or support for parents**

Social workers have called for critical consideration of how risk discourses may influence service delivery (e.g., Beddoe, 2013; Payne, 2011). In the context of contemporary parenting culture, sociologists have strongly critiqued the way in which 'support' has been constructed as an "essential prerequisite for parenting"; arguing that implicit in calls for parents to have "greater awareness" is the assumption that parents do not know what to do, as well as a privileging of expert knowledge over "informal, tacit knowledge about childrearing" (Lee et al., 2014, p. 68). It is also noted that proponents of 'supporting parents' often offer the rationale that not only will it lead to better outcomes for a child but that it has therapeutic value for the parent which Lee et al. (2014) maintain may serve to further entrench the views of "the profound significance for the child of parental action, and a presumption that the parent is inadequate in the face of this responsibility" (p. 70). It is therefore particularly important to understand what parents view as support.

Dolev and Zeedyk (2006) similarly summarize four recurrent criticisms of parenting advice to be that parents are portrayed as (i) requiring professional assistance to be successful in raising their child(ren), (ii) responsible for negative developmental outcomes in children, (iii) a homogenous group, and (iv) that the role of 'expert' often conflates acting as an 'advisor' and 'authority'. They found these elements were reflected in advice offered to parents regarding terrorism following the September 11 attacks. They also interestingly found that the websites they examined "constructed parenting under the threat of terrorism as somehow distinct from parenting under 'normal circumstances'" (Dolev & Zeedyk, 2006, p. 474). They concluded that as similar discourses have now been found across a range of experiences (e.g., pregnancy, discipline) it appears to be a feature of parenting advice rather than a feature of the issue being addressed (in this case terrorism). This raises an interesting question as to whether parents perceive parenting in such circumstances to be different.

Other examples of similar approaches to parenting are evident in recommendations from post-disaster research on children's wellbeing. These include that parents be made aware of their own reactions and the way that these might impact on their children (e.g., Beauchesne, Kelley, Patsdaughter, & Pickard, 2002), that they receive assistance with their own trauma responses (e.g., Terranova, Morris, Myers, Kithakye, & Morris, 2015; Thordardottir et al., 2016), sometimes specifically in relation to managing the reactions they display (e.g., Wilson et al., 2010), or a more general awareness of the way in which their parenting style can impact children's resilience (e.g., Zhai et al., 2015). Similarly recommendations often include that parents be 'trained' or 'taught,' or offered psychoeducation (e.g., Garfin et al., 2014; Proctor et al., 2007; Spell et al., 2008; Sriskandarajah, Neuner, & Catani, 2015). Training for parents has been used as a public health intervention (e.g., McDermott & Cobham, 2014), and other proponents of involving parents in interventions for children often recommend 'training' parents—for example, see the parent training program proposed by Morris and McKee (2009), or guidance to therapists offered by Baggerly and Exum (2008).

Importantly, Dolev and Zeedyk (2006) assert that the framing of parents as dependent on expert advice is likely unintentional as professionals often aim to empower parents and are attempting to respond to actual concerns held by parents in relation to children's wellbeing and development. They argue issues arise however when there is insufficient consideration of the "contextual complexity of the tasks parents are undertaking" (Dolev & Zeedyk, 2006, p. 474). This is similar to the argument made by Kilmer and Gil-Rivas (2010) that one of the reasons commonly offered "stand-alone recommendations" (such as "talk to your children") are inadequate is that "they do not acknowledge or take into account the potential challenges being faced by a given caregiver" (p. 419). Dolev and Zeedyk (2006) offer several recommendations for providing parenting advice: it should draw on the pre-existing experiences and skills of parents; contextualize the advice given emphasizing the challenges parents may face in applying the suggestions over the possible negative outcomes for children; and carefully consider the tone in which advice is provided. These arguments demonstrate the need for a holistic understanding of the context of parenting after a disaster for developing supports for parents.

As Hafstad, Haavind, and Jensen (2012) explain in their study on parental descriptions of post-disaster parenting, parental perspectives can contribute to: “shift[ing] the focus from passive markers of risk that have typically been studied in the literature on children and disasters to a focus on the process of recovery and how parents try to assist in providing an optimal post-trauma recovery environment” (p. 299).

### **2.3 Working with parents post-disaster**

Working with parents is a significant part of social work post-disasters. Case management roles, for example, are often based around supporting families and as such rely on substantial engagement with parents (e.g., Bliss & Meehan, 2008). Social workers may also develop and provide targeted interventions for parents (e.g., Powell & Leytham, 2014; Sim & Dominelli, 2017). Recently, social workers who responded to families following the 2013 flood in southern Alberta, Canada, raised parenting as one of the unique issues to address in the context of disaster related loss when working with families post-disaster (Fulton & Drolet, 2018).

Social workers were actively involved in responding to the Black Saturday bushfires in roles that included bushfire case managers, counsellors, and community development workers (Hickson & Lehmann, 2013), as well as in hospitals (Du Plooy, Harms, Muir, Martin, & Ingliss, 2013). In the broader response to Black Saturday, parents were identified along with school staff, as important collaborators for assisting children in the Victorian psychosocial recovery framework compiled following the fires (Department of Human Services [DHS], 2009). The framework noted that parental and carer responses influence children’s wellbeing (DHS, 2009). Funding was provided for “projects to support parents and other family members with their recovery” as well as support for “children, teachers, school staff and parents” (Victorian Bushfire Reconstruction and Recovery Authority [VBRRA], 2009, p. 25). The Department of Human Services was tasked with managing parent support programs (VBRRA, 2011), and parent and information and support groups were funded to provide information and strategies to deal with children’s stress and trauma reactions (VBRRA, 2009, p. 30). The Department of Education and Early Childhood Development was responsible for providing: “immediate support for children, adolescents, parents and carers at relief centres during

and following the bushfires” (VBRRRA, 2011, p. 260). Targeted phone-based counselling through Kids Help Line was planned for children and young people, as well as parents with concerns about the impact of the fires on children (DHS, 2009). Family supports included a child and family counselling and crisis service, targeted school holiday programs, playgroups and a Special Child Care Benefit (VBRRRA, 2009)

The Victorian Bushfire Case Management Service (VBCMS), established in the aftermath of Black Saturday, also identified parents as a group that may need specific assistance with respect to considering the impact of bushfires on children and young people. Case managers were trained and briefed to work with parents to identify additional support needs of their children (Grealy et al., 2010). A review of the VBCMS found there was a range of experiences with the service among parents (Grealy et al., 2010). Some parents had found their case managers to be “proactive, skilful and helpful, for example providing good referrals to counselling for whole families or children, and ensuring families were linked in to school-based supports, and material aid of particular relevance to a child” (Grealy et al., 2010, p. 5). Other parents had less positive experiences in that they had not had discussions around their children’s needs, trauma reactions, or relevant recovery services that might support them (Grealy et al., 2010).

Though specific interventions are not the focus of this thesis, given the pragmatic aim, it is useful to consider the nature of support that is typically being provided to parents after a disaster.

### **2.3.1 Existing post-disaster interventions with parents**

Despite the recognition of parents’ role post-disaster, described earlier in this chapter, there is limited research on interventions with parents following disasters. This is perhaps unsurprising given interventions following mass trauma have traditionally focused on providing psychological debriefing within hours or days of a disaster rather than the longer term psychosocial experiences (Gray, Maguen, & Litz, 2004). Ten interventions that have been used with parents following both natural and human-made disasters were identified in the published literature. A summary of the disaster contexts and the key features of the interventions is presented in Table 1.

**Table 1. Existing post-disaster interventions with parents**

<b>Author/Year</b>	<b>Disaster context</b>	<b>Intervention summary</b>
Dybdahl (2001)	War - Bosnia and Herzegovina, 1992-1995	Weekly semi-structured group meetings for mothers over 5 months. Psycho-education provided followed by discussion of mothers' experiences and feelings.
McDermott and Palmer (2002)	Bushfires - New South Wales, Australia, 1994	<i>The bushfire and me: A story of what happened to me and my family</i> ; A guided workbook for school children (ages 5-8) with introductory and final section of workbook primarily for parents and caregivers.
Comer, Weiner, Furr, Beidas, and Kendall (2008)	Terrorism (indirect exposure), Philadelphia USA	<i>Coping and media literacy (CML) training</i> : Approximately one hour of didactic instruction, watching simulations and participating in role-play.
Sahin, Yilmaz, and Batigün (2011)	Earthquakes - Marmara Turkey, 1999	Parent seminars (1-2 hours) and information booklet; child seminars (1-3 class hours). Both components delivered through schools reaching 1,280 parents and 5,300 children.
Powell and Leytham (2014)	Earthquakes - Christchurch New Zealand, 2011	<i>Journey of Hope</i> : Three-hour psycho-educational workshop including interactive methods (i.e., silent storytelling, cooperative activities, and discussion)
Ruggiero et al. (2015); Yuen et al. (2016)	Tornados - Missouri USA, 2011	<i>Bounce Back Now!</i> Self-paced, multi-module web intervention for disaster affected adolescents (12-17 years) and their families. Delivered to 2,000 adolescent-parent dyads.
Cobham et al. (2016); McDermott and Cobham (2012b); McDermott (2014)	Floods - Queensland Australia, 2011	<i>Disaster Recovery Triple P</i> : Psycho-educational seminars with parents; including didactic content, disaster-related media footage, and video of interviews with disaster-impacted parents and children. This program is the second tier of a public health model for responding to children following disasters.
Goto, Reich, et al. (2014)	Great East Japan Earthquake and subsequent Fukushima nuclear disaster, Japan, 2011	Initial strategies to respond to parents' immediate anxieties were 1) dissemination of information through multiple channels (e.g., leaflets and meetings with residents); 2) establishing indoor play spaces which also facilitated group opportunities for mothers; and 3) raising awareness among public health nurses about parental anxieties.
Dyregrov, Straume, Dyregrov, and Grønvold Bugge (2016)	Terrorist attacks Utøya, Norway, 2011	Four weekend (Friday to Sunday) gatherings for bereaved family members (including parents, siblings, step-parents, step-siblings, partners of adult children and close relatives of several adults killed), held at 4, 8, 12 and 18 months post-shooting. Plenary and parallel sessions for smaller groups conducted, as well as social activities.
Sim and Dominelli (2017)	Wenchuan earthquake, China, 2008	Group sessions for parents whose children received injuries resulting in disability during the earthquake. Provided a platform for exchanging experiences and supporting each other. The group has continued over years since it was formally convened, with parents assuming management of sessions. The parenting group was part of a suite of responses aimed at supporting school children and connecting school, family and community in post-disaster reconstruction.

Face-to-face psychosocial interventions were the most common intervention type described. Others reported were a web-based intervention for adolescents and their parents (*Bounce Back Now!*; Ruggiero et al., 2015; Yuen et al., 2016); a guided workbook for children that included sections for parents and caregivers following bushfires in New South Wales, Australia (McDermott & Palmer, 2002); and ‘coping and media literacy’ training for mothers to helping their children process news material related to threats (Comer et al., 2008).

A key component of each of these interventions was providing psychoeducation to parents about children’s psychological reactions, typically with a focus on trauma reactions, although the bereavement group intervention focused on grief reactions (Dyregrov et al., 2016). Increasing parental awareness of the impact of their own psychological reactions (or parenting behaviours) on their children was also a common component (e.g., Comer et al., 2008; Dyregrov et al., 2016). For example, *Disaster Recovery Triple P* aimed to educate parents about the impact of changes in parenting behaviours and offer practical advice to restore pre-disaster family functioning (McDermott, 2014). The web-intervention *Bounce Back Now!* provided parents with information and strategies related to communication, parental monitoring and supervision, family routines and relationships, the association between parent and adolescent reactions to stressors, and tips for assessing need and accessing further help from health care professionals (Ruggiero et al., 2015; Yuen et al., 2016), and the guided workbook similarly included information on reasons why some children need further intervention (McDermott & Palmer, 2002). Five of the group interventions also described including elements of psychoeducation or facilitated group discussion of parents’ own reactions and experiences as well as coping strategies (Cobham et al., 2016; Dybdahl, 2001; Dyregrov et al., 2016; Powell & Leytham, 2014; Sahin et al., 2011).

Several of the interventions reported included components of evaluations with parents. A summary of the methods of evaluation and key findings is presented in Table 2.

**Table 2. Summary of intervention evaluations**

<b>Intervention</b>	<b>Evaluation method</b>	<b>Key outcome findings</b>
Mother's group (war; Dybdahl, 2001)	Random assignment of mother-child dyads assessed to intervention (n=42) and control (n=45) groups; Pre- /post-intervention (5-6 months) assessments of war exposure, child psychosocial functioning and mental health, and maternal mental health.	<ul style="list-style-type: none"> <li>• Improvements on maternal mental health (reduced trauma symptoms and increased wellbeing); also, perceived social support had increased for mothers in intervention (in particular with respect to reporting they had someone to turn to for advice), while it had decreased for non-intervention mothers.</li> <li>• Improvements in children's outcomes included weight gain, children's psychosocial functioning and mental health.</li> </ul>
<i>The bushfire and me—</i> guided workbook (McDermott & Palmer, 2002)	Brief (10 item) satisfaction survey with 100 parents (81% response rate) one month following completion of the workbook.	<ul style="list-style-type: none"> <li>• Many found that it helped them "a great deal" (42%) or "to some extent" (54%) in talking to their child about the bushfires.</li> <li>• Most (97%) reported the advice was "reasonably" or "very" useful, and 97% reported that they would recommend the workbook to another family in a similar situation.</li> <li>• The most common criticism being that the book was too long.</li> </ul>
<i>Coping and media literacy (CML) training</i> (terrorism; Comer et al., 2008 )	Random assignment of mother-child dyads to one of three conditions: CML training & discussion (n=60); CML training no discussion (n=60); and no training & discussion as usual (DAU; n=60). Mothers of CML conditions were assessed for competence with the strategy prior to the evaluation. State anxiety and threat perception were assessed in the children and their mothers pre- and post- (immediately following) watching a video clip of news content and then a third time after 10 minutes of either discussing it with their child or not per experimental condition.	<ul style="list-style-type: none"> <li>• With respect to knowledge gained, 70% of mothers in CML conditions reported that the method was "not at all" or "only somewhat" how they typically approached such conversations with their children at home.</li> <li>• Children had elevated threat perceptions and anxiety following viewing the news clip.</li> <li>• Children of CML-trained mothers exhibited lower threat perceptions than those in the DAU condition at post-clip and post-discussion.</li> <li>• CML-trained mothers exhibited lower threat perceptions and state anxiety at post-clip and post-discussion than did DAU mothers.</li> </ul>

<b>Intervention</b>	<b>Evaluation method</b>	<b>Key outcome findings</b>
Parent seminars & information booklet (earthquakes; Sahin et al., 2011 )	Satisfaction survey for those who attended, and, post-intervention (immediately upon completion) comparison regarding opinions of psychological effects of earthquakes between intervention group (n=137 parents; n=593 children) and a yet to receive intervention group (n=326 parents; n=181 children). Sampling strategy was not described.	<ul style="list-style-type: none"> <li>• Anticipated social benefits were each endorsed by a majority (50-65%) of parents (e.g., the seminar would help them talk to others about their earthquake related problems).</li> <li>• A positive correlation between the number of issues covered in the seminars (which varied due to facilitator training) and the degree to which parents reported it met their needs related to solving earthquake related problems.</li> <li>• Parents in intervention group had more “correct” responses in relation to the effects of disasters on children and their family including beliefs and behaviours related to appropriate parental responses.</li> <li>• Improvements in children’s knowledge found as well.</li> </ul>
<i>Journey of Hope</i> (earthquakes; Powell & Leytham, 2014)	Pre-test/post-test 10 item (5 point Likert scale) survey of parental perceptions of knowledge gained (n=106). Results were also reported on changes in current level of stress, positive outlook for future, parental expectations of the program, and comfort level while participating.	<ul style="list-style-type: none"> <li>• Knowledge gains were found in relation to (i) signs of stress; (ii) different types of stress; (iii) understandings of how stress affects the body; (iv) coping strategies (knowledge of breathing exercises, social supports, and identifying personal strengths).</li> <li>• Improvements were found on current level of stress and positive outlook for the future.</li> <li>• &gt; 80% endorsed that it met their expectations.</li> <li>• &gt; 80% rated their comfort level while participating highly.</li> </ul>
Bereavement group (terrorism; Dyregrov et al., 2016)	Brief evaluation survey upon conclusion of each weekend gathering. Satisfaction data reported for each gathering: 1st gathering response n=140 (77%), 2nd gathering n=157 (70%), 3rd gathering n=157 (66%), and 4th gathering n=136 (63%).	<ul style="list-style-type: none"> <li>• Over 90% of respondents at each gathering rated it as “very” or “extremely helpful”; while no distinction was made between parents and non-parent bereaved family members (such as siblings) notably no participants rated the gatherings as counterproductive or unnecessary.</li> </ul>

The evaluations indicate some positive outcomes at least in the short term (all evaluations appear to have been conducted at the conclusion of the program). Some explored whether knowledge was gained and indicate positive results (Comer et al., 2008; Powell & Leytham, 2014; Sahin et al., 2011). Social benefits were reported following several of the group interventions (Dybdahl, 2001; Powell & Leytham, 2014; Sahin et al., 2011). Also, improvements to parental mental health and wellbeing were reported benefits in two programs that included components targeting parental mental health and wellbeing (Dybdahl, 2001; Powell & Leytham, 2014).

Outcomes for children were also assessed following interventions that included a component for children (as with Sahin et al., 2011) or where children/adolescents were arguably the focal recipient (as with Ruggiero et al., 2015; Yuen et al., 2016), but also following interventions delivered exclusively with parents (as with Comer et al., 2008; Dybdahl, 2001). This reflects the fact that the primary aim guiding several of the interventions was to enhance children's wellbeing (e.g., Cobham et al., 2016; Comer et al., 2008; Dybdahl, 2001).

Studies that included measures of satisfaction or parental perceptions of the interventions suggest that the parents who participated appreciated such resources (see, Dyregrov et al., 2016; McDermott & Palmer, 2002; Powell & Leytham, 2014). These findings lend support to the premise that parents appreciate these resources post disaster and they are seen as addressing "real parenting concerns" identified by professionals (Dolev & Zeedyk, 2006).

Of the programs that did not report evaluations, *Disaster Recovery Triple P* is a modified version of an established program of parenting interventions (Cobham et al., 2016), and aspects of the adolescent but not parental components of *Bounce Back Now!* have been evaluated (Ruggiero et al., 2015; Yuen et al., 2016). Sim and Dominelli (2017) reported on the process of developing a Chinese post-disaster psychosocial social work model using records from program development as well as feedback and evaluations conducted during the response to the Wenchuan Earthquakes. The findings of the evaluation of the parenting group specifically were not detailed.

Similarly, though Goto, Reich, et al. (2014) did not conduct an evaluation, they described the process of consultation between community services and academics that was employed to develop and initiate strategies to support parents. Based on public health nurses' reports of common questions asked by parents of small children, initial strategies to respond to parents' immediate anxieties were developed (see Table 1, page 14). The second and third strategies were considered critical for building trust with mothers as providing information alone was seen as insufficient to change health behaviour. Following the implementation of the initial strategies, further recommendations were developed to respond to parents' persistent anxiety: 1) providing updated and consistent

information; 2) revising individual parenting consultations and parents' group meetings and combining them with activities to attract more participants; 3) focus on identifying and recruiting high-risk families to parenting support services; 4) active outreach to fathers. Several longer-term recommendations were also made: 1) strengthening early parenting support programs; 2) collaboration between resident groups and organizations for provision of information; 3) continue meetings and workshops among public health nurses; 4) strengthen cross-sector collaborations for more comprehensive service provision (e.g., health and welfare).

## **2.4 Chapter summary**

This chapter has shown there is a tendency for child focused post-disaster research to frame parenting as a risk or protective factor for children's recovery. In itself this highlights one of the reasons supporting parents is important post-disaster. However, critically considering the risk discourse with understandings of contemporary constructions of parenting in Western culture has revealed that parents themselves may be overlooked despite intentions to provide support. This chapter also reviewed the limited literature on interventions with parents and found that much of what was funded following the Black Saturday bushfires (as well as evidenced in other published interventions) seems consistent with a focus on parenting viewed with respect to the impact on children. Therefore, this thesis seeks to privilege Australian parents' voices on their experiences since Black Saturday. In this way, it hopes to contribute to future efforts to support parents which may be balanced with considerations of parental experiences as well. The next chapter looks at research that has focused on parents themselves following disasters.

## **CHAPTER 3**

### **Literature review: The impact of disasters on parents**

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The previous chapter demonstrated the significance of understanding parental experiences in order to more fully support parents and their families. This chapter traverses the existing literature on parents and their post-disaster experiences. First, studies that have examined parental mental health post-disaster are explored. This is followed by a synthesis of research into the lived experiences of parents. Next, the intersection of gender, parenting, and disasters is considered both as it emerged in the literature reviewed, and briefly in connection to broader disaster discourses. Finally, observations are made about the nature of the existing literature, positioning the contribution of the present study.

#### **3.1 Parental mental health following disasters**

Post-disaster research has been characterised by a focus on pathological responses (Bonanno et al., 2010). A considerable amount of the research conducted with parents is part of this broader trend. The following sections review the literature on correlations between parental status and mental health after disasters, as well as those that have focused on predictors of parental mental health.

### 3.1.1 Using parental status to explore post-disaster responses

A number of studies have explored whether being a parent impacts on post-disaster recovery by comparing the mental health of parents and non-parents. Having dependent children significantly predicted short term psychosocial distress in large American studies of adults within 3 months following Hurricane Katrina (N=1510; Adeola, 2009) and the September 11 terrorist attacks (N=1008; Stuber et al., 2002). Additionally, a review of 25 years of research following the Chernobyl disaster concluded that mothers of young children are a high-risk group with relation to physical and mental health primarily due to ongoing concerns about adverse health effects on their families (Bromet, Havenaar, & Guey, 2011).<sup>1</sup>

In another study, parental status was considered along with marital status following two different disasters (Solomon, Bravo, Rubio-Stipec, & Canino, 1993). One year following floods and toxin release in St. Louis (United States, 1982) exposed parents, regardless of marital status, experienced higher levels of psychological symptoms than unexposed adults except for unexposed single parents. Furthermore, outcomes for single parents in St. Louis did not differ by exposure status (Solomon et al., 1993). Solomon et al. (1993) concluded these findings may be explained by considering single parenting to be a chronic burden. That is, being a single parent is a stressor in itself, and one that did not increase the risk of psychological symptoms following exposure to a disaster. Being a married parent however appeared related to vulnerability in disaster contexts (Solomon et al., 1993). In another model, one that did not include marital status, while several chronic stressors mediated acute disaster stress among adults following Hurricane Hugo (United States, 1989), chronic parenting stress was found *not* to contribute (Norris & Uhl, 1993). In contrast to Solomon et al.'s (1993) conclusion, others have found single mothering increases psychological vulnerability following disasters. Zahran, Peek, Snodgrass, Weiler, and Hempel (2011) found that single mothers had a significantly greater number of poor mental health days post-Katrina both compared to their own pre-Katrina reports as well as the experience of unexposed single mothers. Single mothers

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<sup>1</sup> The thesis follows the original Ukrainian spelling for Chernobyl (Chernobyl).

also had a longer time to recovery than the general population exposed to Hurricane Katrina (Zahran et al., 2011).

At the second disaster site studied by Solomon et al. (1993), parents, even single parents, were not the most vulnerable group in terms of mental health outcomes. Two years following flooding and mudslides in Puerto Rico (1985), adults with the highest levels of psychological symptomatology were those who had neither children nor partners. Solomon et al. (1993) suggest this finding may reflect cultural valuing of social support.

Similar mixed results by geographical location recently led Gruebner, Lowe, Sampson, and Galea (2015) to suggest that parental status may act as either a risk or protective factor depending on regional context. In their study parental status did not predict either posttraumatic stress or depression in their aggregate sample of New Yorkers (N=418) following Hurricane Sandy (2012). However, when looking by borough, parental status was a statistically significant risk factor for depression in Brooklyn. Conversely, in the Bronx, parental status was a protective factor for both posttraumatic stress and depression (Gruebner et al., 2015). Gruebner et al. (2015) propose that structural factors like infrastructure or affordable and accessible health and childcare in the aftermath of disasters might increase risk of mental health problems for parents.

The effect of parental status on mental health has also been considered following terrorist events where children were exposed but their parents were not present. In a recent example, Thoresen, Jensen, Wentzel-Larsen, and Dyb (2016) looked at the mental health of parents (N=531) whose children were present on Utøya Island, Norway during the 2011 terrorist attack. The levels of PTSS, anxiety and depression symptoms among these parents were significantly elevated 4-5 months following the attack when compared to a concurrent study of the Norwegian general population (Thoresen et al., 2016). Though parents' symptom levels had decreased somewhat 14-15 months following the attacks, they still exceeded the author's expectations (Thoresen et al., 2016). Thoresen et al. (2016) also noted that although these parents had not been present with their children on Utøya Island, their elevated levels of trauma symptoms were similar to survivors who were directly exposed to the attacks.

In contrast to the evidence suggesting parental status *is* associated with post-disaster mental health, two studies were identified where there was no significant effect found for parental status on psychological functioning (Jones, Ribbe, Cunningham, & Weddle, 2003; Nygaard, Wentzel-Larsen, Hussain, & Heir, 2011). In both studies this finding was considered unexpected and explanations were proposed in relation to the nature of the sample and disaster experiences. Jones et al. (2003) suggested the lack of effect may be due to their small sample size (N=62) and potentially relatively less perceived threat to life experienced during the bushfires in Southern California (in contrast to other disasters that have been studied). Nygaard et al. (2011) reflected that their sample was of Norwegian families who experienced the 2004 South East Asian Tsunami while on holiday who had returned to their homes in a country unaffected by the disaster possibly leaving parents with “fewer post-tsunami worries about their children’s wellbeing and future” (p. 5).

While the studies above have focused on psychological distress symptoms, another study looked at perceptions of threat and vulnerability among a national sample of Americans immediately after the September 11 attacks (N=752) and 1 year later (N=484). Phillips, Featherman, and Jinyun (2004) found perceived loss of safety and security were positively associated with parental status (defined as living with a co-resident child). Furthermore, such perceptions were elevated for adults, parents and non-parents alike, who reported having contact with child(ren) perceived to be fearful or upset (Phillips et al., 2004). This arguably demonstrates a broad influence of children on adults following terrorist attacks.

Other studies have also looked at perceptions of risk among parents. Nineteen years following the Chornobyl nuclear disaster, mothers’ perceptions of risk related to the disaster were associated with the likeliness of having Chornobyl-related PTSD, depression and high levels of distress (Adams, Guey, Gluzman, & Bromet, 2011). These findings explained differences across mothers who were evacuated compared to neighbourhood and population controls (Adams et al., 2011). Furthermore, adults living near an active volcano in Ecuador similarly reported that having children changed adults’ perceptions of risk and their assessment of the suitability of evacuation strategies (Whiteford, Tobin, Vindrola-Padros, & Laspina, 2013). Parental plans and preparations

for evacuation were notably shaped by parents' sense of responsibility for their children and perception of their children's needs (Whiteford et al., 2013).

In a departure from studies that compare parents to non-parent adults, Rustemli and Karanci (1996) found greater levels of distress symptoms among parents (n=44), than their adolescent children at 16 months following an earthquake in Turkey (1992). They also found parents reported higher degrees of worry about future earthquakes and perceived lack of control than their children. This was despite similarities between parents and their children in their anticipation that future earthquakes would occur, and that loss and damages could be mitigated (Rustemli & Karanci, 1996).

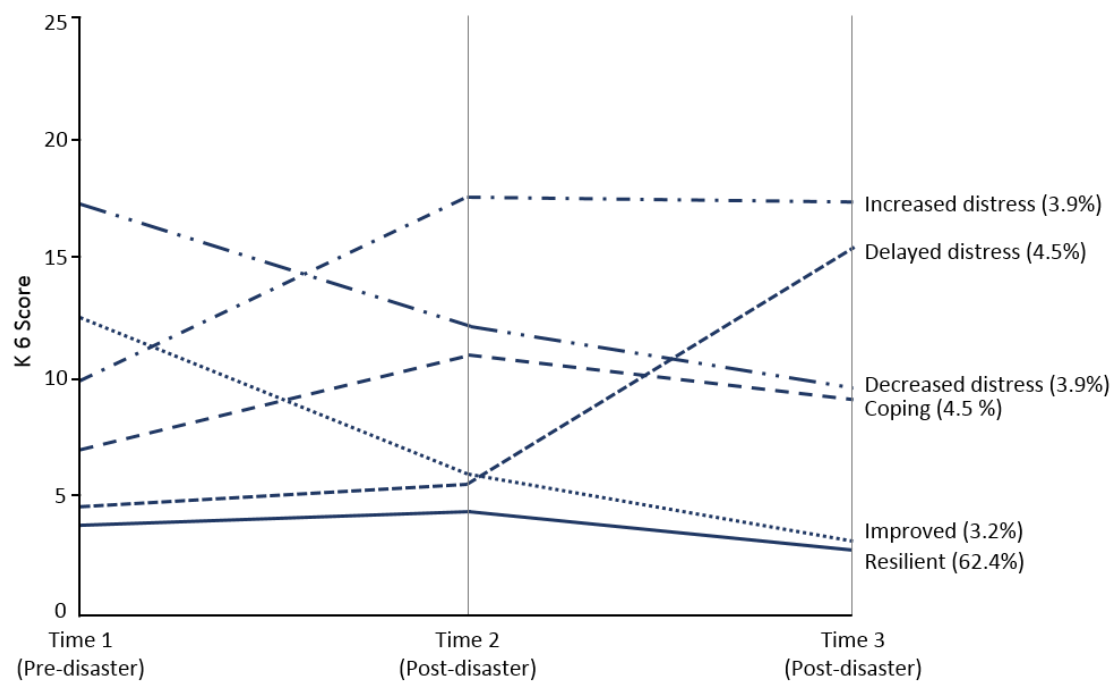
In the final study identified where parental status proved to be a distinguishing feature with respect to post-disaster responses, Lowe, Fink, Norris, and Galea (2015) recently investigated barriers to mental health service use after Hurricane Ike (United States, 2008; N=658). They found that while the most common barrier to service use was preferences (e.g., preferring informal supports), being a parent of a child under the age of 18 years predicted the reporting of resource barriers (i.e., perceived or actual lack of resources such as time, money, transportation or knowledge of services).

Despite some mixed findings, by-and-large these studies provide evidence that suggests that being a parent influences perceptions of risk and psychological recovery following disasters and may negatively impact on mental health. There is also evidence to suggest the stress related to parenting after a disaster has a unique contribution in addition to considerations of chronic parenting stress and that structural factors may influence the stress parents' experience.

### **3.1.2 Risk and protective factors for psychological recovery post-disaster**

Other studies with parents post-disaster have similarly focused on recovery in relation to mental health outcomes (such as symptoms of posttraumatic stress, depression, or anxiety). A number of these have additionally investigated factors that are related to, or predict, such outcomes. While such studies often use outcomes at a given time point, recent approaches have identified trajectories of recovery to capture changes in symptom levels.

Lowe and Rhodes (2013)<sup>2</sup> identified six trajectories using a pre-disaster assessment of maternal psychological distress (N=386) and assessments at two post-disaster time points up to three years after Hurricane Katrina. A visual representation of the six trajectories is depicted in Figure 1. The majority of mothers displayed a trajectory of resilience (62%) defined as consistently low levels of distress across time points (Lowe & Rhodes, 2013). This was followed by a coping trajectory (22%; similar to resilience but at higher levels of distress), increased distress (4%), delayed distress (5%), decreased distress (4%), and improved (3%).

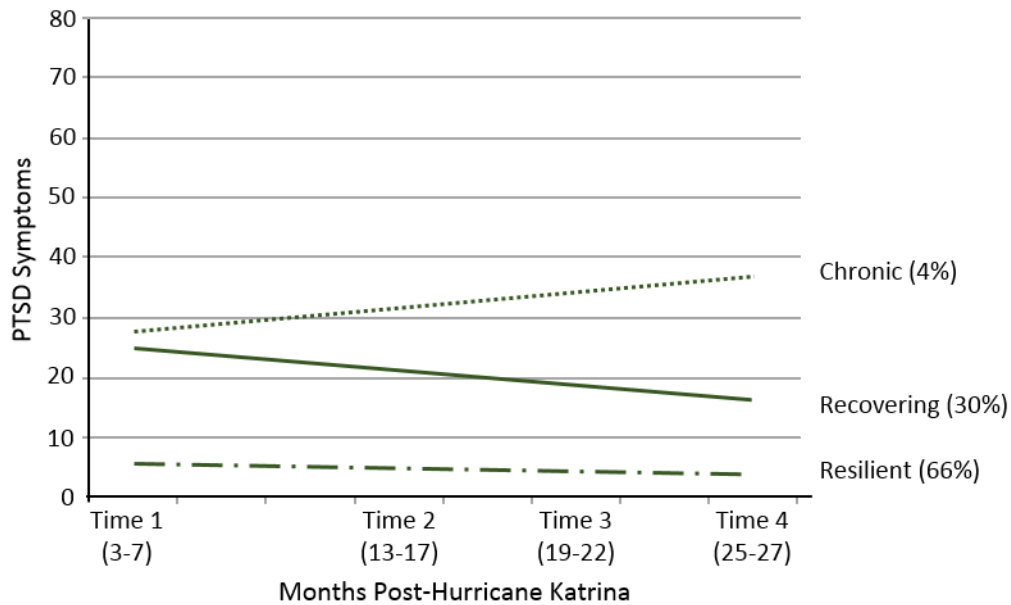


**Figure 1. Maternal trajectories of distress: Estimated distress means for each group found using latent class growth analysis - adapted from Lowe & Rhodes (2013)**

Self-Brown, Lai, Harbin, and Kelley (2014) identified three trajectories based on maternal posttraumatic stress symptoms (N=360) measured four times post-disaster up to two years following Hurricane Katrina: chronic (4%; those who began with high symptoms that did not significantly diminish); recovering (30%; high symptoms that did

<sup>2</sup>This study is part of a large project: *Resilience In Survivors of Katrina (RISK)*. The RISK project explored immediate and long-term effects of Hurricane Katrina among 1,019 young, predominantly female and African American, community college students living at 200% below the federal poverty line, many of whom were subsequently exposed to Hurricane Rita (Waters, 2016). Many of the studies in this section on parental mental health use potentially overlapping subsamples from the RISK project (e.g., Calvo, Arcaya, Baum, Lowe, & Waters, 2015; Chan, Lowe, Weber, & Rhodes, 2015; Lowe, Manove, & Rhodes, 2013; Morris & Deterding, 2016; Paxson, Fussell, Rhodes, & Waters, 2012; Rhodes et al., 2010).

diminish); and, resilient (66%; few symptoms that remained low and steady) – see Figure 1. While finding different numbers of trajectories, these studies align in that around two-thirds of the mothers are considered to have displayed resilience.



**Figure 2. Maternal PTSD trajectories: Estimated mean PTSD symptoms for each group identified using latent class growth analysis – adapted from Self-Brown et al. (2014)**

Though resilience may be the dominant experience, these and other authors (in addition to those from the previous section) have emphasized that there were still significant numbers of parents who continued to experience negative mental health outcomes in the intermediate to longer term post-disaster. Dyb, Jensen, and Nygaard (2011) found that only 2% of Norwegian parents (N=183) had no posttraumatic stress symptoms at 6-8 months after exposure to the 2004 South East Asian Tsunami. At 6-12 months and nearly 2 years following Hurricane Katrina, Abramson, Stehling-Ariza, Garfield, and Redlener (2008) found mental health disability to be significantly worse among parent participants (N=1077) than population means for the United States. By 3.5-4.5 years after Hurricane Katrina, Paxson et al. (2012) found nearly 30% of mothers (N=532) displayed levels of general psychological distress that indicated probable mental illness, and 33% showed symptoms consistent with PTSD. These studies indicate the scope for mental health services and interventions to be responsive to the longer-term needs.

In order to further understandings of what influences recovery and guide areas of intervention, Self-Brown et al. (2014) and Lowe and Rhodes (2013) also explored factors that were associated with different trajectories to indicate potential risk and protective factors for mental health. Others have also contributed to identifying risk and protective factors by looking at associations with negative mental health outcomes at particular time points (rather than trajectories) as noted earlier. The potential risk and protective factors that have been identified are discussed below including hurricane exposure, personal (parental) factors, child and family related factors.

Hurricane exposure was not a significant predictor in the study by Self-Brown et al. (2014), however the authors consider it may be a limitation of the measure used to assess the degree of loss and disruption, which had traditionally been used with children. By contrast, degree of exposure to hurricane-related stressors (including experiences of human and pet bereavement) did increase likelihood of being in a trajectory other than 'resilient' in Lowe and Rhodes' (2013) study. Exposure to Hurricanes Katrina and Gustav (2008) was positively correlated with maternal posttraumatic stress and depression less than 1 year after Hurricane Gustav (N=102), though it was danger and injury specifically that held significant associations, not reports of property damage (Harville et al., 2011). Hurricane exposure along with bereavement was found to be predictive of mothers' ratings of happiness following Katrina which were significantly lower 1 year post-Katrina but returned to pre-Hurricane levels by 4 years for the majority of mothers (Calvo et al., 2015). Housing issues resulting from displacement following Hurricane Katrina were found to be significantly related to perceptions of stress when comparing mothers who relocated to a new community and those who were unstably housed (long periods in temporary housing and multiple moves), to those who had returned to live in their pre-disaster community (Fussell & Lowe, 2014). Controlling for pre-disaster psychological distress, N=492; Chan et al. (2015) found hurricane exposure was significantly associated with maternal post-disaster psychological distress at 1 and 4 years post Hurricane Katrina. Finally, by 3.5-4.5 years after Hurricane Katrina, hurricane related home damage and traumatic events were significant predictors of maternal posttraumatic stress (Paxson et al., 2012). However, in Paxson et al.'s (2012) study, unlike the finding by Harville et al. (2011), home damage stood out as a particularly important predictor when

also considering psychological distress both in the short term and long-term post-hurricane.

Disaster exposure has also been associated with maternal wellbeing in studies following the 2004 South East Asian Tsunami. In a study of Sri Lankan mothers (N=325) 3-4 months following the tsunami, Wickrama and Wickrama (2008) found differences between the impact of property destruction and bereavement as distinct aspects of exposure. The impact of property destruction on symptoms of depression and PTSD became non-significant when secondary risks were considered (in particular family problems), while secondary risks did not alter the relationship between maternal mental health and maternal reports of casualties (deaths and injuries). This led the authors to suggest property destruction and casualties influence parents through different etiological processes. At 3 years after the tsunami, Wickrama and Ketring (2012) found tsunami exposure (an aggregate measure including property damage and bereavement) contributed to mother's depressive symptoms independently of pre-tsunami family adversities (N=160).

Other experiences of trauma and psychological distress (i.e., those not directly related to the disaster of focus) have been considered for their relationship to recovery post-disaster. Lifetime trauma exposure was more likely among mothers in 'recovering' compared to 'resilient' trajectories (Self-Brown et al., 2014). High pre-disaster psychological distress along with higher hurricane exposure also distinguished mothers in the 'coping' trajectory from those in the 'resilient' trajectory (Lowe & Rhodes, 2013). Pre-disaster distress was also what distinguished the 'improved' trajectory from what otherwise would have been assumed to be resilient (i.e., in this case maintaining low levels of functioning; Lowe & Rhodes, 2013). Additionally, mothers who showed improved mental health following a second disaster (comparing posttraumatic stress and depression symptoms post Hurricane Katrina to post Hurricane Gustav), had reported lower levels of daily hassles following Hurricane Katrina (Harville et al., 2011).

Several individual (parental) factors have been found to influence parental post-disaster mental health. Primary caregivers' positive state of mind (reflected by an absence of fatalist attitudes) and sense of self-efficacy were associated with better mental health in

one of the large studies following Hurricane Katrina (Abramson et al., 2008). Maternal happiness pre-disaster was found to buffer against decreases in happiness post-disaster at 4 years after Hurricane Katrina (N=491; Calvo et al., 2015). Higher trait resilience assessed after Hurricane Katrina was associated with improvements related to posttraumatic stress and depression following Hurricane Gustav (Harville et al., 2011). Psychological hardiness was identified as a protective factor for mothers in relation to symptoms of depression and posttraumatic stress 3-4 months after the 2004 South East Asian Tsunami (Wickrama & Wickrama, 2008).

Religious participation was found to moderate the effect of tsunami exposure on Sri Lankan mothers' posttraumatic stress symptoms (Wickrama & Wickrama, 2008), highlighting another potential protective factor. Pre-disaster religiousness (perceived importance and the frequency of religious participation) was predictive of lower maternal post-disaster distress through heightened optimism and sense of purpose approximately 1 year following Hurricane Katrina (N=386; Chan, Rhodes, & Pérez, 2012). Therefore Chan et al. (2012) suggest religiousness contributes to valuable psychological resources for recovery. Positive and negative religious coping was then considered 4 years following the hurricane by Chan and Rhodes (2013). They found negative religious coping (e.g., demonic or punitive religious attributions of circumstance, or spiritual discontent) was associated with psychological distress but not posttraumatic stress. By contrast, positive religious coping (e.g., spiritual support, religious beliefs about being tested and gaining strength, or religious requests for forgiveness) was associated with posttraumatic growth (as will be discussed later, see section 3.1.3).

In both of these post-Katrina studies social resources were considered in relation to religiousness. Pre-disaster religiousness predicted post-disaster social resources at 1 year, however there was no mediation of the relationship to post-disaster distress leading Chan et al. (2012) to posit internal resources are more salient. By 4 years post-Hurricane, neither social support nor optimism was predictive of posttraumatic stress or psychological distress and Chan and Rhodes (2013) suggested that unmeasured religious coping variables may have been key to the associations among support, optimism, and disaster outcomes observed in their earlier study.

Social support has also been examined in relation to parental post-disaster mental health in a number of other studies. There was a significant decline in perceived support comparing pre-disaster levels to 1 year following Hurricane Katrina (Lowe, Chan, & Rhodes, 2010), which then remained at 4 years (Chan et al., 2015). Mothers who perceived greater social support pre-Katrina reported less pre-disaster psychological distress, experienced fewer hurricane related stressors, and more support post-disaster (Lowe et al., 2010). The latter three factors were found to mediate the positive relationship between pre-disaster social support and post-disaster distress at 1 year (Lowe et al., 2010). Lowe et al. (2010) note that it is possible mothers' perceptions are affected by the disaster rather than objective levels of support. Controlling for pre-disaster psychological distress, Chan et al. (2015) found post-disaster perceived social support was significantly associated with post-disaster psychological distress at 1 and 4 years. Low social support was identified as a risk factor for maternal mental health based on the different trajectories in the study by Lowe and Rhodes (2013) following Hurricane Katrina. Social support was protective in relation to maternal posttraumatic stress, by 3.5-4.5 years following Hurricane Katrina (Paxson et al., 2012). Interestingly in their analysis, social support was not significantly related to psychological distress (Paxson et al., 2012).

In another study, high social support was associated with less psychological distress among parents post-Katrina (Abramson et al., 2008), with questions that appeared to capture primarily instrumental social support. Similarly, mothers who reported higher levels of social support following Hurricane Katrina were more likely to have improvements with respect to posttraumatic stress and depression between post-Katrina and post-Gustav assessments (Harville et al., 2011). Post-disaster social support was identified as protective factors for happiness post-Katrina (Calvo et al., 2015). Furthermore, social support was found to lower the likelihood of posttraumatic stress disorder, depression, and general psychological distress among mothers 19 years after the Chernobyl disaster (N=837; Adams et al., 2011). Informal community support was also identified as a protective factor in relation to symptoms of depression among Sri Lankan mothers after the South East Asian Tsunami (Wickrama & Wickrama, 2008). Additionally, mothers' perceptions of community participation in recovery activity (i.e.,

contributions of collective grassroots organizations) reduced their symptoms of posttraumatic stress and depression after controlling for pre-tsunami family adversities (Wickrama & Wickrama, 2011).

Dispersion of core social networks was also positively associated with maternal posttraumatic stress at 5 years following Hurricane Katrina, when controlling for individual-level socio-demographic characteristics, exposure to hurricane-related trauma, perceived social support, and New Orleans residency (N=658; Morris & Deterding, 2016). Mothers' descriptions (n=31) helped to interpret the findings. Morris and Deterding (2016) argued dispersion of core social networks should be interpreted as a risk factor as it decreased mothers' feelings of belonging and mattering. This was due to their experiences of the emotional cost of distance which included straining to meet obligations (expected both of themselves and by others) associated with their own roles as daughters and granddaughters.

### ***Child related factors***

In contrast to the volume of studies exploring how parents influence children post-disaster, less attention has been paid to whether children's mental health influences parents. One recent study that considered the interdependency of parent-child mental health found there was only evidence that parents' distress contributing to children's distress not vice versa among parent-child dyads exposed to the 2006 earthquake in Indonesia (Juth, Silver, Seyle, Widyatmoko, & Tan, 2015). Juth and colleagues suggest that parents may have less opportunity to be influenced by children's mental health as the challenges of post-disaster environments (including re-establishing the family resources) may dominate parental attention.

Other studies however have identified different ways in which aspects of disaster experiences related to children do impact on their parents. Not knowing whether their child was safe during Hurricane Katrina significantly predicted maternal posttraumatic stress as well as elevated psychological distress nearly 1 year after the disaster (N=386; Lowe, Chan, & Rhodes, 2011). This relationship held while controlling for demographic variables, pre-disaster psychological distress, evacuation timing and bereavement (Lowe et al., 2011). By contrast, lacking awareness of other family members' safety (presumably

specifically family members other than the participants' children), whether family members' medical needs were met, and separation from children were not significant predictors of maternal mental health (Lowe et al., 2011).

Aspects of caring for children were also evident when Lowe, Rhodes, and Waters (2015) further explored the maternal trajectories of recovery through interviews with a subsample of the mothers (n=54). Mothers in the 'resilience' trajectory generally reported having access to psychosocial resources, with one of the reported benefits being that these facilitated identification of good schools for their children. Mothers in the 'coping' trajectory reported children's adjustment difficulties among hurricane related stressors, those in 'delayed distress' trajectories reported chronic stressors including persisting dissatisfaction with their neighbourhoods and concerns for their children's safety. While conversely those in 'improved' trajectories also reported perceptions of positive changes including improved health and mental health services for their children or themselves (Lowe, Rhodes, et al., 2015).

Greater numbers of children in a household was also associated with poorer parental mental health among parents following Hurricane Katrina (Abramson et al., 2008). However, number of children (included among several "culture specific" resources) was found to be a protective factor in relation to posttraumatic stress for Sri Lankan mothers following the 2004 South East Asian Tsunami in an association that was stronger among mothers who reported high levels of family cohesion (Wickrama & Wickrama, 2008). Similarly, Paxson et al. (2012) found that having adolescent children was protective against psychological distress and posttraumatic stress for mothers nearly 5 years following Hurricane Katrina; the association was not significant for mothers of younger children.

The 2011 Utøya terrorist attacks in Norway presented a unique opportunity to study the role of children in relation to parental mental health. Parents were not in attendance on the island, but many were connected to the event through their children's direct exposure. These parents (n=531) reported high levels of distress and, to a lesser extent, guilt about their children's traumatic experience (Thoresen et al., 2016). Their distress and guilt contributed to parental posttraumatic stress as well as depression and anxiety

at both 4-5 months and 14-15 months following the attacks. Both parental distress and guilt were independently associated with psychological difficulties; however, feelings of guilt appeared to be more important in maintaining difficulties over time (Thoresen et al., 2016).

Additionally, following the September 11 terrorist attacks, help seeking by parents of children under the age of five (N=170) was significantly predicted by parents' descriptions of their child's exposure to the disaster and mental health symptoms, in addition to their own posttraumatic stress and general distress (DeVoe, Bannon, Klein, & Miranda, 2007). The apparent influence of children prompted DeVoe and colleagues to wonder whether parents in their sample found clinical services that addressed their concerns as parents rather than solely their mental health symptoms. This appeared to be an issue for many mothers following the 2011 Fukushima nuclear disaster in Japan. Nearly fifty percent of mothers who were pregnant or parturient (about to give birth) at the time of the disaster (N=259) reported having no available professionals (e.g., physicians or public health nurses) with whom they could consult about childrearing when surveyed approximately a year later (Yoshii, Saito, Kikuchi, Ueno, & Sato, 2014a, 2014b).

DeVoe et al. (2007) recommend that services for parents of young children as well as broad public health initiatives post-disaster should take an ecological approach with families by considering "the critical reciprocal influences of parental mental health, parenting and child functioning, and the tremendous impact that child status can have on parental distress", and that "adult disaster related services should be equipped to address and support the roles and responsibilities of parenting as an important component of recovery and healing for both adults and their children" (p. 316).

### ***Family related factors***

In addition to personal and child related factors, family level factors have been considered for associations with parental mental health. The effect of family problems including increases in family conflict or decreased support, as well as child health and behavioural problems perceived to impact on parental activities has been investigated following the 2004 South East Asian Tsunami. Family problems mediated the impact of the tsunami on maternal posttraumatic stress and depression (Wickrama & Wickrama,

2008) as well as the continuity of health problems mothers experienced over time (Wickrama & Ketring, 2012). Family cohesion was a protective factor with regard to maternal symptoms of depression, and mothers who reported high levels of cohesion reported significantly lower average levels of posttraumatic stress (Wickrama & Wickrama, 2008). Another study following the South East Asian Tsunami found that mothers generally reported high levels of family cohesion which was negatively correlated with maternal posttraumatic stress in the short term (3-4 months) and depressive symptoms in the long term (3 years; Banford et al., 2016). The extent of intrusion on daily living resulting from child physical health problems was positively correlated with posttraumatic stress in the short term and depressive symptoms in the long term (Banford et al., 2016). Meanwhile, family cohesion and intrusion from child physical health problems were negatively correlated in the long term but not the short term. Banford et al. (2016) suggested that either family resources became more integrated into managing child health problems or that the chronic burden from child health problems manifests in later years.

Another family factor that has been investigated for its influence on parental wellbeing post-disaster is family structure. Wickrama and Wickrama (2008) found that while marital status did not directly influence maternal posttraumatic stress and depression, associations between bereavement and injury and mental health symptoms were much greater for single mothers.

Additionally, family structures may influence service engagement. Haga, Stene, Wentzel-Larsen, Thoresen, and Dyb (2015) investigated whether an early psychosocial outreach program made contact with parents whose children were present during the 2011 Utøya terrorist attacks in Norway. The program was part of the national response to the attacks and included both a multidisciplinary psychosocial crisis team and a designated contact person for each survivor. Haga et al. (2015) found that a majority of parents (N=453) reported contact with the crisis team (74%) and the contact person (73%). Failures with respect to outreach were significantly associated with non-intact family structure (i.e., parents who did not live together) and non-Norwegian families.

### 3.1.3 Posttraumatic growth

In addition to distress, posttraumatic growth has also been considered as an outcome for parents after disasters. Maternal posttraumatic stress was significantly positively associated with posttraumatic growth following Hurricane Katrina in two of the studies described in the previous sections (Chan & Rhodes, 2013; Lowe et al., 2013). A moderate positive relationship was also found between posttraumatic growth and posttraumatic stress among Norwegian parents 10 months following exposure to the 2004 South East Asian Tsunami (N=68; Siqueland, Hafstad, & Tedeschi, 2012). Perceived disaster-related stress similarly predicted parental posttraumatic growth following wildfires in California (N=50; Felix et al., 2015), however general psychological distress was not related to posttraumatic growth (Chan & Rhodes, 2013; Felix et al., 2015). Harville et al. (2011) found that while many mothers reported experiences of growth (finding new ways to cope or feeling more prepared) following Hurricane Katrina, this did not appear to have a protective effect in relation to experiencing psychological distress after Hurricane Gustav (N=102).

A range of other parental factors have been found to predict posttraumatic growth. Identified predictors 3-4 years after Hurricane Katrina were age (older; noting age range at baseline was 18-34), ethnicity (non-Hispanic Black), higher numbers of hurricane-related stressors and bereavement experienced, as well as a high sense of purpose both pre-disaster and at 1 year (Chan & Rhodes, 2013; Lowe et al., 2013). Several cognitive strategies approached significance in associations with posttraumatic growth: greater positive reappraisal and less acceptance coping (Felix et al., 2015), and positive religious coping (Chan & Rhodes, 2013). Parental factors found to be unrelated to parental posttraumatic growth included income, education, greater life stressors since the disaster, and perceptions of social support (Felix et al., 2015). Chan and Rhodes (2013) similarly found optimism and social resources were not significantly related to posttraumatic growth.

Child and family factors have been considered as well in relation to parental posttraumatic growth. Children's self-reported posttraumatic stress symptoms was the only significant predictor of parental posttraumatic growth in the study by Siqueland et al. (2012). This finding was notably over and above the effect of parental distress and

disaster exposure (Siqueland et al., 2012). Siqueland et al. (2012) suggested that for parents the stress of observing their children's distress may have contributed to the growth process. However, they cautioned that the capacity for posttraumatic growth among parents in their study may be different to parents who reside in disaster affected areas, as theirs was a study of Norwegian families exposed to the South East Asian Tsunami while on holiday.

Similarly, Felix et al. (2015) suggested posttraumatic growth may be the result of increased experiences of parenting stress and strain. This was based on their finding that family type (being from a 'noncontinuously intact family'; e.g., divorced, remarried, stepfamilies, single-parent households) was the only demographic variable associated with parental posttraumatic growth (Felix et al., 2015). Additionally, Lowe et al. (2013), reflecting on the incongruence between existing research and their finding of older age as a predictor of posttraumatic stress, speculated that a possible explanation could be due to their participants all being mothers of young children at baseline and that child related factors may influence parental posttraumatic stress risk.

Studies of posttraumatic growth, like those of posttraumatic stress, and parental status, show that children influence parental mental health post-disaster. Ultimately these studies suggest that parents have unique experiences and needs following disasters compared to adults without children, as a result of the parental role. These experiences need to be understood in greater depth in order to support parents post-disaster.

### **3.2 The lived experience of parenting after disasters**

Only one study was found to have asked parents directly about their experience of parenting after a disaster. Through interviews with parents in the aftermath of Hurricane Andrew (United States, 1992), Coffman (1996) concluded that the essence of parenting after a disaster was "struggling to rebuild family life". Several descriptive themes contributed to understanding the struggle, these were:

- "thankful for what we have";
- "overwhelmed by damages and demands";

- “limited by after-effects”;
- “responsible for children’s well-being”;
- “balancing needs and roles”;
- “constantly changing amidst uncertainty”; and,
- “finding meaning and growing stronger” (Coffman, 1996).

Additionally, rebuilding family life post-hurricane occurred in the context of issues that had been going on in their lives pre-hurricane such as divorce, job responsibilities or unemployment, chronic illness, even adoption (Coffman, 1996).

In other studies, while not asking specifically about parenting as such, parental perspectives nonetheless provide further insight into the nature of post-disaster parenthood. The only social work study identified on parental experiences of a disaster examined parents’ (and their children’s) coping in families where children were participating in a grief and trauma intervention post-Hurricane Katrina (Salloum & Lewis, 2010). These parents raised housing issues, financial difficulties and work stress, along with caring for children as ‘the most stressful things’ following the hurricane. The difficulty of caring for children was attributed to decreased social support, and worrying about their children (Salloum & Lewis, 2010). Lowe et al. (2011) similarly inquired into maternal reports of post-Katrina stressors—specifically child related stressors—and found the most salient were those that pertained to their children’s basic needs (e.g., food, shelter and clothing), health (e.g., exacerbated chronic conditions), and socio-emotional well-being (e.g., experiences of loss including toys and dislocation from social supports).

In exploring the strategies parents used to cope with these stressors, Salloum and Lewis (2010) found parents most frequently reported active coping strategies (e.g., parents attempt to control aspects of the environment that are causing stress). This was followed by adaptive coping (e.g., cognitive measures to conceptualise the situation in less harmful ways), then parent-child coping strategies (i.e., parents providing assistance to the child or children promote parental coping either actively or passively). Avoidant strategies were least frequently reported, and two parents reported that nothing helped them cope (Salloum & Lewis, 2010).

Peek and Fothergill (2008) also explored parents' strategies for coping with the challenges they faced after Hurricane Katrina by drawing on parental lived experiences as well as perspectives of professionals who worked closely with families and children. Three themes were developed: (i) prioritizing the needs of their children and other vulnerable family members; (ii) resourcefulness in seeking assistance for their children in an environment of limited resources; and, (iii) planning to ensure both immediate and long-term needs were met which included re-establishing routines, addressing shelter and housing needs, as well as planning schooling and childcare. The study by Lowe et al. (2011) similarly revealed mothers prioritized the needs of their children post-Katrina. 'Mothering' was found to involve putting their own needs aside, suppressing their emotions in front of their children, or guilt and worry about the impact of times they had shown their emotion around their children (Lowe et al., 2011). Parental decision making, including decisions during evacuation and, later, relocating also reflected parents' consideration of their children's needs (Lowe et al., 2011; Peek & Fothergill, 2008; Peek, Morrissey, & Marlatt, 2011).

In the context of post-disaster displacement, both parents who chose to return (or who remained in the affected area) as well as those who left permanently, demonstrated complex experiences of place following Hurricane Katrina. In some families, one parent returned to New Orleans while the other chose not to which resulted in negotiating custody arrangements (Peek & Fothergill, 2008). Parents who stayed reported coming to terms with raising their children in a city that may never feel the same. Added difficulties resulting from the loss of social networks and issues such as inadequate schools and crime were amplified in the aftermath of the disaster (Peek & Fothergill, 2008). Other specific concerns included answering their children's questions about what happened to familiar places (e.g., homes, schools, neighbourhoods), as well as changes to the environment that meant there were limited spaces for children to play which was considered to limit parents' ability to parent in ways that they wanted (i.e., sending their children out to play to provide their children with exercise and fresh air).

Families who had decided not to return often still strongly felt the 'tugs of home' and had to prepare themselves and their children for living in an unfamiliar environment (Peek & Fothergill, 2008). Reich and Wadsworth (2008) found mothers of adolescents who were

displaced interstate following Hurricane Katrina struggled to rebuild their lives having lost social and structural networks they relied on for childcare, employment assistance, and emotional support. Parents in Peek and Fothergill's (2008) study also demonstrated their reliance on extended kin networks for assistance raising their children, and experiences of losing this resource (especially childcare) when separated from their family. For African-American families, in particular, this was closely related to financial strain. Peek and Fothergill (2008) argue that African-American single mothers in their sample required assistance from support services well beyond the 'emergency response phase' post-disaster, with their interviews occurring up to 2 years post-disaster. While there seemed to be close alignment between the post-Katrina needs of displaced single mothers' and what disaster response organizations were providing, difficulty accessing those resources was found to have increased the vulnerability of single mother headed households (Tobin-Gurley, Peek, & Loomis, 2010). Mothers' descriptions of the difficulties in accessing resources included being unaware of available resources, having to address many needs simultaneously, the loss of pre-disaster informal social support, bureaucratic obstacles, and feeling mistreated or stigmatized (Tobin-Gurley et al., 2010). The implications of unmet service needs (including, for example, housing and financial needs, and psychological support) was examined by Kilmer and Gil-Rivas (2010). They found unmet service needs (for either caregivers or children) was associated with greater levels of caregiver distress, posttraumatic stress symptoms, and parenting related strain over 2 years post-Katrina (Kilmer & Gil-Rivas, 2010). This effect was still present when accounting for hurricane exposure (Kilmer & Gil-Rivas, 2010).

The experience of displacement after Hurricane Katrina was also explored with young mothers (Bosick, 2015). Their experiences were nuanced differently to the focus on resource loss identified above when considering their transition to adulthood. These young mothers spoke of "silver linings," opportunities in their new cities including educational and job opportunities for themselves, and safer neighbourhoods and better schools for their children. These factors contributed to feeling more effective as mothers. They also seem to be the inverse of the challenges describe earlier for those who remained. Furthermore, while these mothers reported experiences of losing valuable familial and social support with regard to raising their children, this was seen an

opportunity as well. They were able to develop greater parental control away from family involvement that, though it had been helpful, had also undermined their own status as parents (Bosick, 2015). This was mirrored in the experience of the young mothers who had returned to New Orleans. While they emphasized feeling the disaster had brought their families closer together, they also expressed that social ties had restricted individual opportunities (Bosick, 2015).

Many of the concerns of parents post-Katrina are similar to those reported by mothers following the Great East Japan Earthquake and subsequent Fukushima nuclear disaster. Twelve categories of anxiety were identified from maternal responses to a survey: radiation, child's physical and mental growth/development, recurrence of earthquake and tsunami, financial issues, childrearing environment, living environment, maternal employment, stigma, familial issues, maternal health, childrearing, and the future (Yoshii et al., 2014a, 2014b). Concerns related to the child rearing environment included adjusting to new locations as well as limited safe play areas for children due to the continuing contamination of playgrounds (Yoshii et al., 2014a, 2014b). Also reflected in mother's reports were feelings of guilt in relation to having to feed their children food that may have been contaminated (Yoshii et al., 2014b). Insecurities were also noted, such as, "being incapable of managing mental health care in sensitive and fearful conditions," and "having no idea what to do with children's 'tsunami game' play" (Yoshii et al., 2014a). Public health nurses' records of their counselling sessions with mothers after the Fukushima disaster reflected similar maternal concerns (Goto, Rudd, Lai, et al., 2014). Information about radiation risks were observed to influence decisions about relocating, concerns for child safety (including worry over exposure from playing outside), and conflict within families due to differing perceptions of risk (Goto, Rudd, Lai, et al., 2014).

While several of the concerns were clearly related to the nuclear disaster, Yoshii et al. (2014a) stipulated that they were unable to draw comparisons to the anxieties of parents in families not exposed to a disaster. Goto, Rudd, Lai, et al. (2014) provided insight into non-disaster affected families by making comparisons across three cohorts of mothers: prior to the disaster (2010), within months of the disaster (2011) and the following year (2012). Public health nurses' recorded fewer discussions with mothers related to "child lifestyle" and "communication with a child" in the years after the disaster, while

discussions of “child medical issues,” “parental concerns,” and “support network” increased (Goto, Rudd, Lai, et al., 2014).

### **3.2.1 Focusing on the whole family**

Other studies of parental post-disaster experiences have focused more on functioning at a family level. Both parents and children have described post-disaster changes in values, routines and daily activities, and interactions within families following the 2004 South East Asian Tsunami (Lindgaard, Iglebaek, & Jensen, 2009) and wildfires in Canada (Pujadas Botey & Kulig, 2014). Changes in values included feelings of gratitude, feeling connected to other less fortunate people, increased appreciation of time together particularly as a family, and a decreased importance of possessions (Lindgaard et al., 2009; Pujadas Botey & Kulig, 2014). These findings appear consistent with the themes of “being thankful for what we have” and “finding meaning and growing stronger” developed by Coffman (1996).

Parents in both Lindgaard et al.’s (2009) and Pujadas Botey and Kulig’s (2014) studies also reported changes to routines and daily activities. However, the nature of these changes appear to be nuanced differently. In Lindgaard and colleagues’ (2009) study, changes to daily routines and activities seemed to reflect parents’ newly strengthened values. That is, parents described changes in how they spent spare time, with increased priority on being together as a family. They also described making changes to accommodate the needs of individual family members, for example forgoing activities involving water, or accommodating children’s fears of separation with new sleeping arrangements. In Pujadas Botey and Kulig’s (2014) study new routines were related to re-evaluating life goals and priorities as well. However, they also emphasized parental efforts to re-establish normality which involved ensuring their children returned to school as well as being occupied with structural demands of rebuilding (such as dealing with insurance agencies). This point of difference may reflect the contrasting levels of loss and disruption of two disaster contexts studied. The Norwegian families interviewed by Lindgaard and colleagues’ (2009) had survived the South East Asian Tsunami while on vacation and had subsequently returned to unaffected home communities; whereas the Canadian families interviewed by Pujadas Botey and Kulig (2014) faced substantial loss of homes and infrastructure in the wildfires.

As noted however, there were similarities as well and interactions between family members was another common theme of changes experienced. Positive changes seemed the dominant experience, with increased family cohesion reported by all the parents in Pujadas Botey and Kulig's (2014) study, and the majority of parents in the study by Lindgaard and colleagues' (2009). Increased cohesion within families was also a key experience in a model of family adjustment to interstate displacement over approximately three years following Hurricane Katrina. The first of four stages in the model developed by Peek et al. (2011) is family unity, reflecting the experience of cohesion. The proceeding stages are (ii) prioritizing safety stage (parents) and missing home stage (children); (iii) confronting reality stage (parents) and feeling settled stage (children); and, (iv) reaching resolution (Peek et al., 2011). Peek and colleagues' (2011) model demonstrates that within families, parents and children may have different foci as they adjust following displacement. Pujadas Botey and Kulig (2014) similarly found that while parents were busy with recovery related demands, children were often considered 'idle', and while parents showed high levels of stress, children did not display overt responses to their new situations. Furthermore, several of the displaced mothers in (Reich & Wadsworth, 2008) study reported their perception that their adolescent children were faring better in the new city than they were. According to Peek et al. (2011), while children followed an upward trajectory of adjustment, parents followed a downward trajectory of adjustment associated with resource scarcity and role overload.

While increased cohesion may be a common experience reported in these studies, there were still however a few of the Norwegian parents in Lindgaard and colleagues' (2009) study who described increases in family conflict. Additionally, most of the Canadian parents in Pujadas Botey and Kulig's (2014) study cautioned against generalizing their positive experiences. They expressed their perceptions that there were numerous families in their community experiencing a decrease in cohesion. There is also evidence to suggest that the prevalence of discord among families who have experienced a disaster is higher than average population experiences. McDermott and Cobham (2012a) found significantly more parents met the criteria for family dysfunction when reporting on family functioning three months after Cyclone Larry (Queensland, Australia, 2006) than

compared to results from an epidemiological study of mental health and wellbeing in a large Australian sample.

The studies above have included parents and children with respect to interactions between family members. In a study on mothers' experiences of changes specifically in marital and partner relationships following Hurricane Katrina, negative changes were reported more frequently than positive changes (Lowe, Rhodes, & Scoglio, 2012). Negative changes were identified as external factors related to employment (men's experiences of unemployment, prioritization of partner's jobs), living conditions (physical separation, new cohabitation); individual functioning (partner's psychological symptoms, alcohol/substance use, abuse, abandonment); relationship process difficulties (communication, decreased support from partner), and outcomes (relationship ended or became stronger). Positive changes noted were improvements in partner's employment, individual functioning (employment positively contributed to partner's mental health), relationship processes (effective dyadic coping, partner as support), and the positive outcome of moving towards commitment in their relationship (Lowe et al., 2012). Though examples of relationship strain were more frequently reported, importantly too, positive and negative changes were not mutually exclusive. Nearly half the mothers described having stronger relationships since the hurricane, often despite initial strain (Lowe et al., 2012).

Finally, in addition to changes to interactions within families, parents and children also described nuanced post-disaster changes in their interactions with the community. They reported having stronger connections to people from within their close social network, and more difficult relationships with other people in the community (Pujadas Botey & Kulig, 2014). Disruption of family and community ties was also an issue reported by caregivers following their children's exposure to the 2004 school siege in Beslan Russia (Moscardino, Axia, Scrimin, & Capello, 2007).

### **3.2.2 Helping children cope**

A key expectation of parents following disasters is that they will help their children cope. Several studies have looked at how parents actively assist their children's coping in post-disaster contexts. For example, Miller et al. (2012) examined parenting responses during

and in the immediate aftermath (first four days) of two disasters in the United States: wildfires in California (2007) and tornadoes in Tennessee (2008). Differences were found across the types of coping assistance parents engaged in with their children (which were categorised as problem-solving, distraction, emotion regulation, religious, and social support strategies). The strategies parents reported using appeared to vary in relation to child (e.g., age and exposure), cultural (e.g., religiosity), and disaster-related factors (e.g., prior disaster experience, the necessity of viewing media coverage for information on tornado movement during evacuation). Parents seemed to adjust their parenting style in response to their children's disaster reactions following both disasters (Miller et al., 2012).

In another study with Norwegian parents following their families' exposure to the 2004 South East Asian tsunami while on holidays, Hafstad et al. (2012) found parents displayed increased awareness and sensitivity to their children's reactions approximately 10 months after returning to Norway. Parents' made efforts to interpret changes in their children's behaviour through attributions of personality and development (age) as well as tsunami exposure. Issues that were easily attributed to the tsunami—often because they occurred shortly after the disaster—seemed less concerning for parents as they appeared to find such issues easier to make sense of (Hafstad et al., 2012). Also a reflection of heightened awareness, parents seemed to be balancing the risk of inducing distressing emotions with the alternative of not doing enough to support their children (Hafstad et al., 2012). A minority of parents expressed concerns about their own capacity to adequately assess their children's reactions and provide support. These parents were considered to have been severely affected by their experiences during the Tsunami and struggled with physical injury or posttraumatic stress reactions on returning to Norway. They reported drawing on additional assistance from others in their social networks to compensate for their own limited capacity (Hafstad et al., 2012).

Parents' descriptions of their support strategies included putting effort into making children feel safe and secure after returning home and recommencing usual roles and routines (Hafstad et al., 2012). Additionally, over half the parents mentioned supportive conversations with their children. Hafstad et al. (2012) found that specific coping assistance strategies parents used in these conversations included encouraging their

children to talk or ask questions, psycho-educative approaches, and reminiscing with positive memories of the vacation prior to the disaster.

Conversations between parents and children have also been studied following terrorism, in particular the September 11 attacks in the United States. A majority of parents from a nationally representative sample of American adults (N=560) had spoken with their children about the attacks for an hour or more within the first 3-5 days of the attacks (Schuster et al., 2001). The amount of time spent discussing the attacks was related to child age, with parents spending more time speaking to older children than younger children (Schuster et al., 2001). Approximately two months following the attacks, a majority of indirectly exposed mothers (N=137, residing in Seattle) reported discussing the attacks with their children (Wilson et al., 2010). On average, mothers rated their perceptions of how helpful they thought they had been when talking to their children as “pretty much” (M = 2.9, SD = 0.92; on a Likert scale of 1 = hardly at all, 2 = a little, 3 = pretty much, 4 = a lot). Mothers’ descriptions of what they told their children about the attacks revealed fact-based responses were the most commonly reported explanatory style. This was followed by emotional responses, passive responses, reassuring responses, and self-focussed responses (e.g., “didn’t know what to say”; “was too upset to explain anything”; Wilson et al., 2010, p. 456).

Another study of indirectly exposed parents’ communication with their children looked more specifically at the role of emotion related beliefs approximately two months following the September 11 attacks. Halberstadt, Thompson, Payer, and Dunsmore (2008) found that parental (N=55) reports of the frequency with which they discussed the attacks with their child(ren) were positively related to their beliefs that children’s emotions are either valuable or dangerous. Furthermore, the degree to which these parents reported expressing their own emotions in the presence of their child(ren) was negatively related to the strength of their beliefs that children’s negative emotions are dangerous, though unrelated to beliefs that children’s emotions are valuable (Halberstadt et al., 2008).

The coping assistance mothers in New York City provided to their adolescents was investigated 4-15 months following the attacks (N=427 ; Gershoff, Aber, Ware, & Kotler,

2010). They found that maternal age, ethnicity, education, and employment had influenced whether mothers reported using strategies based on emotional processing, roles and routines, or distraction. Emotional processing (which included talking to their children) was the only coping assistance significantly predicted by exposure to the attacks. However, it was only associated with maternal direct exposure, not with adolescent self-reported exposure (Gershoff et al., 2010). Gershoff et al. (2010) also examined associations related to the nature of exposure and the socio-political issues parents reported discussing with their adolescents. Direct exposure was associated with discussing social mistrust with their adolescents (Gershoff et al., 2010). Media exposure to the attacks however predicted maternal reports of the extent to which they engage their adolescents in family lessons about socio-political issues of prejudice, social mistrust, and current events.

Two of the studies described earlier (Schuster et al., 2001; Wilson et al., 2010) also looked at media exposure, though their focus was on whether parents actively managed children's media exposure. Schuster et al. (2001) found just over a third of the parents attempted to minimize or prevent their children viewing coverage of the attacks on television in the immediate aftermath. Use of this strategy was more likely among parents who reported higher levels of child distress. Similarly, parents were more likely to restrict viewing by younger children than older children (Schuster et al., 2001). The number of hours spent discussing the attacks were associated with both child age and duration of child media exposure (Schuster et al., 2001). Wilson et al. (2010) found a majority of mothers confirmed efforts to restrict their children's media exposure at 2 months following the attacks, though as the authors note there was the potential for bias due to the framing inherent in one of the questions of 'protecting' children.

A few studies have gone further in-depth in exploring the parental experience of responding to their children following terrorism. In another study of families indirectly exposed to the September 11 attacks (55 parents and their 81 children living in Boston), many parents reported being overwhelmed by their own emotions in the first month following the attacks (Beauchesne et al., 2002). Nearly half (41%) reported their own initial reactions precluded considering the impact on their child. Many were also concerned about their children's media exposure and regretted not having been more

restrictive. A majority of the parents (92%) reported a sense of helplessness and inability to protect their children against such irrational actions. A majority (72%) also questioned their own capability to respond to their children and expressed concern that they had made mistakes. One specific challenge reported by parents was addressing their children's perceptions of fairness and justice which included desires to 'get even' using violence (Beauchesne et al., 2002).

Many of these concerns were similar to those raised by parents and caregivers three months following their children's involvement in the 2004 school siege in Beslan, Russia (Moscardino et al., 2007). Parenting issues emerged as a theme from their discussions of the meaning of the terrorist attack, alongside issues related to family and community life (Moscardino et al., 2007). Parenting sub-themes were concerns about child physical health; child psychological reactions to the traumatic event; rethinking the parental role; coping with loss of significant others; and, search for a meaning of the event (Moscardino et al., 2007). Rethinking the parental role involved doubts and difficulties including guilt at not having been able to protect their children, difficulties imposing their usual routines and discipline, and difficulties reassuring their children given their own distress (Moscardino et al., 2007).

Recently, Røkholt, Schultz, and Langballe (2016) explored parents' experiences of supporting their adolescents' school functioning in the first year after the 2011 mass shooting in Utøya Norway. For the vast majority of parents, the experience was one of "negotiating a new day." Røkholt et al. (2016) found this occurred in a context where parents are often advised to have their children return to school as soon as possible following a traumatic event. For parents, "negotiating a new day" involved helping their children toward a new normality and struggling to establish new daily routines. Parents demonstrated uncertainty about how best to respond, and often blamed themselves for not doing enough (Røkholt et al., 2016). Aspects of these parenting responses felt unnatural to parents. For example, the new routines were based on functional aims such as school attendance (versus quality of performance as may have been the case otherwise), in addition to having an increased level of involvement in their adolescents' daily functioning (Røkholt et al., 2016).

Parents also discussed the need for increased collaborations with schools to meet the challenges their children faced. They were searching for a common ground with schools and had varying success in developing positive collaborations. Parents perceived teachers to be struggling to understand trauma, as they were themselves, which meant educational adaptational measures often seemed to be left to chance (Røkholt et al., 2016).

### ***Measuring changes in parenting***

In addition to studies in the previous section that have explored coping assistance, others have examined parental reports for differences between pre and post disaster parenting. In one study, parents' retrospective ratings of their perceived importance and frequency of use of parenting behaviours prior to the September 11 terrorist attacks showed changes when compared to their ratings following the attacks (Mowder, Guttman, Rubinson, & Sossin, 2006). Parents (N=99) who were working in close proximity to Ground Zero reported on measures of parenting role characteristics (bonding, discipline, education, general welfare and protection, responsivity and sensitivity). They reflected with respect to three time periods: 'prior to', 'soon after', and 'at present' (between 7 and 17 months after the attacks). Mowder et al. (2006) found parents' perceived importance of bonding, general welfare and protection, and sensitivity increased soon after the attacks while the perceived importance of discipline decreased. However, all except sensitivity were rated as returning towards pre-September 11 levels by the time of assessment. With respect to the frequency of behaviours, Mowder et al. (2006) found increases in parents' perceptions of employing bonding, general welfare and protection, responsivity, and sensitivity behaviours soon after September 11. General welfare and protection as well as responsivity behaviours then reportedly decreased by the time of assessment. Educating their children was the most stable role characteristic in the context of the terrorist attacks, in relation to both perceived importance and frequency of use (Mowder et al., 2006). Similar to Miller et al.'s (2012) findings following natural disasters (see previous section), Mowder et al. (2006) also found that child age was significantly related to parents' reports of parenting. However other factors such as exposure, parent age or gender, and child gender were not related (Mowder et al., 2006), which was somewhat different to mothers of adolescents in New York City (Gershoff et al., 2010).

In contrast to the retrospective approach used by Mowder et al. (2006), Henry, Tolan, and Gorman-Smith (2004) compared two cohorts of parents to see whether there appeared to be changes following the September 11 attacks. Responses from parents living in Chicago who participated in a study 100 days prior to the September 11 attacks (N=281) were compared to those who completed the measures in the 100 days following the attacks (N=53). While there were no differences found in relation to parent and child anxiety, depression and feelings of safety there were differences in parental monitoring and beliefs about family. Parents assessed after the attacks reported higher levels of supervision and rules, higher ratings of beliefs about the purposes and importance of family, and less fear of harm from violence than parents who were assessed before the attacks.

The sole study that included a measure of parenting change in the context of a natural disaster was conducted three months following a mini-cyclone storm in Brisbane, Australia (Cobham & McDermott, 2014). Cobham and McDermott (2014) focused on changes specifically related to anxious parenting (allowing child autonomy, protectiveness, and emphasizing the need to be careful). They found that less than 10% of parents (N=777) reported finding it more difficult to let their child do things on their own since the storm and approximately 20% reported they had become more protective of their child. The most notable self-reported change was that nearly 40% reported an increase in telling their child about the need to be more careful (Cobham & McDermott, 2014).

A final study of difference between parenting pre and post disaster examined maternal confidence in the context of the Fukushima nuclear power plant disaster (Goto, Rudd, Bromet, et al., 2014). Goto, Rudd, Bromet, et al. (2014) found that a greater proportion of mothers lacked confidence in child rearing immediately following the nuclear disaster when compared to mothers assessed prior to the disaster. However there did not appear to be a lasting change. No difference was found between mothers assessed prior to the nuclear disaster and those assessed one year later. Maternal self-report of poor physical and mental health was significantly associated with maternal confidence, as was being a first-time mother. Interpersonal problems, specifically 'difference in parenting style,' was significantly associated with maternal confidence for mothers assessed immediately

following the disaster, the cohort that also had a higher proportion of interpersonal problems when compared to those assessed in 2010 (Goto, Rudd, Bromet, et al., 2014).

So, in terms of the available evidence, parents engage in a range of strategies to help their children cope. These involve actively assessing their children's reactions, and existing research has highlighted parent-child communication and conversations, as well as behaviours such as managing their children's media exposure (to the trauma or disaster event). The research is also indicating that some of these experiences are accompanied by feelings of uncertainty and insecurity about parenting responses.

### **3.3 Parenting and gender**

While parenting is the focus of the present study, it is also important to acknowledge gendered considerations of mothering and fathering. Several of the studies already referred to in this chapter have made findings related to gender. For example, Peek and Fothergill (2008) studied the implications of gender and the nature of parenting practices following Hurricane Katrina. They found mothers undertook care work (ranging from feeding through to protecting and comforting children) more than fathers in the aftermath of the hurricane. They did come across fathers who participated in this work as well, however it was a sense of responsibility to the family that was a particular emphasis for fathering (Peek & Fothergill, 2008). The unequal division of parental caregiving was noted as a source of strain in marital and intimate relationships in other post-Katrina studies that similarly noted returning to employment as a traditional masculine gender role (Lowe et al., 2012; Reid & Reczek, 2011). Importantly, parental caregiving was also relevant in examples of cooperation and supportive relationships in the face of financial demands and employment, and Reid and Reczek (2011) concluded there were not consistent gendered patterns in their analysis of marital and intimate relationships. They did find women tended to provide and receive more support from family relationships such as parent-adult child relationships (Reid & Reczek, 2011).

Gender also appeared related to how responsibilities were divided out of practical necessity in the aftermath of both Hurricane Katrina and the Fukushima nuclear disaster, with mothers and children residing together and fathers living separately due to

employment demands (Goto, Reich, et al., 2014; Peek & Fothergill, 2008). Additionally, fathers were noted to rarely accompany mothers to health centres for child health assessments which serve as the basis for parenting support activities delivered by public health nurses in Japan (Goto, Reich, et al., 2014).

Findings with respect to parental mental health and gender have been somewhat mixed. Gender was not a predictor of poor mental health following Hurricane Katrina (Abramson et al., 2008) or among Norwegian parents exposed to the South East Asian Tsunami (Dyb et al., 2011). Gender was also not significantly associated with instances of failure (to make contact) of a mental health outreach program following the Utøya terrorist attacks in Norway (Haga et al., 2015). However, following Hurricanes Katrina and Rita, Zahran et al. (2011) identified single mothers as a vulnerable group both in terms of mental health and economic impact, arguing the significance of gender. Additionally, Phillips et al. (2004) found single mothers in particular were significantly the most likely to report feelings of threat and vulnerability at one year, though such differences were not significant in the immediate aftermath of the September 11 attacks. Finally, Thoresen et al. (2016) found that mothers reported greater symptoms of posttraumatic stress, depression and anxiety than fathers following their children's presence during the Utøya terrorist attacks. However, both mothers and fathers reported high parental distress and guilt, which were associated with each other, prompting Thoresen et al. (2016) to caution against overlooking fathers.

In addition to the literature reviewed in this chapter, there is significant scholarship on gendered experiences of disasters that has considered the intersection of gender and parenting. Across various stages of disasters (i.e., preparedness through recovery), experiences are often differentiated by gender (see for example, Enarson & Dhar Chakrabarti, 2009; Fothergill, 1996). Differences in resources (e.g., economic or social) or autonomy and power, for example, are seen to reflect the social distribution of disaster risk and result in women being included, along with children, among those considered particularly vulnerable (Cutter, Boruff, & Shirley, 2003; Peek & Stough, 2010). Fothergill (1996) argues that the differences can, for the most part, be attributed to: "childcare responsibilities, poverty, social networks, traditional roles, discrimination and other issues of gender stratification" (p. 33). Thus, the gendered differentiation of the

traditional parental role is seen as contributing to women being at greater risk following disasters. Drawing on such understandings, several studies discussed in previous sections have exclusively recruited mothers, with some also considering that women in developing countries are particularly at risk (e.g., Banford et al., 2016; Banford, Wickrama, Brown, & Ketring, 2011; Tobin-Gurley et al., 2010).

In Australia, Proudley (2008) explored family decision making under threat of bushfire in the case of the 2005 Wangary fire in South Australia, considering 'Prepare, Stay and Defend or Leave Early', the national policy for community safety in bushfires. The policy, colloquially known as 'stay or go,' was also in place at the time of the Black Saturday bushfires in 2009 (Teague et al., 2010). Proudley (2008) found that as the majority of volunteer fire fighters were men, women were often the ones home with children making decisions based on survival (such as whether to evacuate). Others have argued, based on analyses of fatalities from Black Saturday, that 'stay and defend' is a particularly masculine response that had implications in relation to disaster preparation and response (Tyler & Fairbrother, 2013).

Though the present study is not a comparative study of mothering and fathering, it may be that gendered roles influence the lived experience of parents in this study.

### **3.4 Observations on the state of the literature**

The research reviewed in this chapter demonstrates there is an emerging interest in parents and their perspectives following disasters. A number of articles included here were published since the commencement of this study. As a body of literature on parenting, it is fragmented in that there is generally little reference between the studies in this chapter. Rather, they tend to build on literature with respect to particular issues of focus, such as family functioning, displacement, or mental health.

While interest in parents is growing, there are some evident trends that also mean there is the need to contribute parental experiences from a variety of contexts. The overwhelming majority of research with parents post-disaster to date has been conducted in relation to Hurricane Katrina in the United States. These were

predominantly samples of low-income African-American parents, and typically mothers. Women were considerably more represented than men overall.

It is also well recognized that characteristics of disasters (e.g., onset, duration, predictability, human involvement) influence experience and therefore careful considerations are needed before generalizing across disaster types (Adamson, 2014; Norris, Friedman, & Watson, 2002). This was highlighted by some of the empirical findings from multi-disaster studies included in this chapter (i.e., Miller et al., 2012; Solomon et al., 1993). It is therefore important to note the unique contexts of a number of the studies reviewed in this chapter. Several were of Norwegian families exposed to the 2004 South East Asian Tsunami while on holidays who then returned to otherwise undisrupted home environments in Norway (i.e., Dyb et al., 2011; Hafstad et al., 2012; Lindgaard et al., 2009; Nygaard et al., 2011; Siqveland et al., 2012). A number were conducted following terrorism where families are not typically exposed to the same level of physical destruction to homes and communities. Furthermore, the majority of the studies following the September 11 terrorist attacks were of parents who were not directly exposed to the event (i.e., Beauchesne et al., 2002; Halberstadt et al., 2008; Henry et al., 2004; Wilson et al., 2010). Parents were also not present at the school siege in Beslan Russia (i.e., Moscardino et al., 2007) or the mass shootings in Utøya Norway (i.e., Røkholt et al., 2016; Thoresen et al., 2016), which distinguishes these events from the often 'shared' experiences during natural disasters.

This literature review has also found the majority of research with parents takes a focus on mental health, and quantitative analyses of factors that influence parental post-disaster mental health outcomes. Of the notably fewer studies with components that explored lived experiences, the majority took place within the first year the disaster. Only a couple captured slightly longer-term perspectives of two to three years post disaster. There were no studies on the lived experience of Australian parents post-disaster, which could have contextual implications (e.g., due to cultural differences or differences in government and service disaster response). Finally, only one of the studies was identified explicitly by discipline as social work (i.e., Salloum & Lewis, 2010).

This literature base represents the emerging evidence on parental post-disaster experiences where this thesis seeks to make its contribution as further understanding of the experience of parenting specifically is needed. There are also theories of parenting, families, and resilience post-disaster that can be useful for translating findings into considerations for social work practice. Given the inductive, exploratory nature of this study, observations of potential links to theory will be made in the discussion of the findings rather than reviewed from the outset.

### **3.5 Chapter summary**

This chapter has reviewed the literature on parents and their experiences post-disaster. Studies of adult mental health demonstrate parents have unique outcomes, which further reinforces the importance of supporting parents after disasters—that is for their own wellbeing as well as their children’s (as discussed in the previous chapter). The available evidence shows there are a number of individual, child related, and family-level factors that influence parental wellbeing in addition to external factors such as hurricane exposure and social support. Examining parental mental health also suggests support is necessary in intermediate to long term recovery periods.

Existing research on parental lived experiences has begun to establish a picture of the complexity of post-disaster life for parents and their families. A myriad of stressors was identified from financial stress to changes in availability of social support (echoing the findings of quantitative research), to challenges of displacement, and unmet service needs. Studies of families have found changed values within families, and both experiences of increased feelings of cohesion as well as increases in conflict. Other research has looked at parental efforts at helping children cope, highlighting parental assessment of their children, considerations with respect to parent-child communication, and behaviours such as monitoring and moderating exposure via media coverage.

In looking at the nature of the emerging literature in this space, this chapter has also found that there are trends and gaps that position the potential contribution of gathering more perspectives (i.e., parental perspectives from different contexts), perspectives

specifically on parenting, and the voices of Australian parents, to further understandings of how to support parents post-disaster.

## **CHAPTER 4**

### **Research Design**

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This chapter details the design of this research. It begins with the aim and research questions addressed in this study. Next, an examination of the theoretical underpinnings identifies the epistemological assumptions and frames their influence on the research design. Following this, the steps taken to ensure methodological rigour are discussed. The second half of the chapter sets out the procedure including sampling and recruitment, ethical considerations, data collection and management. Finally, a description of the analysis and approach to the representation of the interview data is provided.

#### **4.1 Designing the study**

The aim of this study was to gain insight into the experience of parenthood in the aftermath of a disaster. In particular, the main research question was: What has been the experience of parenting since the Black Saturday bushfires? There were two secondary research questions: (i) What parenting challenges did participants face? and (ii) What supports and services did parents find useful or would have liked to have available? In turn, it is intended that the understandings created will be useful for informing interventions with families following disasters.

The aim and research questions were the foundation for the research design. The following section examines the theoretical underpinnings of the study, including the epistemological position.

## **4.2 Theoretical underpinnings**

### **4.2.1 Pragmatism**

Social work research is typically not confined to the dichotomy of pure or applied (Shaw, Briar-Lawson, Orme, & Ruckdeschel, 2010). This is because it is frequently driven by a search for knowledge that is practically useful in addition to providing a theoretical contribution. In writing on the role of social work following disasters, Rowlands (2007) asserts: “research is a mode of social work intervention, whether it is action research or through the contribution to the knowledge base” (p. 110). This study shared this pursuit of practically useful knowledge in aiming to contribute understandings that are of use to practitioners working to support recovery in disaster contexts. The concern with practical (i.e., useful) ends reflects a fundamental tenet of pragmatism (Morgan, 2007; Padgett, 2004; Patton, 2015), a philosophical perspective that is thus broadly reflected in this study.

Given the limited research on experiences of parenthood following a disaster, as shown in the previous chapters, this study was designed to be a descriptive and exploratory qualitative study. Qualitative methods are commonly selected for the ability to provide “rich descriptions of complex circumstances that are under explored in the literature” (Marshall & Rossman, 2006, p. 33). Though a vast genre, qualitative research is often contrasted with quantitative research to frame its defining features. Naturalistic, inductive approaches that appreciate context are considered typical of the former, while using experimental and deductive approaches for testing hypotheses is typical of the latter (Olsen, 2011; Patton, 2015).

### **4.2.2 Constructionism**

This study was guided by a constructionist position that all knowledge is “contingent upon human practices, being constructed in and out of interaction between human beings and their world and developed and transmitted within an essentially social

context” (Crotty, 1998, p. 42). Taking a constructionist position does not deny the existence of an external (objective) reality (Schwandt, 2001), rather the reality of interest, or the ‘meaningful’ reality as Crotty frames it, is one that is dependent on human perspectives and interactions.

The above definition speaks to understandings of shared meaning-making as well as the existence of multiple perceptions/realities which are also among the central tenets of pragmatism (Morgan, 2007; Padgett, 2004). This congruence is indicative of the compatibility of these paradigms. In tracing the early development of pragmatism with the work of Charles Sanders Peirce, William James, John Dewey, and George Herbert Mead, Crotty (1998) describes it as retaining the core substance of constructionism. Social workers have drawn on pragmatism to navigate within and between epistemological paradigms and to avoid the nihilistic potential of following constructivism to its logical end (Padgett, 2004). Similarly navigating the implications of constructionism, pragmatism is evident in the following quotation:

What constructionism drives home unambiguously is there is *no* true or valid interpretation. There are useful interpretations, to be sure and these stand over against interpretations that appear to serve no useful purpose. (emphasis in original; Crotty, 1998, p. 47)

Drawing on the instrumental focus of pragmatism, utility is understood as the extent to which knowledge can direct action (Schwandt, 2001), in this case, social work practice.

Crotty (1998) and others (e.g., Daly, 2007) have made the distinction between two positions within the constructionist tradition: constructivist and social constructionist. These positions vary as to whether they emphasize the individual or the social dimensions of meaning-making respectively. Patton (2015) questioned whether this distinction will gain acceptance, highlighting the potential for confusion with such similar terminology. Crotty (1998) maintains that despite inconsistent terminology within the broader tradition, as with any epistemological position it is important to consider the implications for research design that arise whether a study is constructivist, social constructionist, or both.

This study engages with both individual and social dimensions of meaning. It is primarily constructivist in that the focus of inquiry is the “lived experiences”<sup>3</sup> of parents (which are viewed as individual constructions). A constructivist position asserts the only way a human phenomenon such as parenting can be understood is to examine the perceptions (i.e., constructions) of people who are or have engaged in that phenomenon (Morris, 2006). The significance inherent in this position is illustrated by a theorem from social psychology: “What is perceived as real is real in its consequences” (Patton, 2015, p. 122). Brinkmann and Kvale (2015, p. 30) similarly note, “the important reality is what people perceive it to be.” Therefore, regardless of an objective reality, how individuals experience a phenomenon influences their feelings, responses, and therefore wellbeing. Constructivism is an integral part of the professional knowledge base of social work and this awareness of “how we experience the world and how the world influences us,” is part of the contribution of social work in disaster contexts (Adamson, 2014, p. 10).

Crotty (1998) critiques constructivism as being less critical of cultural influence than social constructionism. However, the reason this study sought the perspectives of parents themselves was in part to challenge contemporary cultural constructions that meaningful knowledge about parenting is expert driven (as demonstrated in Chapter 2). Gatrell (2005), in her work on family practices and employment, described studying “lived experience in a socially constructed world” (p. 7). She framed the significance of her inquiry into parents’ lived experiences in the context of contemporary parenting culture as: “I seek to establish what the group of women and men concerned are *actually* doing with their lives, in contrast to what those who criticize career mothers argue they *ought* to be doing” (emphasis in original; Gatrell, 2005, p. 95). Similarly, rather than setting out by defining the actions involved in parenting, this study focuses on the experience of being a parent. In doing so parents identify what *their* parenting involves and how the experience influences them. Insofar as this study aims to provide knowledge that may inform supports for parents, Van den Berge (2013) highlights the importance of listening to parents. Van den Berge argues that attempts to support parents “...at least

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<sup>3</sup> While the term “lived experience” is arguably most closely associated with phenomenology it is also used more broadly to represent emic perspectives. This latter approach is how it is employed in this thesis and it is not intended to signify phenomenological methodology.

should allow parents the possibility to articulate (imagine, put into words) what they themselves value in their culture,” to in effect, “give parenting issues back to parents” (p. 403).

A social constructionist orientation also comes into this study with recognition that research is in itself a social process for creating knowledge. The data and subsequent knowledge are viewed as having been ‘created’ with the participants (Olsen, 2011). The influence of the researcher began with the choice of topic, the research aims, and the questions asked, which shaped how “realities [were] brought forward by participants” (Daly, 2007, p. 33). Furthermore, the social constructionist position holds that there are many interpretive possibilities and therefore the final representation also reflects the values and perspective of the author (Daly, 2007). For these reasons, the introductory chapter set out how my own experience influenced the inception of this study. It was also important throughout the course of this research that, individually and through supervision, I reflected on my own experiences of trauma and loss, my perceptions of family and parenting, as well as my reactions and assumptions regarding the experiences of others. In doing so I maintained an awareness of the potential influence of my own perceptions. For example, even though I am not a parent, I am not without expectations and perspectives on what it might be like and what is involved as personal constructions of parenting begin from our own experiences of being parented as well as broader social and cultural influences.

In addition to viewing research as a co-construction between the participants and the researcher(s), the consumers of research (i.e., the audience) are also relevant actors in this social process – this is explored further in the next section on research quality.

Patton (2015), in writing on pragmatism, emphasized that the focus is on gaining “useful insights to inform action” (p. 152) as opposed to aiming to validate the nature of reality or deconstruct social constructions. This illustrates a distinction evident in the integration of positions in this study. While constructivist and social constructionist epistemological assumptions underpin this research, the motivation is pragmatic.

### **4.2.3 Methodological rigour**

There are several concepts that underpin considerations of the quality of constructionist research. These necessarily differ from research concerned with a singular, objective reality. Common scientific measures such as reliability (that research can be consistently repeated) and validity (that findings match the external reality, “what actually happened”) are incompatible with constructionist epistemology (Burr, 2015; Morris, 2006). Rather, concepts such as transferability, credibility, dependability and confirmability are used for demonstrating rigour in constructionist research (Morris, 2006). That is, that the analysis has been conducted thoroughly and systematically, and that the interpretation has been transparently supported (Burr, 2015; Morris, 2006).

Transferability refers to the ability to apply the understandings gained from one research study to other contexts. While a constructionist position holds that data are unique to their time and place, findings will be relevant to other contexts if consumers of the research are able to make their own assessments about the quality of the research and how it can be applied to their contexts (Morris, 2006). The researcher must provide sufficient information about the context and how the research was conducted so that such assessments may be made accurately (Morris, 2006).

Credibility refers to the need for final representations to be accurate descriptions of participants’ accounts (Morris, 2006). This does imply a degree of objectivity that some social constructionists would reject. However, many qualitative researchers approach this pragmatically in striving to achieve such a representation close as reasonably possible (Padgett, 1998). In this study, prolonged exposure through post-interview debriefing, interview transcription, and multiple readings of the transcripts during analysis were undertaken to facilitate this element of rigour (Morris, 2006).

Dependability and confirmability refer to the integrity of data collection and the substantiation of interpretations (Morris, 2006). Burr (2015) similarly refers to the soundness of research. Meticulous records were kept throughout the processes of data collection and the steps of analysis, including a research journal and memos. An audit trail maintained the connection between the original data, through the analysis and the final representation. The three supervising researchers read at least five interview

transcripts each and supervision sessions included review and discussion of interpretations. Finally, the attention to detail in the writing of the thesis including articulating and demonstrating the processes of analysis and logic of theme development, which indicate the soundness of the research (Burr, 2015).

## **4.3 Methods**

### **4.3.1 Sampling**

This study employed purposive sampling, a non-probability sampling technique typical of qualitative research where the aim is to examine information-rich cases to understand the nature of a phenomenon (Rice & Ezzy, 1999). Parents were broadly defined as mothers, fathers, and caregivers such as step-parents, foster parents or other kinship carers who identify as primary carers. For the purposes of this study, the sample was bounded by the requirement of having at least one dependent child (under the age of 16) at the time. The parents and their children had to have been living in an area affected by the Black Saturday fires in February 2009.

Unlike studies that aim for generalisability, where representativeness is needed in order to model distribution of experiences, qualitative descriptive studies aim for variation with sampling. This enables researchers to explore common and unique experiences across a range of cases that vary either according to attributes of the phenomenon or demographics (Sandelowski, 2000). This study aimed for variation on demographic features such as participant gender, and family structure including for example single or joint parent households, number of children and children's age. Variation across aspects of the phenomenon included, for example, descriptions of exposure, and whether families separated or remained together during the fires. Sample size was guided by the aim for variation, as well as the depth and richness of discussion and amount of data generated (Morse, 2000).

### **4.3.2 Recruitment**

Recruitment occurred using several strategies to increase the visibility of the study to potential participants. The first strategy for recruitment used connections with an existing research study *Beyond Bushfires: Community resilience and recovery* led by the

University of Melbourne (HREC Project ID 1034829.4) along with partners from community, government, emergency, and service agencies. A longitudinal study investigating individual and community responses and resilience following the 2009 Black Saturday bushfires, the *Beyond Bushfires* study aimed for saturation sampling within 24 communities at ten locations across Victoria (Gibbs et al., 2013). Using the *Beyond Bushfires* network also enabled access to people who have since relocated from the fire affected communities.

For the present study, an invitation (see Appendix I) was sent to participants from the *Beyond Bushfires* study who a) consented to being contacted regarding future research opportunities; b) indicated that they had children (in the survey at one year following the fire); and c) in 2009 were living in areas considered to be highly impacted by the bushfires (fatalities and many houses lost). A researcher from the *Beyond Bushfires* team sent 29 invitations via email in May 2015 and 31 invitations by post in June to individuals from Marysville, Buxton, Narbethong, Taggerty, Granton, Kinglake, Kinglake Central, Kinglake West, Pheasant Creek, Callignee and Koornalla.

The invitation to participate was also included in the *Beyond Bushfires* study e-newsletters in May and October 2015. The *Beyond Bushfires* e-newsletter circulation is on an opt-in basis and is open to individuals who did not participate in the study as well as those who did. In December 2015 an advertisement was placed in a local newsletter in Kinglake, the *Mountain Monthly*. Following acknowledgement of the anniversary of Black Saturday, on February 7<sup>th</sup>, 2016 the *Beyond Bushfires* team updated their current research, including recruitment notices for the present study on Facebook and Twitter.

Finally, snowball strategies were also included in an attempt to increase access to participants who may not have participated in research previously, or who may have moved away from the areas affected by the fires. At the completion of interviews participants were encouraged to share the researcher's contact details with any friends or acquaintance they felt might be interested in participating as well. In a similar vein, though unprompted by the researcher, local community members shared details of the study through means of community email updates, a Facebook page for Black Saturday recovery, and a local council fire recovery webpage, for example.

### **4.3.3 Ethical considerations**

Ethics approval for this research was granted by The University of Melbourne Human Research Ethics Committee (approval number 1443474).

#### ***Consent.***

The initial email invitations included the project information statement (plain language statement; see Appendix II) as an attachment. Individuals who contacted the researcher and expressed interest in participating in the study were also provided with the information statement.

Written consent (see Appendix III) was obtained at the start of each interview. Potential participants were considered highly likely to have the ability to provide informed consent in this manner as the target population were self-identifying adults (over the age of 18), in a rural area where English language difficulties are typically uncommon.

Participants were advised through the project information statement, consent form and verbal introduction at the start of each interview, that they could withdraw their consent during the interview.

#### ***Confidentiality.***

There were several strategies used to protect participants' privacy and maintain confidentiality. Names mentioned in the interviews (including the participant, family members or friends, and schools) were removed from the transcripts. Similarly, careful attention was given to the amount of descriptive or potentially identifying information included in quotations when writing the findings of this study. However, due to the small number of participants and the relatively localized area affected by the bushfires, it is possible that people who are aware of participants' circumstances may recognize comments they have made. Participants were advised of these limitations to confidentiality via the plain language statement, the consent form, and during the interview if questions arose. Participants were also offered the option to review the transcripts and discuss any concerns they might have had.

### ***Honorarium.***

An honorarium of \$50 per participant was provided in recognition of time spent and to help offset costs that may be incurred such as arranging childcare. The honorariums were provided at the start of each interview in the form of a gift voucher for a common group of department and grocery stores.

### ***Potential distress.***

This study provided participants with the opportunity to share their experiences of parenting in the years following a disaster. However, interviewing individuals about their experiences after a traumatic event such as the 2009 bushfires had the potential to cause distress as participants may have been reminded of how they were affected by the disaster. Similarly, the topic of parenting required sensitivity to ensure participants did not feel that the quality of their parenting was being judged or assessed. There was also the possibility that participants could have experienced distress if on reflection they felt their parenting had been inadequate. Several measures were included in recognition of this potential for distress:

- Care was taken when framing communications about the project (including recruitment invitations and advertisement, the plain language statement, and the interview questions), to articulate the aim of the research as to understand the experience of parenting, not to evaluate or assess parenting.
- Interviews were conducted at public venues that allowed for privacy (e.g., a meeting room at a local library). This ensured potentially emotional discussions about family life outside participants' homes. It also provided a level of personal safety for the interviewer.
- Suspension of recruitment, data collection, and dissemination activities took place during the peak fire season in Victoria, including the anniversary of Black Saturday.
- Informed consent included advising participants through the plain language statement and the consent form of the potentially distressing nature of interviews, and that not only was their participation voluntary, but they were free to withdraw during the interview. The plain language statement provided

participants with contact phone numbers and websites for a range of psychosocial support services.

- Participants were encouraged to share as much or as little as they were comfortable with. If participants appeared significantly distressed during the interview (using the researcher's professional judgement as a social worker), the offer to pause or stop the interview was repeated.
- At each interview, a follow-up contact (by the participants' preference of phone or email) was arranged for the following week. The intention was to debrief about their experience of participating in the research (particularly about possible distress), offering the opportunity for questions, and discussing assistance with accessing support services if needed.

The use of purposive and snowball sampling also reflects ethical practice. Given the sensitivity of the research topics in addition to the knowledge that recruitment occurred among a population that has had multiple opportunities to participate in research over the years since the Black Saturday bushfires, it was particularly important to ensure participants were self-selecting.

It is also important to recognize that, along with the potential for distress, there were possible benefits to participating in this research. In a review of empirical evidence on the trauma-related research experience Newman and Kaloupek (2004) identified multiple benefits to participating in research, several of which are relevant to this project. On a societal level, participants are contributing to knowledge with potential outcomes including increased services for parents following a disaster (Newman & Kaloupek, 2004). There are also many benefits on an individual level including the opportunity for referral and increasing awareness of available services, empowerment, learning and insight, normalizing trauma-related reactions, altruism, and kinship with others. Related to many of these individual benefits, there was the therapeutic potential inherent in participating in, particularly qualitative, interview-based research methods through the provision of a safe space to give voice to personal stories, process trauma, and make meaning out of adversity (Lakeman, McAndrew, MacGabhann, & Warne, 2013; McCoyd & Shdaimah, 2007).

### ***Potential adverse events.***

In preparing for data collection it was recognized that, while not the focus of this research, concerns related to child welfare or domestic violence could have been concerning issues raised in discussions related to parenting. It was also possible that the level of a participants' distress or behaviour during an interview could indicate difficulties with mental health. The plain language statement and consent forms informed potential participants about the limits to confidentiality where serious risk of harm to themselves or others would be reported as a social worker's duty of care.

Additionally, when interviews were scheduled it was arranged that at least one supervising researcher was also available by phone. That way, if there were concerns about child abuse, domestic violence, mental health, or similarly the personal safety of the researcher, a supervisor could be contacted to discuss an appropriate response. Assessing the situation, if the threat was not imminent, debriefing and further consideration could occur at a supervision meeting following the interview.

### **4.3.4 Data collection and management**

Interviews are the primary tool for data collection within constructionist paradigms (Daly, 2007). In studies aiming to explore lived experiences, interviews enable "spontaneous, rich descriptions where the participants themselves provide what they experience as the main aspects of the phenomenon investigated" (Kvale, 2008, p. 60). With semi-structured interviews, interviewers have the benefit of a reference point in the form of an interview guide. This can aid their efforts to concentrate on what participants are saying and respond with flexibility to explore unanticipated aspects of the experience, while still maintaining a level of focus on the research question (Daly, 2007).

At the start of each interview, I introduced myself, described my professional background, and reiterated the aim of the study to generate an understanding that would be useful to assisting parents and their families following disaster. Participants were asked if they had read the project information statement and signed the project consent form (see Appendix III). They received the honorarium and were reminded verbally that they could pause or stop the interview at any time without consequence. They then

completed a brief, eight question form to obtain some basic demographic information (see Appendix IV). Participants were then asked if they had any questions.

The interviews began with asking the participants to describe their families. This was to gather additional demographic information and establish rapport. The next question set the primary focus of the interview: What has it been like to be a parent since the Black Saturday bushfires? The subsequent questions and probes were anchored using the following areas as an interview guide:

- the challenges they faced;
- positive aspects of the experience;
- what they did to help their children cope;
- what did they find supportive (formal and informal)
  - what was helpful or unhelpful; or,
  - what do they think would have helped?

The main question style was open-ended (except when clarifying), with care taken to phrase non-leading questions. There were three particular probes used towards the conclusion of the interviews to prompt reflections on their perspectives and experiences: i) What do you think the experience has been like for other parents? ii) Is there any advice you would offer to other parents in similar situations? iii) What, if anything, has surprised you about this experience?

Given the primary focus of this study was on the experience of parenting rather than, for example, the process of parenting (in which interactions between or shared decision making between co-parents would be a feature), it was decided that individual interviews were preferable. This was so that participants would not feel inhibited if they wanted to discuss challenges that involved their partner, or if they felt their experience was not consistent with how dominant members typically present their family to the outside world (Daly, 2007). However, in a further ethical consideration, where two parents from the same family expressed interest in the study, the opportunity to participate individually or in a joint interview was determined at the participants' discretion. It was

explained that typically individual interviews were being conducted but that if they would be more comfortable together that would be accommodated.

Data collection occurred from June 2015 to May 2016, on average 6 years 10 months after the fires. The average duration of the interviews was 72 minutes (range 34-106 minutes). With one exception, all interviews were conducted as face-to-face interviews in private meeting rooms at public venues in participants' communities. One interview was conducted via telephone at the request of the participant after they had had to reschedule. Though there were two families where both parents participated, four individual interviews occurred. All interviews were audio recorded with participants' consent.

The initial two interviews were conducted jointly, the first led by a supervising researcher and the second with the supervising researcher observing. This enabled thorough debriefing and discussion of approach. The three supervising researchers also read at least five interview transcripts each, in part to consider the quality of interviewing.

The participants' signed consent forms (original hard copies) were kept in locked storage. The digital audio recordings were transcribed in full by the researcher and de-identified. The audio recordings were then destroyed. The interview transcripts and demographic data were imported into NVivo 10 (QSR International) – the platform used for organization and management of data during analysis.

#### **4.3.5 Data analysis**

The data were analysed using an inductive, thematic analysis. Thematic analysis is a method for providing in-depth, meaningful descriptions of a dataset by identifying and analysing patterns (Braun & Clarke, 2006). Inductive approaches use coding processes that are data-driven or 'bottom up,' rather than processes that employ pre-determined codebooks derived using theoretical frameworks (Braun & Clarke, 2006). As such they are ideal for exploratory studies and ones where the perspectives of the participants are prioritized over the theoretical interests of the researcher. Inductive thematic analyses share many commonalities with grounded theory, however they are used in studies where theory generation may not be a primary aim (Braun & Clarke, 2006).

This study was guided by Braun and Clarke's approach to thematic analysis, which includes the following components: familiarisation with the data, coding, searching for themes, reviewing themes, defining and naming themes, and finally producing the report. While Braun and Clarke termed these "phases" of thematic analysis, they are referred to here as processes to reflect that they are conducted in a recursive (Braun & Clarke, 2006; Clarke & Braun, 2013) and, from experience, often simultaneous manner rather than in a linear fashion.

### ***Familiarization with the data.***

Becoming familiar with the data is similar to prolonged-engagement (Morris, 2006), or immersion in the data (Marshall & Rossman, 2006). It is critical to the credibility of the research with respect to methodological rigour (Morris, 2006). Steps taken during familiarization included writing post-interview field notes and debriefing with supervisors, transcription of the interviews, and repeated readings of the transcripts. Though labour intensive, the act of transcribing interviews assists researchers in developing a thorough understanding of their data (Braun & Clarke, 2006; Morris, 2006). This occurs not just through repeated exposure to the interview but through, for example, judgements about the way the written word, which typically vary from spoken word, can represent the interview (Daly, 2007; Marshall & Rossman, 2006; Olsen, 2011). Initial readings of the transcripts involved active engagement with the material, that is, beginning to think about patterns and meaning (Braun & Clarke, 2006). Annotating hard copies of the transcripts assisted with this active reading.

### ***Coding.***

The aim of initial coding was to divide the data into discrete parts so that similarities and differences could be considered (Saldaña, 2013). Each transcript was read systematically line-by-line and sentence fragments through to paragraphs were assigned code(s) that were inductively derived from the interview content. In the initial stages, various techniques were used to support the identification of potential patterns. Saldaña (2013) recommends that coding need not, and indeed often should not, employ a singular technique. Thus, drawing upon techniques including descriptive coding, *in vivo* coding, process coding, emotion coding, and themeing the data, helped to thoroughly explore

the data. In brief, these techniques as described by Saldaña (2013), make distinct contributions to viewing the data:

- *Descriptive codes* identify the topic participants are referring to, providing an initial summary of the data's contents.
- *In Vivo codes* are words or short phrases used by the participants themselves. It is particularly useful when aims include prioritizing the participants' voice and capturing the meaning inherent in participants' accounts.
- *Process codes* are gerunds; they capture actions represented in the data.
- *Emotion codes* are those that label emotions either recalled or experienced by participants. These are particularly relevant to studies that seek to explore individuals' experiences.
- *Themeing (sic) the data* labels a unit of data with an extended thematic statement that identifies what that datum is about, and/or what it means.

Given the inductive process, it was important to remain open to the various thematic directions possible within the data (Braun & Clarke, 2006; Saldaña, 2013). NVivo enabled coding datum to multiple nodes, therefore as much as possible, segments of data were coded multiple times when there were potential contributions to more than one theme. Codes were used to capture both semantic and conceptual readings of participants' experiences (Clarke & Braun, 2013). Table 3 provides a sample of initial coding.

**Table 3. Example of initial coding**

Raw data excerpt	Initial codes
I'm gonna say put things into perspective, but you wouldn't be able to say that to someone because they would say, "What do you mean? I am putting-- it is in perspective." But I mean, don't...be hard on yourself. Don't-- you just need to do one thing at a time. And I know it seems really, really big but in the whole scheme of things you're gonna be-- it's gonna take five years, and you're gonna be okay. Um...and your kids are gonna be okay, you just need to hug them. Because five years is a long time if you're pushing them away and if you haven't got time for them. Um...and it can be really detrimental to them, I think. And really can affect your relationship, with them.	<p>Issue of receptivity</p> <p>Giving permission + 'assumption' of self-blame</p> <p>Recommending pacing; demonstrating capacity</p> <p>Example of perspective; shows changing perceptions</p> <p>Recovery takes time</p> <p>Parents need reassurance</p> <p>Importance of being with children + example of 'little things'/self</p> <p>Recovery takes time</p> <p>Importance of being with children + example of 'little things'/self</p> <p>Potential for parents to cause harm</p>

***Developing themes.***

The processes involved in developing themes included the components of searching for, reviewing, defining, and naming themes (Braun & Clarke, 2006, 2013). While often articulated separately, these components occur in a non-linear process, and in practice are highly inter-related. Consistent with a constructionist position, the researcher's active involvement is inherent to the process: "themes are not hidden in the data waiting to be discovered by the intrepid researcher, rather the researcher constructs themes" (Clarke & Braun, 2013, p. 121). This is acknowledged with use of gerunds *developing* and "searching," as opposed to language that minimizes the role of the researcher such as themes "emerging" or "residing" in the data (Braun & Clarke, 2006).

At first this process generally involved collating codes into potential themes—units that represent a pattern in the responses or meaning identified in the data set (Braun & Clarke, 2006). Codes were compared and contrasted, and relationships between codes were considered. However, as noted, overall analysis was not a linear process. Therefore,

at times what had been initially designated codes accumulated sufficient data to differentiate aspects within thus becoming a theme. Themes were developed with consideration for both the number of participants who contributed to the conceptualization, as well as the amount of information coded. Thus, some themes were developed from the responses of relatively few participants who discussed an issue at great length. Furthermore, themes themselves are also organized to show meaningful relationships in how the data is being conceptualized. As a result, different levels of themes are apparent such as overarching themes or subthemes. Table 4 provides a sample of different levels of themes that were generated from codes.

The initial rounds of coding and developing themes rarely, if ever, represent the completed analysis (Saldaña, 2013). The initial 'potential' themes were considered and refined with respect to both the coherence within, as well as reviewing whether the themes represent the data set (Braun & Clarke, 2006). This involved reviewing the different levels, from raw data to codes to themes, for coherence and fit and then reorganizing as necessary to improve on these dimensions. Consultations with the supervising researchers, each of whom had read at least five transcripts, also informed theme development and revision. Reflections on both semantic and conceptual contributions to each theme were used to reflect on how best to represent the experiences. This process was also closely associated with the following process of writing the findings.

**Table 4. Sample of theme development**

Overarching theme	Themes	Subthemes	Selected accompanying codes
Adjusting to life after the fires: forced into a new normal	Everything changed: Losing normal		<i>Codes that evinced the theme: everything changed; losing everything; not normal; pre/post fire global contrast</i>
		Managing additional exposure	<i>Limiting media exposure; physical destruction; managing hot windy days; mindful of triggers...</i>
		Losing fun	<i>Loss of garden; changed play/space; changed environment affecting child's social space; thought never going to have fun again – children; feels like never going to have fun again – adult...</i>
		Living at capacity	<i>Being at capacity; diminished capacity; capacity changes perception of stressors; post-disaster demands influence capacity; parenting takes effort; sharing capacity...</i>
		Changes to parenting	<i>Parenting doesn't seem different; parenting is completely different; parenting is the same, but I am different; parenting is harder...</i>
	The struggle of settling	Elusive normality	<i>Getting back to normal; questioning normal; a new normal</i>
		Pressure to settle	<i>Determined; had to; wanting normal; felt pressured by education department; felt pressured by family; nature of decision making...</i>
		Settling takes time	<i>Give time; took time; need time; still...</i>
		Feeling settled: stability and familiarity	<i>Stability [instability; importance of stability; consistency; routines...] Familiarity [routines; homesick; replacing belongings]</i>
		Settling their own emotions	<i>Suppressing emotions; controlling emotions; fake it until you make it; pretending; addressing emotions; protecting children from adult emotions; the vibe; the atmosphere</i>

### ***Producing the report.***

The theoretical underpinnings of this study have influenced the decisions and approach taken to writing this thesis in several ways, some of which have already been discussed with respect to methodological rigour. Several of the decisions made in relation to reporting the findings in particular bear mention as part of the method, particularly given the constructionist stance taken.

First, it is important to note that, while detailed descriptions of context are important for assisting audiences to make determinations about the transferability of the findings, there were pragmatic and ethical constraints. That is, the specificity of reporting information in the findings chapters was carefully considered with respect to (i) the contextual relevance in relation to the research question, and (ii) the need to protect participants' anonymity given the relatively small locale represented. This particularly applies to the description of participants in Chapter 5, as well as the presentation of quotations in the findings chapters. In order to maintain participants' anonymity certain information (e.g., names, locations) was replaced with explanatory nouns. On occasion, such nouns were inserted for clarity, both of these changes were indicated with the use of square brackets.

Second, the decision of whether to report numbers in qualitative research is one many researchers deliberately consider. Saldaña (2013) recommends questioning potential motivations for including numbers to maintain epistemological consistency, considering that in some cases it appears to be a default from positivist orientations towards rigour. However, frequencies do contribute to the identification of patterns (i.e., in the form of repetition). As such, they have relevance to transparency in reporting the construction of themes – a matter for rigour in constructionist research (Morris, 2006). Furthermore, some participants spoke (either during, preceding or following their interviews) of wanting to know whether other parents had the same experiences. Therefore, from the perspective of the participants an indication of relativity could be useful.

Despite this, emphasizing frequencies could be construed as a measurement of representativeness (Saldaña, 2013) and generalisability was not an aim of this research nor was it within the methodological scope. The self-selecting nature of the sample, for

example, prohibited statistical representativeness as did the semi-structured nature of the interviews. If an interview is not highly structured it cannot be assumed that a given theme was not relevant (or even that it was less salient) to a participant who did not mention it (Braun & Clarke, 2013). Rather, the direction of the interview, as influenced by the interviewer or the participant themselves, may not have led them to discuss a particular issue. This was apparent in conducting the interviews. For example, some participants emphatically recalled aspects of their experience near the conclusion of their interviews that were similar to what another participant volunteered at the beginning of theirs. Similarly, some participants articulated assessments they were making about what was relevant to discuss in the interview or what the interviewer might be interested in. Thus, in reporting the findings of this study, the approach was taken that the number of participants who mentioned themes were only evidence of at least that many having experienced it. Therefore, frequencies were used sparingly, and were often indicated more broadly with terms such as a few, several, or many. The intention was to find a balance between transparency in the identification of patterns, and implying representativeness.

Language was a third consideration throughout the writing and analysis phases of this research. Some researchers, particularly when identifying with social constructionist paradigms, prefer to write in the first person to highlight the agency of the researcher (Daly, 2007). In this study, the decision was to emphasize the experiences of the participants, consistent with the aim of the research. As such, I used a writing style that depersonalized my voice. Transparency related to researcher interpretation was still highly valued and was maintained through deliberate decisions with respect to language. In describing what data gets coded, Braun and Clarke (2006) distinguish between semantic meaning (parents' own words) and latent meaning or researcher observations. Such levels of interpretation were reflected in language choices such as "parents said" (explicit, semantic meaning) or "parents demonstrated" (latent meaning).

A final consideration related to language was the treatment of participant quotations. Including quotations from participants was a critical part of substantiating the analysis and supporting readers to make their own assessments of the credibility and confirmability of interpretations (Morris, 2006). Initial drafts included quotations from

all participants, to demonstrate that the analysis addressed experiences from each participating parent. In the final draft, the number of quotations was reduced to enhance coherence in communicating the themes. Quotations were selected on the basis of how inclusive they were of the concepts relevant to a given theme. This is appropriate given the stance on representativeness described above, though some readers may feel it minimizes their ability to assess credibility of interpretations or pattern identification.

Another aspect related to the treatment of quotations was that minor amendments were made to the quotations as transcribed. This was so that the originally spoken content would be more accessible on presentation in written form. In transcribing the interviews, a significant level of detail was maintained to assist in recalling the tone and meanings in the conversations. Transcripts were annotated using parentheses to include description of non-verbal communication (e.g., audible sighs, crying, hand gestures). Participants' words were recorded verbatim (including, e.g., repetition of words, faltering, stammering). Words or phrases that were emphasized by participants (e.g., increase in volume) were underlined in the transcript. Punctuation was also used to reflect phrasing as spoken (e.g., commas were inserted to indicate brief pauses, ellipses were used to indicate slightly longer pauses, pauses greater than 4 seconds were noted in parentheses). When repetitious phrasing or punctuation appeared to obscure reading a given quotation (as written in this thesis) amendments were made to enhance readability, being mindful to not alter the meaning of the data (Braun & Clarke, 2013). For example, the following is an excerpt from an interview as transcribed:

*And so I tried to--...tried to--...tried to um...do...that sort-- those sort-- those sort of...the...the things that I'd done, before.*

In the findings, this is presented as:

*And so I tried to do...those sort of...things that I'd done before.*

Given the methodology of thematic analysis, as opposed to discourse analysis for example, prioritizing coherence over semantic representation was appropriate. Nonetheless, amendments were made sparingly as the context potentially provided by the additional information was valued as well.

Also, as is convention for efficiently presenting information relevant to a specific theme, at times portions of the interview were not included in a given quotation. Such omissions are indicated using ellipses in square brackets, that is: [...].

#### **4.4 Chapter summary**

This chapter reported the design of this study including methodological, ethical, and procedural considerations. The first half of the chapter focused on an examination of the theoretical influences underpinning the design. Core tenets of pragmatism combined with constructivist and constructionist epistemological assumptions highlighted the value of adopting descriptive, qualitative methods to gain insights for practice from in-depth, lived experiences of parents. Consistent with the principles of rigour (transferability, credibility, dependability and confirmability), the second half of this chapter detailed the methods and procedure. Purposive sampling using several recruitment strategies targeted parents who were caring for a child and living in an area affected by the Black Saturday Bushfires in 2009. Ethical considerations included consent, anonymity, potential distress and planning for adverse events. Semi-structured interviews elicited participants' experiences in their own words, with opportunities to elaborate on issues of relevance to them. Learnings from the interview data were then developed using inductive, thematic analysis with care to privilege participant's voices.

The following chapter presents a description of the participants and their experiences during the fires. The subsequent three chapters report the main study findings.

## CHAPTER 5

### Participants and their disaster experiences

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This chapter introduces the parents who participated in this study and their experiences on Black Saturday. The first section presents parents' demographic characteristics including age, educational background, employment status, and financial stress. Their family structure is then described in terms of relationship status and number of children, as well as the age ranges of children across families. The second section of this chapter explores parents' accounts of their, and their families', experiences on Black Saturday. This provides a description of (i) trauma exposure and (ii) being a parent *during* the fires.

#### 5.1 Participants

Nineteen mothers and three fathers from 20 families participated in this study. There were two families where both parents participated (though in individual interviews). The mean age of parents was 47 years with a range of 38-63. Twenty-one participants were born in Australia; one was born overseas but had lived in Australia the majority of their life. None of the participants identified as Aboriginal or Torres Strait Islander though two did not answer this question.

##### 5.1.1 Education, employment status, financial stress

In terms of education levels, 12 of the parents had a tertiary degree (inclusive of post-graduate level); five parents had a technical diploma or certificate; two parents had post-

graduate or 'other' diplomas; three parents had high school education between years 9 to 12.

At the time of the interviews 12 parents were employed part-time, one of who was also a student, and another was 'partially retired'; five parents were employed full-time, one of who was also a student; five parents had home duties and were not in paid-employment. Twelve participants reported, retrospectively, a change in employment status compared to prior to the fires: seven experienced a decrease in time spent in employment; two experienced an increase in time spent in employment; two became students without changing time spent employed while one student was currently not in paid employment.

Half of the parents reported they were 'living comfortably', while nine parents reported they were 'just getting by', and two reported they were 'finding it difficult or very difficult'. When compared to parents' retrospective ratings of financial stress prior to the bushfires, 12 parents did not report change, eight parents' ratings reflected an increase in financial stress, and two parents' ratings reflected a decrease in financial stress.

### **5.1.2 Family structure**

Seventeen participants were married or in de facto relationships. Five parents, all mothers, were not in a relationship with their child(ren)'s father at the time of the interview and did not discuss being in another relationship, though two explicitly identified as being in single parent households. One participant was a widow at the time of the fires and had since remarried, and three participants were married or in de facto relationships at the time of the fires but had since separated. All of the children with parents who were separated primarily resided with the interviewee.

At the time of the fires, there were 37 children across the 20 participating families and the mean age was 8 years (range 0-18). There were 17 daughters and 20 sons across the families. Overall there was a relatively even distribution of age groups represented as there were five infants (0-1 year), five toddlers (2-3 years), eight children (4-8 years), nine pre-teens (9-10 years), nine adolescents (13-16 years), and one young adult (17-25 years). Thirteen parents reported having two children at the time of the fires, followed by seven parents who had one child, and two parents had three or more children. Six participants

reported having had more children since the fires: three participants had two more children, and three participants had one more child. By the time of the interviews, 6-7 years later, there were 44 children across the families with a mean age of 13 (range 0-25).

### 5.1.3 Major life stressors

For many parents and their families, the disaster was not the first major life stressor they had experienced. While Black Saturday was the first event of this scale these parents had directly experienced, and they considered it to be non-normative, it did not occur in isolation from other stressors in their lives. Two parents referred to their own intergenerational connections to another major Australian bushfire known as the Ash Wednesday fires of 1983, while others spoke of community connections to previous disasters. These experiences will be discussed further in Chapter 6. Many parents discussed stressors they had experienced in recent years preceding the fires including familial bereavement, assault and accidents, life-threatening illness, struggling with mental health, caring responsibilities, and family violence. Some had or were experiencing multiple major life stressors by the time of the fires. One mother illustrated how the complexities of her family life, which for her included domestic violence, influenced the situation she was in on the day of the fires:

*Um, I, spent all that time being terribly depressed and smoking dope. And heaps of it. Um, so that the day of the bushfires I was very stoned. Which was one of my major guilt factors, afterwards. Um...however...being straight and sober and um...a lot wiser now, I realize it really wouldn't have made (raising pitch) any difference at all, to tell you the truth but--. 'Cause I just felt so powerless.*

*(Mother 14)*

Parents also recounted numerous stressors experienced in the years since the fires – that may or may not have been related to the fires – including bereavements, financial stress, displacement and multiple relocations, moving schools, illness, community reactions, changes to social networks and relationships, as well as home environment stressors (e.g., conflict or family violence).

## 5.2 Experiences of Black Saturday

In their initial descriptions of what it had been like to be a parent since the fires, parents' primarily identified the experience as one that had been difficult – in terms of particular challenges as well as the general effort and need for perseverance; different – to what it was before or what they believed it would have been had the fires not occurred; and an “eye-opener” – an unexpected and non-normative experience that required flexibility and continually learning. These initial responses are reflected across the themes that will be discussed in the next three chapters.

Parents also offered vivid accounts of the day of the fires, fighting the fires or their evacuation, and the immediate aftermath, providing a description of both trauma exposure and experiences of parenthood during the disaster. There were several different communities represented by participants (where they were living in at the time of the fires), 13 were from Kinglake Ranges (including Kinglake Central, Kinglake West, and Pheasant Creek), three from Steels Creek, two from Castella, and one from each Baw Baw, Clonbinane, Marysville, and Toolangi.

### 5.2.1 Separation and evacuation

Ten parents discussed being separated from immediate family members during the fires: four were separated from their partner (not including single parents), one was separated from their partner and one of their children, one participant described themselves and their partner as being separated from one of their children, and four participants discussed being separated from all of their child(ren) (or their only child). Three participants were not in their communities on the day of the fires though their partners and/or child(ren) were; three participants (from two families) reported their child(ren) were not with them and not in fire affected areas on the day. One of these parents described how helpful it had been to her that her children had were not there on the day or in the early aftermath, but that seemed to be at odds with what other people expected:

*I didn't mind the boys not being home because I knew they were safe so I felt really comfortable about that and...for their ages,[provides ages], there wasn't a lot to do. [...] She [another community member] sort of thought that I was upset*

*because of my kids, because I didn't have my kids. I hadn't seen my kids for nearly a week. Um, but I wasn't. I said, "No, no, it's fine, it's fine, it's fine." I mean, so anyway that was...a bit of a-- a thing 'cause people think you needed to have your kids but I, sort of didn't which yeah anyway, I had enough to deal with I suppose at the time. (Mother 5)*

Half of the participants described evacuating and did so on the day of the fires. Thus, they were also directly exposed to threat and sensory experiences of the fires (i.e., smoke, sound, vision) and evacuation routes often took them through the destruction of the fire path including witnessing the bodies of people they may have known from their communities and had been trapped. Several were still able to evacuate after attempting to fight the fires, while others found themselves unable to leave.

Three mothers and one father identified as being pregnant/expecting at the time of the fires. These parents recalled being aware that the stress and physical demands on the day of the fires posed a risk to themselves (with the father reflecting on his partner) and their unborn children. One mother miscarried after the fires. While she found it helpful to attribute the miscarriage to the stress of the disaster it was still a bereavement experience she was aware she may not have had otherwise. At the time of the fires, she had only recently learned she was pregnant and not having had the opportunity to tell her partner, she made the decision not to tell him during the fire so he would not have to worry about that as well.

Another father and mother (from the same family) spoke about their experience of being separated during their evacuation as the pregnant mother needed to be taken to hospital. This caused stress for the mother as she was separated from her other son for the first time and the father struggled calming his son during the trauma and early aftermath while not being the parent their son 'wanted'.

Others reported that their parenting responsibilities were behind the decision for families to separate during the fire. The third mother who was pregnant at the time described her decision to evacuate with her youngest children while her partner and eldest son (an adolescent) stayed to defend the home as necessary for her young children's safety and because being pregnant she would not have been able to assist in

defending the home. Though seen as necessary, it did not prevent this mother from experiencing guilt at having 'left' her partner and other child behind. Another mother who similarly took her children to safety while her partner defended their home, shared her considerable feelings of guilt and recounted the impact it had on her experience of parenting since the fires:

*I don't think that my ability to parent...um, was helped by the trauma of the Black Saturday. I...genuinely believe that it has lessened my ability to parent because of my feelings of not being in control and that particular experience I was open to, you know, losing...everything. And I fled and left my husband there.... And as a result of that, which was-- you know, and my husband has said to me many times, you know, "You had to do that. You had to take the children out of the environment." But...(crying) I just thought in a perfect world, I should have been there. (Mother 15)*

### **5.2.2 Facing the fires**

Parents who stayed (by choice or ultimately because they were unable to leave) as well as those who evacuated after encountering the fires, revealed ways in which their parental role interacted with their experience of trauma. One single mother described being unintentionally separated from her daughter during the fires and the trauma they each experienced facing the fires separately. She had decided to send her daughter to neighbours to be with other children while she prepared. Like several other parents, she recalled not expecting the fires to actually occur nor that they would be as strong and impenetrable as they were. When the fire struck she could not get to her daughter. As with the parents who described their decisions to separate for evacuation, she expressed intense feelings of guilt and regret:

*So there's-- there's a window of sort of four hours, where she-- she went through-- she went through the trauma of the fire front coming through, and standing there screaming going, "We're all gonna die, we're all gonna die." Then when that emergency was over, then, she-- she went to-- because she thought she was gonna die, she knew that I was dead. [...] I thi--, yeah, I--. Just don't, don't not be with your kids. Because I think for me, um I do believe that that's done real damage to*

*me and I think that that's done real damage to her, like long term damage that...she-- she's still struggling with that now. (Mother 7)*

Parents who had, at least initially, made the decisions to stay similarly struggled with having put their family at great risk, for example:

*...the fire had come through and the house was burning and there was no water, (inhale) and the thought was: well, I've-- I've killed my family. So that was my experience, that-- that we were all going to die, in that moment. And you know it's interesting, I hadn't really--, (inhale) I was concerned about the friends who'd come but it was almost as if they were responsible for themselves, but I was responsible for...for [my eldest son] and the baby, um... (inhale) and...that, you know I'd made choices that had led to them being in danger, and that that had-- those choices hadn't been-- you know in retrospect hadn't been, wise choices. (Father 2)*

Some parents (both mothers and fathers) noted that the trauma of the fire interacted with what they identified as particularly masculine expectations of being able to protect ones' home and family. However, mothers' descriptions during the fires also illustrate their sense of responsibility to their children and feelings of helplessness and loss of control at being unable to protect them. One mother, for instance, described placing her children in the safest part of the house while she and her husband fought the fires. She recalled the necessity of her (and her husbands') actions to save their lives but that it meant she could not be with her children. This was particularly salient with regard to her youngest son whom she described as struggling in the following years. At another point in her interview, she discussed an important part of a mother's role as being to look after the emotional needs of her children. She described having been prevented from doing that during the fires while she was occupied actively fighting the fire:

*And [my husband] and I were sort of yelling out to each other you know, 'Come and help, I need your help here.' [...] (Inhale) But um, [my son] told us later that when he heard us screaming like that he...thought we were burning to death. And you know he'd-- (sigh)...yeah, he was really, [of] course he was really terrified. [...] Um, yeah I remember one time...he asked me you know when-- one of the times*

*when I was able to-- oh he'd say, 'Mummy I need you, I need you,' and I couldn't always be there. But one of the times when I could just-- (sigh) check in on him he said, 'Are we gonna be dead?'. (Mother 4)*

Other parents similarly discussed their children's perceptions of them during the fires or evacuation. For some it was related to helplessness having been unable to shield their children from their own actions and reactions. For others, it was related to feelings of guilt because they had not been aware that their children had been paying such attention to them during the fires.

Two of the participants whose families remained (and ultimately became unable to leave) described their pre-teen and adolescent children as actively fighting the fire with them. Two mothers whose children had not been in the community on the day of the fires reflected that they probably wished they had been there, for one it was seen as connected to strong feelings of survivor guilt. The parents of adolescents who fought the fires with them, reflected on the benefits related to agency in fighting the fires. For example:

*...they didn't have to...their choice. But they did help put out embers. Although I will say we're not on the edge of the escarpment, we're in a very different situation. Um, but, I know a lot of their friends...I don't know, almost envious or...thing. Because they felt that they were locked away, Mum and Dad's out fighting the fire, they didn't know what was happening...and, um, but my kids were there. (Mother 2)*

However, this mother also described being judged for this experience. Her anger at the judgement having been relayed to her child, and by someone she perceived as unqualified to impart it (through lack of fire experience), was evident:

*...the [school] chaplain...questioned him why he was-- why we were here on the day of the fire, why was he here. Which I think, quite frankly as far as I'm concerned the chaplain shouldn't still be a chaplain if he's saying that. Because...as a fourteen year old what choice do you have anyway. What-- the decision was-- it was our decision and also I think it was naive of the chaplain, it's alright when you live in metropolitan Melbourne [...], yes they might have seen*

*fire warnings and things like that - he had no idea of what happened up here...*

*(Mother 2)*

Like other parents, this mother also demonstrated that misunderstandings of the behaviour of the fires on the day impacted on their decisions. These misunderstandings were often related to failings in formal communication of fire warnings. For some it was also about whether or not they actually expected the fires to occur in their area.

Finally, one mother who was interstate with her child at the time of the fires while her partner was at home described many of the same challenges on the day as other parents, particularly mothers who had evacuated with their children. These included attempts to manage their child's exposure to information, and feelings of helplessness. This mother described the trauma that she and her daughter went through even though they themselves were not directly exposed to the threat and sensory experience of the fires.

*...the first we knew what was happening was I got a text message from my husband saying he was surrounded by fire and didn't know if he was going to get out. (Inhale) So, at that point we didn't actually tell my daughter because I was thinking: I'll need to know if he survives or not. [...] But that whole sense of not being present and not knowing what was happening was really awful for her. And we didn't find out for several hours whether my husband had made it out or not, so we were there really helpless. [...] Then I started getting all the calls saying this person's pas-- died in the fire, this person's died in the fires. And some of those people were children she knew. Um, and there was missing people that we really wanted to know about that she, by this stage was saying to me, "Did they make it, didn't they?" And I wasn't able to tell her. (Mother 1)*

### **5.2.3 Loss**

Nine of the parents reported having lost their house in the fires. Those who did not lose their houses did describe property damage, and two described deaths of animals they owned. The majority of those who lost their homes described their displacement experiences. These included years of living in what they planned to be temporary accommodation, rebuilding and/or multiple re-locations. Three participants (from two families) describing having only attained what they considered to be their replacement

home recently (within the year preceding the interview). Two participants have since relocated to non-fire affected areas; one did so immediately following and as a result of the fires, the other has done so recently and for reasons not directly related to the fires. At least half of the parents discussed themselves or their children having known people who had died in the fires.

There were many other less tangible experiences of loss that will be discussed throughout subsequent chapters. These include the loss of 'normality', changes to the parental role being experienced as loss of a valued part of their identity, as well as loss of place through both physical changes to the landscape and the changes to community.

### **5.3 Diversity of experiences**

Many parents were careful to stipulate that there were diverse experiences – particularly when asked to reflect on other parents but at times unprompted as well. There were some who expressed hesitation to speak for other parents and others who qualified statements by stating reasons their own experiences may not reflect the experiences of others. Several parents articulated their intentions to be non-judgemental, but more often it appeared to be a ranking of difficulties, acknowledging their perception that other people had faced greater challenges. To illustrate:

*And we didn't lose our house and so we were sleeping in the same beds and same possessions, and sometimes I think how...how could you've-- like, a lot of this stuff particularly if you are-- like I know one family that was trying to live in a caravan and things like that and the kids are in another caravan, they're trying to build things in-between. That makes it so much harder... (Mother 2)*

Participants explicitly attributed diversities in their disaster and post-disaster experiences to diversities in the nature of their experience as parents. These included traumatic exposure and number of losses (both bereavement and material), major life stressors since the fires, differences in resources (including financial or educational background of parents), as well as problematic trauma and grief reactions experienced by parents, their partners or their children.

In spite of the recognition of diversity, there was also evidence of the value in being able to draw similarities across experiences. For example, several parents volunteered their reasons for participating, which included expressions of appreciation for and the perceived utility of the study; appreciation of times when trauma reactions were normalized; and, perceptions of experiences of trauma as 'the same'. To illustrate:

*I think it's really great that you're doing this. Yeah it is really important because tragedies will never stop, you know and I think it's even a tragedy whether it's a car accident, losing a child, a bushfire. You ca-- have the same emotions, loss, separation, whatever it is...you know if you can find strategies to help people deal with their everyday lives after, I think it's amazing, yeah it's really good, really valid. (Mother 8)*

## **5.4 Chapter summary**

This chapter has described the parents who participated in this study, their family contexts, and their experiences during the fire and evacuation. While a majority of participants were mothers, fathers also contributed to these findings. Most of the participants were employed (either full or part-time), had tertiary education, and identified as Australian. Participants reported varying levels of financial stress, with most indicating an increase in financial stress in the years since the fires. A variety of family structures were represented with respect to number and ages of children as well as parental relationship status. Most were married or in de facto relationships at the time of the fires, however several single parents participated as well. Families ranged in size with several families of single children and others with sibling groups. Participants were parenting children aged 0-18 at the time of the fires. The majority had experienced changes in family structure since the fires including changes in parental relationship status for several participants, and nearly a third had more children. Most participants discussed major life stressors they had experienced in the years preceding, during and following the fires, demonstrating that the bushfires as a traumatic event did not occur in isolation from the other stressors of participants' lives.

With regard to disaster exposure these families were generally living in areas that were highly impacted by the fires on Black Saturday. Most had direct exposure to the fires, experiences of significantly damaged or destroyed property, and knew people who died in the fires. Nearly half were separated from immediate family members during the fires.

Importantly, the findings presented in this chapter have demonstrated how parenthood interacts with parents' experiences of trauma. Parents reflected on decisions they made that influenced their and their children's encounters with the fires as well as their perceptions and experiences during the fires. Their sense of responsibility to their children, experiences of helplessness and loss of control, as well as feelings of guilt and regret, were evident in many parents' experiences. Descriptions of separation during the fires demonstrated influences of gender on experiences during the disaster, including pregnancy and decisions to evacuate.

Finally, while there are 'typical' participants when looking at each of the demographic factors, there are diverse experiences represented when considering the combinations of factors, family structure, children's ages, and trauma exposure. Parents themselves spoke to there being diverse experiences of parenting in the aftermath of the fires, but also the value of drawing similarities across experiences.

## CHAPTER 6

### Life after Black Saturday: Forced into a new normal

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Turning now to the aftermath of the disaster, the overarching theme presented in this chapter is: *forced into a new normal*. This chapter represents what parents said about their experiences of and reactions to the change, loss, and disruption caused by the fires. It also captures aspects of the post-disaster experience that participants expressed in terms that were broader than parenting, as well as the ways in which they responded as parents.

The first section reports parents' descriptions of the extent of change and disruption. This includes exploring themes across what they spoke about as having changed, such as their observations of new stressors their children were exposed to, losing fun, and a changed sense of capacity. Whether and to what extent they perceived parenting specifically to have changed is also explored.

The second section examines parents' subsequent experiences of settling. Their descriptions of feeling driven to get back to normal, as well as related tensions, perceptions of pressure, expectations, and timeframes are addressed. Additionally, the significance of stability and familiarity and approaches parents took to facilitate these for their children are presented.

Finally, this chapter examines the lessons parents aimed to impart to their children, having experienced the fires.

## 6.1 Everything changed: Losing normal

Parents provided considerable detail about their families' lives after the fires. The extent of disruption and change experienced was central to these narratives. All of the parents made comparisons to life before and after the fires. The contrast emphasized their experiences of change. For some, the persistence of the distinction was surprising in itself, for example:

*That's something that I would never have understood having not...been through it...is the long-lasting impact. Um, how it's...a marker of time now. It's-- that's how we speak: before the fires/after the fires. (Mother 14)*

Many spoke broadly of how the fires changed "everything" or that they were "life changing." To illustrate:

*We didn't lose our home but we lost really good friends, we lost our town, we lost everything. (Mother 3)*

Several parents similarly expressed that property loss or other quantitative indicators at times used to assess impact did not accurately reflect the ways in which they were impacted by the fires. As exemplified in the example above, the experience was still that of losing "everything."

Parents' descriptions of change were typified by expressions of loss and helplessness; that the circumstances had been beyond their control. One mother said:

*It doesn't--...it changed everything. Yeah. We would have probably just cruised along and been boring. And it would have been lovely. But it, you can't go-- you can't do anything about it. (Mother 1)*

Many parents demonstrated that the extent of change represented a loss of normality, and that this was challenging for themselves and their children. To illustrate:

*It really did change because...we had our normal life and, we had our normal routine...(inhale) and then it was just all different. (Mother 6)*

Some parents also emphasized that Black Saturday was a non-normative experience, particularly in Australia. Parents made comparisons to “normal” people, “normal” parenting, or compared their children’s behaviours to what might be “normal.” As this mother noted:

*I suppose I could put it this way: I’ve worked it out that unless you’re a child, or in a family that has a child, that is seriously ill with a life threatening condition, no--...it would not be normal, except for when we’re talking in war zones, but in Australia to have to go through so much grief and so much death all at once. (Mother 2)*

This mother, as well as a few others, also expressed concerns for their children in relation to perceptions of higher rates of death (including suicide) in the community over the years since the fires.

### **6.1.1 Managing additional exposure**

Many parents recounted managing their children’s exposure to such stressors that emerged after the fires. Changes in the physical environment contributed to further trauma exposure, as one mother explained:

*And when we moved back in...yeah everyone was sleeping in our room for a while...because the bush, it had just all gone and you could-- like before where it was thick bush...you know it was so open and from my daughter’s room you could see um... into our neighbours place where their house had burnt down and they actually hadn’t survived. And from her--...(inhale) from her room she could see that so-- see the site where that had happened anyway um. (Mother 4)*

Nearly half the parents discussed their concern for their child(ren)’s exposure to the destruction of the disaster through the media both during and after the fires. Many of these described managing their children’s exposure to the media, or their distress at being unable to. One mother described a discussion she had with a reporter where she asked for sensitivity in reporting the names of people who were missing out of concerns

for children. Another mother gave the example of feeling unable to control her child's exposure to the media:

*I'd always tried to minimize [my son]'s...you know exposure to that sort of thing [television generally], I think. [...] And that to me, was very out of my control. I was being taken in to, you know family's home and I don't know my sister-in-law that well but it was-- I was very grateful of somewhere to-- (inhale) to go. Um...but...I had no con-- I couldn't say to them, you know, "I'm sorry can you turn off the, television?" Like, you know, I tried to take him into the other room but of course they've got-- you know they-- they're people who have got a television in every room (laughing) in the house. (Mother 16)*

She later described how if another fire were to occur, she would not hesitate to assert herself again in such a situation.

Parents expressed concerns about social changes at a community level as well, including expressions of anger, disagreements and "division" particularly during rebuilding and recovery efforts (often observed by parents to be related to distribution of funding). Several described their community as "vulnerable," "reactive," and "traumatized," and made observations of increased alcohol and drug use. Parents also described their efforts to manage their children's exposure to these reactions within the community. For instance:

*[...] we were then obviously given the option to stay at the temporary village. [...] But, I refused to go and stay at that temporary village. (Inhale) Because for me...I know that...caravan park mentality of you know, people drinking, coupled with trauma, coupled with heightened emotions...(pause) it was not an environment that I wanted to put my daughter in. (Mother 12)*

Finally, some parents also raised concerns about their children's exposure to disruption and instability, in the face of which they aimed to facilitate stability and familiarity. These themes are detailed later in this chapter.

### 6.1.2 Losing fun

Another theme that connected several examples of loss was that of losing a sense of fun. One mother made the observation that in the immediate aftermath of the fires, children seemed to feel they would never be able to have fun again. This experience was not unique to children:

*'Cause sometimes, you didn't feel like having fun, you thought the last thing on earth was ever going to happen again was that you were going to have fun.*

*(Mother 11)*

The relevance of place with respect to play and social opportunities was an aspect of this experience of loss for children but also for participants as it undid deliberate efforts they had made as parents. One mother spoke of a loss of “beauty” and the garden she and her partner had designed for their children as a play area; others similarly commented on loss of nature. One mother explained how the change to physical environment affected social experiences:

*It was a total loss property so there was-- it was like a moonscape, there was nothing left at all. [...] 'Cause see when we were living in-- after the fires, living in the...shed, ah the boys didn't want to bring their friends home. (Inhale) Because, it wasn't an ideal place. And it wasn't particularly pretty. (Inhale) Um...and all outside was boring. (Mother 13)*

Dislocation affected those who stayed as well as those who left. One mother described her adolescent son as losing part of his “independence” when his friends moved and were no longer a bike ride away. Another mother reflected on moving to a suburban area and found her daughter’s social opportunities had become difficult to arrange and more structured which felt restrictive. Rural and suburban play was similarly contrasted by another mother:

*I can remember getting really sad thinking: Why should they be going through it? Why should they be--...why should the first five years of their lives have been so tough? [...] our plan was for them to be the bushbabies [...] I can remember saying to [my husband], “I'm not having them be skate park kids.” [...] for such a*

*long time, I didn't think that they would be...bushbabies. And watching that this morning and actually just thinking about it now, I'm thinking that's exactly what...they would have done there as well. (Mother 10)*

Her realization during the interview—that she and her husband had eventually been able to deliver the childhood they had planned for their children—demonstrated how long the feeling of loss had persisted.

### **6.1.3 Living at capacity**

Over half of the parents raised the issue of being at, close to, or exceeding “capacity,” since the bushfires. One father recast his initial perception of diminished capacity with acknowledgement of the increased volume of demands:

*Um...but yeah it certainly felt like I...couldn't handle much. You know like I couldn't-- like it just felt like it was too much. I suppose that's the other part of it, it's not like I can't handle much, it just-- it just feels like there's so much to deal with. That's-- I mean that's the bulk of it. There's just so much...to deal with and there's not enough time, there's not enough--, there's no--. Like, there's all this to deal with [gestures with open arms], when there was only this much [closes gap between hands] to deal with. And so now there's all this but, you might have had this much mental...capacity to deal with this much and now you've got this much [small gap] mental capacity to deal with this much [big gap]. (Father 2)*

The number of demands in the post-disaster environment and the effort involved in meeting these demands were issues many parents raised. Included were practical demands ranging from immediately seeking food and shelter for their families, to years of displacement and rebuilding. The following mother, for example, illustrated the cumulative experience of demands:

*And yeah it was just-- it was hard enough, you know to...be a parent, still work...(inhale) and get out of bed. (Mother 12)*

The effort required was illustrated with examples of times when parents needed to advocate or “fight” in the post-disaster environment (e.g., to gain access to the services they saw their children needed), and the effort it took to “be strong.” Keeping their

families together, which several parents expressed as a deliberate goal, similarly required significantly “hard work.” To illustrate:

*We’ve survived. No one’s...you know, no one’s died in our immediate family and we’ve maintained a unit. Which I think in some ways...yeah, there’s times when we could have just gone: this is too hard. (Mother 1)*

Even a number of parents who did not raise this as a challenge their family faced, discussed the perceived threat of family dissolution in relation to the observation that many other families “broke-up.”

Parents made connections between having limited capacity and their perceptions of and ability to respond to stressors. For example, one mother described experiencing numerous significant life events over several years leading up to the fire (including getting married, moving, and having children – one of whom had high care needs). She articulated that her perception of these had changed from events to stressors following the fires:

*I don’t remember feeling any stress until after the fires.*

Revisiting the issue later in her interview she said:

*You know ‘cause it’s so...it’s not just we were like a normal happy family...and then we had the fires. You know. But I feel for me that, um...I was managing all the changes and the stressors if you like, even though I didn’t feel stressed before the fires...they were just, sort of insignificant but once the fires came I feel like that’s when I dropped my bundle. (Mother 19)*

Some parents also expressed feeling as though they have lower capacity to respond to future adversities as a result of having gone through the fires.

A number of parents from two-parent households illustrated a sense of shared capacity as well. Several described the benefit of being able to share or “taking turns” with their partner being able to “break-down.” Some also recalled times when it did not work out that way; to illustrate:

*So, I'd have my meltdown (laughs) and then [my partner] would have his and we'd be able to sort of balance it. It was hard when we were both having one at the same time, but generally there was one parent that was stronger than the other.*

*(Mother 3)*

Even though being able to share capacity was important, there was still the perception of capacity as diminished. Some spoke about the need to be the functioning parent while their partner struggled with the trauma or being the parent who needed significant support from their partner. One mother who had not been present on the day of the fires though her husband was, described the impact of his trauma on their parenting:

*At times I think his capacity to parent was minimized, um because...(inhale) he was just so hurt and traumatized and that-- you know not-- having really full-on conversations that sometimes were in front of her which I think we could have um definitely done differently, but when you're so upset and traumatized, you just can't.... (Mother 1)*

Dividing roles appeared to be a way some parents negotiated their combined capacity. Several mothers identified being the 'primary' parent in particular for the first few years after the fires; and two fathers spoke of how their partners did most of the parenting. Several fathers by contrast, reportedly spent more time participating in community recovery, or re-establishing employment responsibilities. One mother spoke about how tiring it had been, feeling like a single parent for several years while often physically separated from her partner during their displacement and rebuilding. Two participants who were single mothers similarly reported feeling overwhelmed by being the only parent available to respond to their child. Capacity was not always shared in two parent households. One mother who identified as being in an abusive relationship (where abuse began prior to the fires and continued afterwards), discussed feeling unsupported by her partner in parenting generally. Additionally, being 'at capacity' was not always be recognized by partners, as one mother noted:

*My husband was working a lot in the community and you know maybe [...] expected me to do certain things which I hadn't been able to...do, —[...] he said well, um, "These people are working tirelessly in the community, why aren't you?"*

*kind of thing, and...I was still just...you know...yeah I don't know, reeling a bit from what happened and trying to take care of the kids and trying to--...*  
(Mother 4)

#### **6.1.4 Changes to parenting**

Explicit discussions of perceptions of parenting also reflected losing normal for many, though there was a range of experiences of whether or how much parenting had changed. A few parents either did not directly reflect on whether parenting had changed, or identified the changes experienced as parenting transitions they expected they would have gone through had the fires not occurred. For example, one mother explained:

*I think, we had a few changing roles 'cause our kids were older I suppose, and [my eldest son] left home and I moved into part-time work... [...] So I think that's um...yes I would almost say that I don't know whether the fires are really have any prolonged effect on...our relationship with our kids and our parenting? Um...I don't--, yeah I don't think I would say that, there wasn't really in our case....*  
(Mother 5 mother)

Conversely, there were parents who described changes—either by their nature or volume—as fundamentally altering parenting and their experience of it. To illustrate:

*So parenting...changed! Completely (laughs). My role as a parent, I suppose as both of parents--, both parents...changed...completely. (Mother 9)*

These parents often appeared surprised or distressed by the changes and often also expressed feelings of helplessness, sadness, and loss.

In between the two ends of the spectrum were parents who described (i) parenting as being essentially the same though more difficult since the fires; (ii) what they had to do as parents may not have changed but they themselves had (i.e., due to their trauma reactions) and that influenced their parenting; or, (iii) they encountered new parenting situations that they felt they would not have faced had the fires not occurred (including, for example, their children's trauma reactions). Parents also illustrated that losing normal meant the context of their parenting had changed. For instance, one mother highlighted:

*So it was really quite...difficult to maintain a normal parenting style, because the whole framework of our life had been destroyed. (Mother 11)*

Another mother, for example, described “communal” parenting with others in her rural community which was lost as some of their neighbours had died, while they and others had re-located to urban areas.

While most parents attributed changes in parenting to the fires, at least three quarters also demonstrated they were not always certain when making such attributions. One mother showed that even though she was confident the fires had an impact on parenting, she was not sure of where to attribute the most direct effect:

*And it is hard for [my husband] and I to think, of...would...even our shortness now...in our tempers...with [my youngest son]...be...that short if we hadn't had the fires. Because would he be a different kid? Um, and would we ah, have more tolerance? Would our tolerance levels be...ah.... (Mother 10)*

This mother and several other parents questioned whether their approach to parenting had changed because of the fires or if they would have developed the style they have now regardless.

### ***Parenting as amplified.***

As noted above, one way in which parenting was experienced as changed was that for some it seemed to be augmented or amplified by their experience of the bushfires. That is, the fires had increased the difficulty of an already challenging role, sometimes overwhelmingly so. In one example:

*...it's really tiring being a parent at the best of times. When you're struggling, when you've got, um...you know emotional issues and...triggers everywhere, that just come out of nowhere, um...it's really tough... (Mother 11)*

Several parents reported ways in which parenting had become a more “deliberate,” conscious effort. For instance, one mother described needing to talk to her partner about what was “important to them” as parents:

*So we actually had to make...time, and make the effort to actually nut that out. And I don't know that...I don't know how—obviously, how other people parent, but, often it's an organic process and you don't necessarily talk about things.*  
(Mother 11)

Another mother similarly identified feeling driven to be effective:

*Um but yeah, so not my preferred parental style, but (inhale) it was effective. And that's all I could manage at that time was thinking: how can I be effective as a mother? Rather than always being the nurturer, the lover, the...build you up, you know.* (Mother 1)

One mother of adolescent children explained that for her parenting changed since the fires in that she went from what she saw as gently guiding her children to being a more active role model. She also demonstrated, as did other parents, an increased motivation to attend to and understand their children's behaviour. For example:

*Um...yeah, I'm just a little bit more sensitive to them both...perhaps, a lot more understanding....to them.... Not that I wasn't before the fires, but now I'm just...(inhale) just cautious.* (Mother 9)

These examples appear to indicate that these parents perceived their children as vulnerable following the disaster.

## **6.2 The struggle of settling**

Having experienced the trauma of the fires, and faced with having lost normal, parents engaged in settling. Several parents used language of “settling” or being “settled,” with one father in particular who clearly articulated his focus post-Black Saturday was on making sure his family “settled.” This aptly reflected many other parents’ descriptions and appeared more inclusive than “recovery” (which was also used), in relation to several aspects of the experience. Such aspects included tensions between “back to” or a “new” normal, or that parents discussed the ongoing impact of the trauma on their families or communities (continuing at the time of the interviews). Being settled was a state that parents expressed their desire for, with some having achieved it.

### 6.2.1 Elusive normality

The concept of normal was evident in parents' descriptions of their efforts to settle, complimenting the relevance of 'losing normal' as an understanding of the experience of loss and change. Half of the parents spoke about regaining a sense of normality in the aftermath of the fires. Several qualified that 'returning to normal' had been an initial expectation that had not eventuated. For example, one mother identified her motivation to re-build their house represented more than just shelter:

*So yeah, for me the-- the driver was just to get back into a house. Because that for me, symbolized and-- and represented, that was everything to get back to normal. We needed to have our home. (Mother 7)*

She later articulated her distress at unmet expectations:

*Because you do go through that whole time from the day that it burnt down, is that the golden arches are when you get into it [the new house] and that's when everything will be okay and it-- and then I can stop. And then all of this, everything will just go away and I'll just be back to normal and everything will be fine. And then you get in there and you have zero connection with the place. It was like moving into a hotel. And it just-- it means nothing, it means nothing. (Mother 7)*

A number of parents similarly questioned how to conceptualize normal, reflecting a tension in attempts to "get back" to normal. For instance, one mother reflected on being separated from her husband during the fires as well as for periods during early recovery and rebuilding:

*Sort of have these expectations that it's going to be great once we're all back together, and it is but, there's something different. [...] And maybe that's something for parents in that normal role with children [it] would have been nearly impossible to get back to normal. And what is that even? (Mother 16)*

What appears implicit in these parents' descriptions, another mother articulated explicitly: that recognition of the complexities of normality was a more recent realization,

something observed in retrospect. She expressed the impossibility of returning to normal as the way things were before the fires:

*...you're trying to get to normal again. Which, will never be, I understand that now, but that's what you're grappling to do. You are grappling to get everything back to normal. (Mother 6)*

Being unable to return to what was normal before the fires also implies that life after the fires involves settling into a *new* normal. Two participants explicitly referred to a “new” normal while reflecting on recovery more generally among people they knew or the broader community. To illustrate:

*...how our community functioned beforehand, what the priorities were, and how do we get back to--, getting back to what is probably the new normal. (Father 3)*

For some parents, the experience of a ‘new’ normal was implicit in their discussions of how long recovery takes and that they are still seeing the effects of the disaster in their communities—as will be discussed further in section 6.2.3.

### **6.2.2 Pressure to settle**

Many of these parents identified having had an internal drive or responsibility to settle, as the following mother demonstrated:

*Because...(inhale) you know...I was so determined to keep everything as normal as I could. [...] for me it was: I have to get us back to as normal as possible. (Mother 12)*

Often parents’ descriptions conveyed a sense of urgency and the desire to return to normal immediately.

For other parents the urgency came from external, often unwelcome, pressure to settle or explicitly “get back to normal.” One mother, for instance, demonstrated that expectations about recovery infringed on personal pacing:

*And I think, particularly after the fires, in a lots of ways we as a community...um, and things like that, weren't allowed to grieve properly like...[...] 'cause it was always "No you've got to get on with it, get back to normal." (Mother 2)*

Policy level decisions also reflected an external push to get back to normal, as the following mother explained:

*And then the Education Department in their wisdom, said, "The kids need to get back to normality, they've got to go back to school. (Inhale) Can't have them in the school, school was still unsafe and because of that-- so what will we do? We'll bus them...down to [a suburb of Melbourne]." [...] That was, um...that was so wrong what they did then. Um, and, yeah, that was, that was very hard for parents and for kids. It may have been the right thing to do to try and get life back to normal, but that was far too soon I think...for that. (Mother 5)*

This mother expressed resentment both at the external urgency placed on "getting back to normal," as well as how she perceived policy makers to have privileged returning to normal over other concerns held by parents. Several participants spoke about how due to the geography of the area, the only bus route to the alternate school went through the wreckage of the fires. Therefore, feeling pressured into this approach conflicted with parents' aims to minimize their children's further exposure to trauma (as in section 6.1.1).

Some parents described pressure experienced while receiving support from extended family relationships. One father, for example, illustrated this as he spoke about living with their extended family in the aftermath:

*So the [maternal] grandmother was furious at [my partner]...for taking a weekend away. And got into a massive fight with her about how we were staying in her house, and how this was difficult for her and-- (inhale) and-- and how [my partner] should be priori-- shouldn't be spending a weekend away, she should be (inhale) spending a weekend looking for somewhere else...to live.. (Father 2)*

This father also commented on his awareness of the housing market, and that to some extent they were competing with their neighbours who were affected by the fires and now in the same situation. Other parents identified pressures included structural demands

such as timelines around accessing funding, insurance, or participating in the class action lawsuit.

Another aspect of pressure was reflected in parents' descriptions of the nature of decision making, which was raised by nearly a third of the participants. This included the sheer volume of decisions that needed to be made, the necessity of making decisions quickly, the relative importance of many of the decisions as influencing their lives, and the fact that these decisions had to be made due to forced circumstance not choice. These experiences were exemplified by the following mother's account:

*And making all the decisions, you know in a heightened state rather than...going, "Hey should we build a house? That'd be fun wouldn't it?" [...] I said [to a friend], "I find it so hard to make decisions, now." [...] 'cause could it be the wrong one. 'Cause we made so many decisions right after the fires, and...they were actually really, really important decisions. It wasn't just like...so even just like choosing paint, I'd be like, oh, I just can't-- I don't know, I can't decide. [...] It was just, everything was a decision. Like, were we going to build? Where were we going to build? Were we going to sell the block? Where are we gonna raise our children? Do we want to even go back to that community? (Inhale). (Mother 8)*

The range of importance across the necessary decisions parents faced further evinced the overwhelming experience of having lost everything that had been normal and the demands that placed on capacity.

### **6.2.3 Settling takes time**

In addition to expectations that life could "get back" to normal, parents also illustrated having expectations of when things would be normal, settled, or when recovery would occur at least to a point of being better than immediately after the fires. Likewise, parents demonstrated surprise or disbelief at how long recovery appeared to be taking. They emphasized "still" or "nearly seven years on" when describing trauma reactions or changes they experienced themselves, or witnessed in their children, partners and the broader community. For instance, the mother quoted earlier about the persistence of the distinction between before and after the fires (see page 92), considered that having accurate expectations would be helpful:

*Um...understanding the long-term ramifications. That we've-- you know we're on seven years and we're still dealing with it. I couldn't have comprehended that. The children and their relationships and the community. Um, so just-- just sometimes being aware of that helps, I think. 'Cause your expectations aren't--....*  
(Mother 14)

This view was reinforced by a father who felt he benefitted from having more accurate expectations of recovery, which was in part due to his in-laws lived experience of another catastrophic Australian bushfire:

*I also knew that it wasn't going to be one of those things that was going to happen overnight. Probably...a lot of people--, some people thought that this thing was gonna happen quicker, and some probably didn't realize how long it was going to take.* (Father 3)

Most parents reflected on times they saw signs of recovery or improvement. These descriptions demonstrated that many had found this to have taken at least several years. Nearly a third of parents commented on the length of time they spent in “survival mode,” a heightened state, “running on adrenaline.” Some described this as months or years, and some commented that they were recently seeing signs of fatigue in community members.

Two parents who self-identified as having experienced low levels of loss and disruption relative to other people, discussed the first year as being the most difficult. Several parents discussed turning points or signs of recovery at around 2 years, 3-4 years, and five years. Nearly a third of parents expressed satisfaction with signs of recovery or feeling settled only recently (around 6-7 years). Even though there were turning points, nearly three quarters of parents reported ways in which they, their families, or people in the community were still experiencing effects of trauma. One mother, discussing her work in the community, made the following observation highlighting both the long-term nature of recovery and the diversity of trajectories:

*...we're getting people presenting even now, who were engaging with our art classes who are, like back on the continuum of right back at day dot of not being*

*able to even talk about it, and it's (inhale) there's no--...there's no timeline to recovery. (Mother 7)*

Many parents spoke of the need to “make time,” “take time,” as well as the need to “give” people time to recover. Parents discussed how difficult this was particularly when they had been in survival mode and occupied with the immediate practical demands of recovery. Several parents said how they had found it important to “take time away” from the post-disaster environment with their family to support their recovery. Some parents took substantial (e.g., year-long) trips with their children, while several others had shorter holidays and weekends away together. Similarly, several parents spoke of reconsidering the importance of their children attending school in the immediate aftermath.

Parents’ descriptions of the necessity and nature of decision making similarly indicated the pressure they felt with respect to time. One mother expressed regret at “knee-jerk reactions” while acknowledging a decision had been necessary. Others recommended, for example:

*So, yeah, don't make decisions, you know...give yourself time...even if you live down the road in a rental place for a year, eight months, whatever. It gives you time for your brain to settle down, after all the adrenaline of decision making. (Mother 13)*

Parents demonstrated that their expectations of recovery influenced how they managed time. The following mother’s account exemplified this as she illustrated how parental expectations of the time it would take to return to normal influenced prioritization. She recalled her reaction to her partner’s insistence that a year-long family trip would be beneficial to their recovery:

*It's much easier to stay here and just, plan-- straight away, get something else to live in, and...um...and then get everything back to normal. That was what I-- and [my husband]'s like, “This is not-- this is going to take us at least five years, before we get anywhere near where we were.” “What do you mean?” And he said, “This is going to take us until [our eldest son's five years older].” He kept saying, “until*

*we get..." I'm going, "No! No! We need to do--." (Inhale) So...that was a huge challenge. (Mother 10)*

Though it was initially a source of conflict in their relationship, she now valued both having taken the trip and her husband's perspective on recovery. This was evident when she later offered advice to other parents:

*And I know it seems really, really big but in the whole scheme of things you're gonna be-- it's gonna take five years, and you're gonna be okay. Um...and your kids are gonna be okay, you just need to hug them. Because five years is a long time if you're pushing them away and if you haven't got time for them. Um...and it can be really detrimental to them, I think. And really can affect your relationship, with them. (Mother 10)*

However, the conflict and the above example also highlighted the challenge in attempting to shift expectations. As with a "new normal," several parents acknowledged that while *now* they see value in recommendations to take a longer-term perspective, they recalled times when they had not been receptive to this advice from others.

#### **6.2.4 Feeling settled: Stability and familiarity**

Many parents spoke about the influence of stability (or instability) and familiarity on their own and their children's recovery. Their views on the importance of stability were reflected in (a) concerns about the impact of disruption and instability on their children; (b) perceptions of the benefits of stability and consistency (between aspects of pre- and post-fire life as well as across aspects of life after the fires); (c) descriptions of facilitating stability; and, (d) discussions of aiming to be or contentment at having achieved being "settled."

Parents' often expressed their concerns about the impact of disruption and instability on children in particular by framing impact in relation to development. Parents described instability as resulting both directly from the destruction caused by Black Saturday and indirectly through subsequent stressors. For instance, one mother spoke of relocating which they did initially out of necessity and then seeking more supportive environments for their daughter:

*But, yeah...it was a lot of-- too much change for a child though. And in those pivotal years um where you know, moving is destabilizing, different schools is destabilizing. (Mother 1)*

Another mother described how the unpredictability of rebuilding compounded challenges her son already faced in relation to mental health:

*And he worries about things...(pause) um...you know maybe not going the way he expects them to go. Which is part of his condition as well, but it's magnified by all the highs and lows since the fires. All the, "Yeah, it's all gonna be great." To then getting dropped on our heads and then...you know, we have to change our plans now. (Mother 13)*

As another mother explained, "messy" was the adjective that best encapsulated her experience of parenting post-disaster. She elaborated illustrating that disruption and instability were experienced at a structural level in relation to the services they regularly used:

*The childcare centre moved from the neighbourhood house to temporary building at [nearby town]...and then they moved finally to where they are now. So that was like three childcare centres after the fires. Um, that's hard, when kids are unsettled. Not anyone's fault, the thing burnt down, but.... The maternal health nurse as well. She had to move around a lot. (Mother 14)*

She identified areas where her children experienced stability as valuable and that they helped to mitigate experiences of instability:

*We did not lose our house. (Pause) Um, and I think that that helped my children resettle...immensely. We did not lose any of our animals. [...] And for them to have the familiarity of the childcare workers. (Inhale)...because they were in a different building in a different place. (Mother 14)*

Other parents similarly described stability as beneficial or protective. Often, this was in relation to consistency between pre and post fire environments. For example, one mother described consistency in that they had been in the process of building their home for much of her daughter's life prior to the fires. Another mother's description of the

protective nature of consistency revealed a concern that children might not understand why things were changing:

*So also when the fires happened...he [her husband] wasn't...um...it wasn't unusual for him to be there for the kids as well. So there was also that consistency as far as him being around. He was working casually and...or part-time I should say. [...] So, I don't think it was confusing for the kids, because I think that was all the way-- always how [my husband] had been... (Mother 10)*

Some parents spoke of actively aiming to maintain consistency across pre- and post-fire family life. Concerns about stability influenced decision making including, for example, whether to move their children to a new school. One mother explained her initial decision as prioritizing stability with respect to relationships:

*I thought nah look he's better off to stay where he is, with the people that he knows. But even so it was very disruptive and I don't really think the kinder teachers, um...or the aids there, I don't really think they knew what to do. (Mother 16)*

After two years, she felt more comfortable moving him to a different school for a more supportive learning environment.

There were also examples of aiming for or establishing stability in the new, post-fire environment. Some parents spoke about their desire for or trying to minimize the number of parenting styles their children were exposed to. This was particularly an issue when drawing on support from extended family. For instance, one mother described different perspectives on trauma between herself and her mother-in-law:

*I guess just the different generations, and how you deal with trauma was-- yeah, had an influence on your pa-- on my parenting. [...] I always felt as though the children needed to...you know, be able to sort of talk about it and...talk through it and...(inhale) you know, experience it and whatever. Whereas she's one of those, "Well yes it happened but...let's all move on and, not sort of talk about it, and not sort of dwell on it and aren't we so fortunate--," I just felt as though (inhale) she sort of didn't want to give it enough attention. And I felt that she sort*

*of (inhale) thought that I maybe dwelled on it a little bit too much.  
(Mother 15)*

She expressed her concern about the difference when her children spent time with their grandmother, as well as her strategy for managing her children's experience:

*And so you know, the children would be in, I guess, her [their grandmother's] care and you know, doing stuff with her and whatever and I just don't think that we approached dealing with that level of trauma from the same perspective. And I think that that may have been--, 'cause remember we're talking about what--...um heading for seven years ago, so you know the children at that age to have that sort of conflict in...in you know. But then, as we always say to them, "we're all different, and you know, you've gotta approach things from different perspectives and...." (Mother 15)*

Another father described his conscious decision to "step back" from parenting so that his son would not be confused by three different parenting styles while staying with his partner's mother in the early aftermath.

Several parents saw routines as an important part of their ability to provide stability. One father illustrated how routines influenced stability and a sense of future:

*...trying to sort of...claim some kind of normality, yeah. Routine, regularity, consistency...(inhale) a long-term temporality. (Father 2)*

Routines were also valued for familiarity, as the following mother noted:

*'Cause that really worked for us. Um...trying to get the normality-- some routine back into their lives that they were um, familiar with. (Mother 9)*

### ***Familiarity.***

Several parents found evoking familiarity to be an important part of settling into life after the fires. Despite the challenges in "getting back," familiarity highlighted the significance of looking back even if things were not going to be exactly the same. One father used the analogy of being "homesick" for a "time when things were good" to describe the role of

consistency and familiarity following a traumatic event. He described how he provided familiarity as a way of helping his children cope:

*And so I tried to do...those sort of... things that I'd done before. So it brought about that sense of...um normality, I suppose if you can call it that. Something that they could relate with. [...] It just helps that settling of that emotion or whatever's going on there. [...] Even though we didn't have our home where we were anymore, so we were in different environments but it was...something that you did. It was some type of...um, you know if it was sport, if it was...a recreation type of thing, an activity, or just something that you did that sort of brings about that...helping 'em with their, feeling homesick type of analogy. (Father 3)*

Another mother described her approach of replacing belongings to achieve familiarity. This included buying items identical to what she and her daughter had lost:

*Something really important I think, that too was-- that...there were things that I replaced that she lost. And that helped me, and I think that helped her [participant's daughter]. [...] And...so, there was that sense of, you know...familiarity with different things that, (inhale) I think was really, really important. That...it's okay to replace things. You know? (Mother 12)*

Her descriptions of replacing items—both above and when offering advice to other parents—illustrated her perception of stigma associated with this coping strategy through her allusions to permission to replace items.

One mother explained her realization that familiarity was what had been missing from her new house, what made a house into a home:

*And I hated it, I absolutely hated it. I think I cried for about two days and (inhale) that really guttural sobbing cry, like not even just an oh I'm a little bit sad, it was just that: I'm broken here, I don't know how to come back. [...] Through that I sort of, thought back and I thought: well, what is it? Why am I hating it so much? And it was because it's got no connection with memory um, so then I went in and got a whole heap of different digital photos and printed them all out... (Mother 7)*

These examples demonstrate that familiarity is an aspect of stability, however it is also distinguishable in the particular emphasis on the meaning of connections to pre-fire life. The comfort of familiarity helped bridge the abrupt disjuncture of pre- and post-fire life.

### **6.2.5 Settling their own emotions: “Fake it until you make it”**

Over half of the parents discussed managing their own emotions over the years since the fires. They referred to “emotion” generally as well as, at times, naming emotions and specifying what they were reacting to. These included discussing trauma and grief reactions (e.g., anxiety; often as emotional experiences), depression (which appeared to be used both colloquially and with clinical connotations), reactions to subsequent stressors (e.g., anger, disappointment with the highs and lows of rebuilding for years), and their reactions to what their children were experiencing (e.g., concern, guilt, sorrow, frustration).

Many parents considered managing their emotions as being particularly important for their children’s—and in some cases their partner’s—wellbeing.

*So parenting the boys was very um...I don’t know...just a constant battle to keep on top of your own emotions in order to support them. Um...and get them through it, you know? Emotionally and mentally. (Mother 13)*

Particularly with respect to children’s wellbeing, parents identified the importance of managing their own emotions for providing stability, role modelling constructive coping, and because complex or particularly negative adult emotions were seen as something from which children needed to be protected (as potentially detrimental generally or specifically as not developmentally appropriate). This was evident in parents’ expressions of concern over their children’s exposure to their own complex emotions or emotional reactivity, as well as the negative trauma reactions of other adults in the community (including behaviours like drug and alcohol use). One mother, who clearly stated her aim to protect her children, demonstrated feeling responsibility for interactions between her and her adolescent children’s emotions:

*And they would get angry and frustrated and you’d have to (inhale) you know just take a big breath and not...accelerate the situation. You had to try and um...talk*

*with them...about it and...yeah not upset them too much, you just sort of, I don't know you had to...(pause; sigh) sort of protect them. (Laughs) I suppose. Protect them in um, how you were dealing with that...situation and...that, period in their life that they were going through. (Mother 9)*

Parents' sense of responsibility for their children's perceptions of them (parents) was also evident in descriptions of teaching children about adults' emotional reactions, as well as their concern for their children witnessing their reactions during the fires and evacuation (see Chapter 5).

Several parents discussed concerns related to their or their partner's emotional reactivity (as a trauma reaction) in relation to the "vibe" or "atmosphere" in the family home. For example, one mother drew a connection between adult's emotional reactivity and children's feelings of safety and stability:

*And then the kids have to deal with that inconsistency, which um...I don't think is very helpful at all. How's that provide a stable, family en--...environment for them to shine and be the wonderful little people that they are. How do they feel safe, are they-- are they checking to see, "Oh shit what mood's mummy in or daddy in today? Can I be playful?" (Mother 6)*

Some parents spoke of the need to manage their emotions or their concern for how their emotions might affect their children, as continuing for several years after the fires. For some, as was the case for the mother above, these issues and concerns were ongoing at time of the interviews. Parents highlighted this was particularly due to reminders and triggers which they recognized as an aspect of trauma.

A number of parents described their efforts to control the expression of their emotions. Some described deliberately presenting a version of their self as coping, or, not showing the full extent of their emotional experience. This included, "wearing a mask," "pretending," or "fake it until you make it." Parents similarly discussed compartmentalizing emotions, including "suppressing," "shelving," or putting them aside. One father identified this process was a critical part of his approach to establishing safety and stability for his children:

*Um, well the problem is it's a little bit like, um... two rooms. One's a very calm room and that's what you're trying to-- you're trying to sort of create. And the other one's a very, very unsettled room and heightened by emotion and stuff like that. (Inhale) And, that was--, coming back into the community was that. So I was constantly, managing that. And then, trying to come into this calmer...surrounds and environment that we'd created to help... settle ourselves, and our kids. So...you know that was very hard sometimes to switch off, and to not bring it in. (Father 3)*

Also evident in his description was the effort it involved on his part, as well as the interaction between family life and the trauma reactions within their community. Similarly, one mother referred to the effort of controlling her emotional experience:

*You know trying to assess on the continuum where they're at 'cause it was husband and child. Um, so in a sense, at times I felt like I couldn't break down myself. Um, you had to hold it together, and that was really tough. (Mother 1)*

In contrast to suppressing, parents also spoke about the need to address or “deal with” their own emotional and psychological experiences, or the need to “work on themselves.” For a number of parents this involved engaging formal services such as counselling. However, several indicated they perceived the effort of suppressing their emotions to be less than what would be required to address their emotions. At times, for example, parents described suppressing their own emotions out of necessity. In other words, to have the capacity to carry out practical parenting tasks (e.g., meeting basic needs, restoring stability and safety) and respond to other demands of recovery processes. For instance:

*...you sort of shut down your emotions to a certain degree, because if-- if you don't-- if you allow the emotions in then you can't function, you just can't function. (Mother 7)*

Another mother described suppressing her emotions to ensure her children felt “safe and secure” as mutually beneficial and proactive in reducing what she needed to respond to:

*So I had to suppress a lot of how I...was feeling, in order...it was easier for me to... portray a...presence of coping. Because if I fell apart, then I knew that--, not only had I to look after-- I have to look after myself, (inhale) but I have to look after how the boys were feeling about me. [...] So, as well as deal with my own-- it was easy for me to...sort of suppress how I was feeling, and that so I could manage them and make them feel safe and secure. Um, 'cause in that way, it was a bit like self-preservation really. Then, I knew that the...um...it was...less emotional turmoil in the house. (Mother 13)*

Likewise, evident in many descriptions of managing their emotions was that parents often prioritized their children's emotional needs over their own emotional (or psychological) experiences.

### **6.3 New lessons and opportunities**

Nearly three-quarters of the parents described lessons they aimed to impart or, similarly, being a guide or a role model for their children. For one mother, teaching her child about their new, changing normal was an important response to the disruption and instability:

*Also to...start educating: this is what our life is at the moment. And, it might not be normal, it will never go back to what it was. And I think that was something that we, articulated fairly on, "[Daughter] that was before. This is what our life looks like now. And it might not be this way for ever, it might for weeks, it might be months, it might be years. But this is what's normal to us at the moment."*  
(Mother 11)

Several parents provided examples of teaching as an important part of their parenting prior to the fires. This included for some talking to their children "realistically" about the inevitability of death. One mother who described having had such conversations with her children to foster resilience appeared dismayed that she had not prepared them for an experience like Black Saturday. She reflected on the scale of the trauma (which she compared to war-torn countries) and questioned how to prepare children for such experiences:

*We're naive to the sense that, trauma and things can happen to us. We live in a little bit of a bubble. [...] And I don't know if I'm...(pause) I don't know how you do that? How do you bring your kids up to have those skills? You bring them up to be um-- you try to, confident, capable, contributing people to society. But then how does that then transfer to...(pause) bouncing back after something bad happens, whatever that might be. (Mother 6)*

In-line with this mother's concerns, several parents noted that the fires created an opportunity for them to actually model recovery in the face of substantial adversity. For example:

*But we also have to teach our kids to be resilient, because...as they get older...and they become more independent...if we don't give them those skills to be resilient...(pause) they may not be the best they can be. You know? So...if I can teach [my daughter] those tools...and I hope that this experience has helped...you know, build foundations to pave that way. I think it's been great. You know? (Mother 12)*

Some parents discussed taking the opportunity to instil in their children the knowledge that recovery is possible, to illustrate:

*And I think we really did want [my eldest son] to see that you can rebuild...you can rebuild your life like--, lives, no matter how...hard something gets, you can actually move on and from things. (Mother 8)*

Parents discussed modelling what they saw as constructive ways of coping with adversity. Several parents described lessons related to not seeing the fires as having determined their lives and not being victims. For instance:

*But also to I have to--, I have a responsibility to teach [my daughter], um...that in life...just because something happens it's not an excuse... [...] Okay, the house burnt down, but we're here and we're alive so we have an obligation to go to school, to go to work, to do these things. And so for me...yeah, it was really important...to instil that and keep that going and, you know... (Mother 12)*

Some parents found that in addition to providing an opportunity for role modelling, the fires also presented distinct new lessons for parents to teach their children. For example, one mother described how her family's experience with donations raised the need to teach her son complexities of emotions:

*I think for us it was a lot of having to explain-- because [our eldest son] would see stuff, and we thought, oh we need to explain to him: why are we upset when we are crying? Why are we crying when someone's just given us a washing machine? You know? Because to them, crying's associated with being sad.*  
(Mother 10)

This mother, as well as several other parents also discussed the need to discuss their own trauma reactions with their children. Such lessons involved ensuring children were aware that they were not the cause of negative emotions like sadness or anger. Several parents similarly found new lessons involved teaching their children about their (children's) own reactions as well. Other social considerations in the context of trauma were new as well. For example, one mother recalled a lesson for her adolescent son:

*And he said, "Oh wow, this looks like a war zone." And he was quite excited, positively excited about seeing all this because he was into war stuff, um and I remember [my husband] having-- saying, "You can't say that to anybody at the moment because everyone's too you know traumatized. You know, it might be reality what it looks like and what it is like..."* (Mother 5 mother)

In addition to role modelling, parents also intentionally framed and made meaning of the experience for their children. For instance, one mother who emphasized positive framing was a deliberate strategy said:

*Like you know, "You're very lucky, you've managed to watch nature at its best." (Inhale) Go figure. Um, you know the whole rebirth and regeneration, that she...can view things that way. That she can look at things and say, "That really sucks...but..." You know, as opposed to being someone who...(inhale) um...wallows.* (Mother 12)

Some parents found that allowing their children to learn these lessons was difficult for them, because it conflicted with their parental desire to actively be involved in improving situations. For instance:

*It's...(pause) that has for me has been an incredibly tough road, because as...the mother, you do-- you do want to be able to just take away all of the bad stuff from them, [...] but sometimes you do need to step away and allow that space for them, to face that uncomfortableness, on their own. (Mother 7)*

Some felt going through the Black Saturday set a precedent for talking openly about risk and negative events since:

*I think, he can't go through anything worse than what he's gone through, um...and it's no use, fluffing about it, he needs to know. (Mother 10)*

Finally, several parents described preparing to help their children process the experience of Black Saturday when they are older. They recalled volunteering to participate in projects (e.g., a book, research projects) so that their children would have a record of what happened at the time of the fires. One mother gave the following description of participating in a radio show broadcast from her community:

*(Inhale) But again, bringing it back to the kids and something that's had a--, I think that...you know, again...the community being together and there being a record of...everybody's feelings and emotions, at that particular point as well...will be a very positive thing for them. You know. Later on in their lives when they're trying to make sense of it all. (Mother 15)*

## **6.4 Chapter summary**

The findings presented in this chapter demonstrate that for parents, the disruption and change caused by Black Saturday was a significant aspect of their lives post-disaster. The overarching theme of *forced into a new normal* encapsulates their experiences of losing a sense of normal and settling afterwards. In particular *forced* represents that many parents expressed feelings of helplessness at losing normal as well as pressure to settle,

while a *new normal* reflects the tensions in ‘getting back’, as well as perceptions of the lengthy, even ongoing, impact.

While the general experience of change was that overwhelmingly “everything” was different, there were themes across more specific experiences of change including losing a sense of fun as well as struggling with being at or exceeding their capacity for functioning and dealing with stressors. There was a range of perceptions as to whether parenting had changed in the aftermath of the fire, with some parents reporting no change while others felt it was fundamentally different.

Parents identified both internal and external pressure to “get back to normal.” Their descriptions of external pressures illustrated the potential strain also associated with receiving social and practical support from family, as did some examples of managing exposure. Tensions in conceptualizing normal, and the realization that they could not “get back” to normal as the same experience of family life before the fires, revealed expectations which some found relevant to their parenting.

In responding to the change and disruption as parents, participants described managing their children’s exposure to additional traumatic stressors, providing stability and familiarity, and managing their own emotions. They also found new lessons and opportunities to teach their children, making meaning out of the experience. Parents’ descriptions of managing their emotions illustrates that parenting in the aftermath of a disaster not only requires effort and energy, but it may also influence how individuals engage with their own reactions to the trauma which may impact on their experience of recovery.

As a corollary of losing normal, Black Saturday shaped a new context for their parenting that included both new experiences and the amplification of an already challenging role. The following chapter focuses on parents’ descriptions of what was challenging.

## **CHAPTER 7**

### **Parenting undermined**

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This chapter focuses on participants' descriptions of challenges where tensions were related specifically to their aims and values as parents. In following sections, five challenges are presented and explored: (i) parenting flexibly and finding new strategies; (ii) sticking to their values; (iii) being present and available; (iv) being patient and tolerant; and, (v) negotiating differing needs. The final section of this chapter focuses on an experience that was present across each of these: that of not feeling like a 'good' parent.

#### **7.1 Parenting flexibly and finding new strategies**

Several parents spoke about the need for "flexibility" or to be "learning" as a parent in order to respond to their children following the trauma of the fires. Others also identified the need to adapt and find new strategies for addressing their children's behaviour; behaviour that was often attributed as a reaction to the trauma of the fires. Several parents described specific actions they took to comfort their children or that they saw as important for "healing" after trauma. Examples included co-sleeping or sharing a room, watching television with the child in their room, participating in repetitive trauma play, and getting a pet.

For some parents, the experience was of having to negotiate a new parenting style. To illustrate:

*...she was at an age where I had a preferred parenting style. I knew my kid, and knew what was-- what would work and what didn't. And post this, I noticed that certain things that did work before weren't working.*

[...]

*Now with her it's very much of trying to get her to think less about it being black and white, good and bad. It's like, let's find the grey, let's live the grey. Like, you can be this kid that's a bit naughty sometimes, you know...so what? Um, but it's never what I thought I'd be sa-- telling my child, never ever the way that I thought I'd parent 'cause, um, yeah...I didn't think I'd have a black and white child.*

*(Mother 1)*

This mother's experience highlighted how for some parents this experience was uncomfortable and unexpected. Figuring out what was or was not working with their children was difficult; as one mother explained it was an "exploration" over the first several years.

Flexibility was about adapting their parenting in direct response to their children. For several parents this was different to before the fires when they felt they were leading the parenting rather than reacting. For instance:

*What we found was...for parents who are very much, don't wrap their kids up in cotton wool, (inhale) we just found that--....I remember [my eldest daughter] saying, "Mum I can't drive back up to school every day looking at that." And, normally it would be a, "Well tough luck mate, that's not your decision to do." It was a, nah, I can-- I can get that it wasn't going to be helpful. (Mother 18)*

The need for flexibility was attributed to the non-normative nature of the disaster experience as another mother illustrated with the advice she offered other parents:

*You have to listen to them, because we do not always know what's best. And especially in a situation like that...we certainly (laughing) like don't always know what's best, because we've never been through that before. (Mother 12)*

### 7.1.1 Uncertainty: Tensions of when to be flexible

While parents identified flexibility as important given the trauma their children had experienced, they also demonstrated the difficulty of knowing when to be flexible. One mother reflected on her flexibility as having been problematic. She identified having adapted her parenting driven by her feelings of guilt and wanting to ease her daughter's experience. On reflection, she felt that had conflicted with parenting to support who her daughter would grow to be:

*And then you make bad decisions...with, parenting, because you're parenting through guilt, instead of parenting from a solid, empowered place of-- of, owning your own space. You-- you're sort of you're doing it through sort of like, well she's just had such a tough road and blah, blah blah, so therefore oh you just that slip by, let that slip by and then that's really not being beneficial to the bigger picture of as to who she is as an individual. (Mother 7)*

A few other parents made references similar to the, "the bigger picture". Doing so appeared to illustrate feelings that parenting as response to trauma may not always align with parenting as fostering the development of their children (through to independent adults).

The majority of parents demonstrated their consideration of their child's developmental stage. This was evident, for instance, through reflections on i) the relevance of their child's developmental stage at the time of the fires (i.e., as influencing their experiences of trauma); ii) their concerns about the influence of subsequent stressors given their child's age; iii) references to their child's age when describing their behaviour (either as typical or atypical); iv) reflections on how their experience as parents may have been different if their child had been a different age; and, v) developmentally appropriate parenting (or service) responses. Some parents made assessments of how their children were coping by comparing their child to what they thought was "normal," several did this by comparing to their own childhood. One mother demonstrated the difficulty of determining the impact of trauma on her children, which she felt was evident to her later in contrast to her youngest child (born after the fires):

*You don't realize how much it disrupts them, (inhale) until you have another one and you go, okay...why? You know. And everyone's different anyway but [my eldest son] has had a considerable amount of learning difficulties. (Mother 16)*

A few other parents reflected on the impact trauma has had on their young children (under the age of 10) and identified wishing they had known more about the potential impact in the early aftermath of the fires. They identified ways they would have parented differently, such as by minimizing exposure during as well as in the aftermath of the fires.

Several parents described having difficulty distinguishing between behaviours that reflected child development, and behaviours that might be trauma related. One mother spoke about how some changes were obvious, but that the distinction between development and trauma did not significantly influence her parenting:

*...it was hard to differentiate what was normal and what wasn't. Because they were toddlers, you know, um so you know toddlers are terrible (laughs) anyway [...] I think we were just-- we were really just putting one foot in front of the other and coping day to day, so we weren't necessarily paying attention to the bigger picture, um or...how our experience might have been different (inhale) from...non-traumatized children. Um...(pause) but I'm-- I-- um the separation anxiety for me was quite obvious, you know. (Mother 3)*

Other parents described feeling challenged by the need to distinguish between behaviour that was reflective of trauma or typical development. For example:

*And I remember I would always say to my friends, "I don't know if he's having a tantrum 'cause he really doesn't want that banana? Or he's having a tantrum 'cause he's three? Or he's having a tantrum 'cause he's like, a bit special at the moment and I should be really kind." Like is this a-- is this a fire tantrum? I don't know, 'cause he'd have so many tantrums all the time, I'd be like: Which one is this? Is this just...euh. Or is this his personality? I'd be like: Are all kids this messed up? (Mother 8)*

Similarly, some wondered whether changes they saw in their children would have occurred had the fires not happened, as this father did:

*I guess it was hard to discern between problems he was having because he was [himself] and problems he was having because of his experience. That was difficult to put your finger on. (Father 1)*

Despite describing a very open relationship with his son, he wondered whether he would have helped his son more if he had known how to approach discussing the trauma with him.

Another mother emphasized that even with assistance from formal supports it was difficult for parents to distinguish:

*And...they [youth services] sort of gave you information about, what may or may not occur with your children, signs and symptoms. Um what I found at the time particularly with my eldest who was the one that struggled, was that, she was in [late primary school] so she was hormonal also. So it was a very fine balance of what's hormones, what's...tr-- you know trauma. (Mother 18)*

The mother who reflected on her flexibility as problematic (see page 123), recalled doubt and worry that resulted from the uncertainty:

*...when I speak with parents, it's such an incredible level of worry. [...] um you just constantly sort of-- and you don't know whether, their behaviour is...(pause) would be normal behaviour or whether it is being triggered by their experiences. Um so therefore you constantly always doubting yourself.. (Mother 7)*

She also illustrated there were tensions even when parents were confident in their assessment of what was underlying their children's difficulties. She relayed an experience she had, through her work, of recommending and ultimately convincing another parent to try engaging adolescent mental health services for support:

*And, the counsellor said to her, "Oh what you're telling me is just normal behaviour." And it was like, but this mum was saying to me she goes, "It's not." She goes, "I know. I know instinctively, it's not normal behaviour for my daughter to be doing this." (Mother 7)*

She provided this example in speaking about the potential influence on whether people engage with services as the other mother decided she would not attempt to seek support again. Two other parents described making decisions based on how they wanted to parent in contrast to what they had received as advice from professionals. They described drawing on their experiences of parenting challenges prior to the fires as enabling them to be comfortable acting on their own but expressed concerns for parents who may not feel empowered to do so.

### **7.1.2 Knowing what to do**

Another aspect of the challenge of parenting flexibly and find new strategies, were times when parents felt particularly unprepared. Several described finding themselves in situations that they never expected to be in. This was due to the severity of their children's trauma reactions and possibly related to poor mental health in the following years, including self-harming behaviour or suicidal ideation. For instance:

*I screamed, I yelled, I restrained, I did all things that I would never, ever have done in my entire life. (Mother 1)*

Parents in these situations were often distressed by not knowing how to respond and described not having the skills to deal with it or being uncomfortable with the actions they had had to take. At least two parents felt they had to forcibly restrain their children to prevent them from hurting themselves. They described distress at having done so but also having been unable to see an alternative. Several parents commented on having tried numerous attempts or strategies to help their children cope including engaging with numerous child focused formal services, with a few feeling these efforts had little effect. One mother articulated her perception that she had ultimately been unsuccessful at helping her daughter. Helplessness was another aspect of the distress these situations caused for parents. The following mother, for instance, found helplessness incredibly frustrating:

*It's-- it's pretty hard to tell a kid there is-- there's nothing wrong with you, it's you... [...] Um...but that-- that was really frustrating. 'Cause yeah you got a kid that's actually screaming in pain...and, there's nothing you can do about it. (Mother 18)*

In some cases, responding to these new parenting situations led to conflict between participants and their partners. For example, one mother described her panic before deciding her only course of action was to physically restrain her child until she had calmed down which took approximately forty-five minutes:

*And I was really worried about...what the hell, to do, like--? In that sort of split second, do I just let her go, and watch her put her fist or her head through the wall? What do I do?*

She then reflected on the resulting conflict with her partner:

*So we had a huge blue over that. Absolutely huge. And I just-- and I still to this day, I remember saying to him, "I-- I don't understand what-- what else I could have done? Like, what would you have done? Given her a hammer? Like seriously?" (Laughs) I--.... And I was just astounded that he had said, "I wouldn't have restrained her, I'd have let her---let her do what she wanted to do."  
(Mother II)*

### **7.1.3 Knowing what to say**

As identified earlier, listening to their children was seen by some as an important part of parenting flexibly. Communication (with their children) appeared to be generally valued by parents as important in the aftermath of the trauma and loss. This was evident in, for example, concerns based on perceptions that their child had not “talked” about the fires, and conversely, assessments of their child as “okay” because they were open to talking. Several spoke about the importance of their child having “someone” to talk to – and facilitating opportunities for that to be someone other than their parents if necessary.

There were times however when parents found conversations particularly difficult to have with their children. Some highlighted this was because, for instance, issues were difficult to speak about at their child’s developmental level. Likewise, some parents expressed that issues such as death and loss would always be hard to talk about. Concerns included whether or how to initiate such conversations. One mother had the following realization that discussing the fires with her daughter seemed uniquely challenging relative to other potentially difficult discussions:

*But then I never really talked to her about it. (Inhale) So I-- you know, it's one of those things that...yeah...it happened--. Like we will talk about her father all the time. He gets mentioned...(inhale)...you know, all the time. But not the stuff with the fires, and that whole loss. (Pause) I've...never asked her.. "How did that affect you? How were you impacted by that?" Even probably, "Are you okay?" Which sounds terrible.*

*Interviewer: Was that a conscious decision, or--?*

*No. No, no. Could be because I'm scared of the answer. I don't know. Because, you know because I've spent so many years...(inhale) trying to make sure that, you know, never that she was sheltered or protected, but that...um...(pause) we're great. (Mother 12)*

She then further contrasted this with her willingness to discuss other issues with her daughter including school, friends, and growing up. Her description appeared to highlight her desires to have 'fixed' or made circumstances better following the fires and what her daughter might say that would challenge that perception.

Others recalled times they did not have answers to their child(ren)'s questions as challenging. For instance, one mother described her children's questions about the deaths that occurred:

*And I think one of the hardest thing is because they didn't understand...why some people died in the fires. 'Cause you always get that thing that, "Why didn't they stay in the house? Why didn't they get in the house? Why didn't they go here? Why didn't they go there?" And you just have to say to them, "Well...we don't know and we'll never know what was happening in that time." (Mother 2)*

Another mother reflected on her experience with her own daughter as well as the situation of a close friend who is also a parent. She illustrated that for some this remains a challenge (over long-term recovery):

*When you've got kids...seven years on, that are still talking about you know being suicidal or (inhale) you know, "It's not fair. Why did it happen to me? Why did it happen to so and so but not to me? How come they had to die?" (Sigh) You know*

*that's pretty tough for a parent to hear 'cause the-- you've never got the right answers. (Mother 18)*

Parents also spoke of having had conversations that seemed unique to post-disaster environment. One mother gave an example of circumstances that led her to talk to her child about justice (similar to parents concerned about the allocation of donations). She described the process of claiming psychological damages for one of her children in a class action lawsuit that followed the fires. As she reflected on that process, she spoke of her daughter's difficulty accepting the notification that she would receive compensation from the class action when her siblings would not. She talked about explaining to her child why she alone merited the financial payout.

Another couple of parents also gave examples of times when they felt they had to be particularly careful in what they said to their children because of broader social concerns if their children were to repeat what had been said outside the home. For one mother, this restricted her ability to provide what she thought would be the most helpful explanation of the fires - that they were needed from an ecological perspective (which she had been teaching him about "since he was born"):

*So...I didn't really want him to go back to kinder and say to the poor kid that had lost his house, "Yeah we needed that fire, mate." You know. So to actually try and...give those snippets but still be able to make sense of them I think was the hardest thing really. And to be able to know what to say, and what not to say. (Mother 16)*

### ***Tensions in speaking honestly.***

Another concern some parents demonstrated with respect to the conversations they had with their children was the tension between their desire to protect their children and speaking honestly. Over half of the parents demonstrated valuing being honest or authentic with their children. They referred to honesty and authenticity regarding their own displays of emotions and reactions, discussing nature of Black Saturday, and dealing with loss and trauma. One mother valued her and her partner's honesty about their parenting as important for her children:

*I think the biggest thing that we did for our kids is...that we never told them that we could fix everything. (Mother 2)*

Nearly half of the parents described times in which they reassured their children over the years that followed the fires, particularly when their children perceived threats of new fires (such as on hot and windy days or during planned burns).<sup>4</sup> For some, their ability to reassure their children was difficult in the post-disaster context, particularly given their desire to be authentic. For example, the following mother recounted a time several years after Black Saturday when her daughter had a panic attack—the intensity of which surprised this mother. Having experienced Black Saturday, she felt she could not truthfully guarantee their safety to her daughter:

*...to be in that...position and not have...(pause) you know the answers, was...(sigh) I don't know. But I think I felt, and probably would still say to you now, I think I...failed. As a parent. You know not-- to not be able to-- in that situation to be able to say you know: "[Daughter]," you know, "it's all okay, everything's going to be fine." (Mother 15)*

Parents' demonstrated tension between being authentic and honest when the truth was something from which, as some identified, they felt the need to protect their children. One mother gave the following example:

*And not necess-- not that I would hide my feelings but I would-- oh, not really-- not really control it, it's just-- not that you want to be not natural with them but you don't want to be um...no you do want to censor some things, definitely. You do want to just be...on a 'need to' basis, I think yes. (Mother 16)*

The importance of considering children's developmental stage was highlighted by some as relevant to decisions of how much information to share.

Another tension exists between being authentic and being a role model for their children around constructive coping. To illustrate:

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<sup>4</sup> Fires that are deliberately set, managed, and extinguished to minimise risk of bushfires.

*And we be real...but we, act how we would want our children...to view us. So, I wanted [my daughter] to view me as a role model. (Mother 12)*

Parents also made the link between honesty and trust with statements around being able to “keep promises.” This included efforts to follow through on promises made before the fires (e.g., for stability and consistency) or sensitivity around not making promises they could not keep after the fires. One mother found it was important to either renegotiate or thoroughly explain circumstances of broken promises:

*But she also understands um...and learnt to work with, “[Daughter], we can’t do this, this weekend despite the fact that we talked about it. ’Cause I’m exhausted, your Dad’s had...three days of migraines and he’s been out there, rebuilding stuff and he’s absolutely exhausted. So we can’t do this that we promised we’d do this weekend but we’ll do this instead. We’ll do something else, and it’s just something different.” (Mother 11)*

## **7.2 Sticking to their values**

A second parenting challenge reflects situations where parents found it difficult to stick to their values, or that decisions were out of their hands by circumstance. For example, one mother explained she had not wanted her children to attend funerals only to have an extra-curricular activity leader bring one of her children to the funeral of a family whose child had been in the same activity group. The previous chapter also included examples, such as grandparents taking different approaches to children’s trauma, or being unable to shield their children from media exposure while in other peoples’ homes.

One of the most commonly described experiences of this challenge related to notions of being a victim, as well as experiences with donations. Several parents spoke about approaches they took to minimize their children’s exposure to notions of being a victim. This was apparent in discussions of ensuring their children felt “normal,” and the importance of their children being around people who had also experienced the fires. Some parents made decisions (e.g., where to live, where to send their child to school or childcare) to ensure their children were in environments where having experienced Black Saturday did not make them unique. To illustrate:

*So we wanted consistency and also, um not...if we moved out of the area and went into kinder and to childcare somewhere down the line...of then being, "oh poor--...they've come down because they lost their place," or whatever. We need him to be-- it was normal. We wanted him to still be normal amongst the other-- which sounds terrible (laughs), but that was really, really important to us.*  
(Mother 10)

In addition to the importance of stability, this mother's description also demonstrated her resistance to her children being exposed to pity. Some parents spoke of having initially prioritised their child(ren)'s social connections and being normal (i.e., around children with similar experiences), but that with time these benefits were outweighed by the potential reinforcement of a victim narrative. One mother described her reaction when her daughter's school continued to hold events attributed to being fire-affected (e.g., a visit from sports people), three years after Black-Saturday:

*And-- and at that point I said, "No, you know what? I need to take you out of that school because...you need to learn more than...we're the victims." (Mother 12)*

Ambivalence towards donations and material support was also evident. To be sure, parents expressed gratitude for donations and material support that was available in the aftermath of the fires. Such efforts were appreciated as indicative of generosity and support from the Australian public. However, there were several related experiences that contributed to ambivalence. The volume of donations for children was overwhelming for some, as the following mother noted:

*And there was so much--...(sigh) so many material things they were given too and...(inhale) anyway I guess that-- that was very kind and...um...yeah maybe, (laughing) maybe a little bit over the top-- I shouldn't say that because it's very much appreciated. We were given so many things. (Mother 4)*

At times this appeared related to concerns about the degree to which children were treated as 'special' for having experienced the fires which can be equated with victimisation. Others found that accessing donations set an unusual and unsustainable precedent in becoming normal. For instance:

*Um, it affected my children too, because I was going to the material aid and so I'd get them something. And so then all of a sudden...they expected every time I went shopping that I'd get them something. That was a bit weird. Sort of set up a weird precedence in the family, all this stuff was free all the time. (Pause) Again, it's not a complaint, it was wonderful but.... (Mother 14)*

Other parents also noted that children began to expect or assume goods were always free. Parents struggled to counter such expectations which in some cases resulted in problematic behaviour. One mother described her young son taking an item from a shop without paying because that was what they did at the relief centres.

Another mother demonstrated how the freely available donations could challenge parental decisions. She described how conflicted she felt over the donation of a hand-held gaming console for her daughter:

*Apart from the fact I-- we hadn't had that sort of thing in our house and that was just our choice. I was really pissed off that no one asked us if we wanted anything like that. [...] And, you know, colouring books, and books and pencils and all that sort of stuff, everything that they lost at school, I don't have an issue with. When it comes to other things...big, devices like that...yeah. I sort of-- and that's just..my--...my thing, my choice and the way I choose to parent. (Mother 11)*

She explained that she decided to let her daughter keep the gaming console because the alternative was to risk her daughter being “stigmatized” as everyone had received one for free. She also described her reaction to the DS and, by extension, the way she chooses to parent as her “personal issue.” This was despite having based that parenting decision on the concern for her child’s wellbeing (that such technology would inhibit her daughter’s social activity). The risk of her child standing out in this new normal, led her to re-appraise her parental justification as selfish.

Parents noted other difficulties associated with donations and material aid as well. Some reflected on dealing with their own or their children’s feelings of injustice at how donations were allocated and who was considered impacted by the fires. One mother, who positively appraised her decision to move her children to a new school that was

outside the fire zone, noted that her children still had social connections to their previous school community:

*So we heard what was going on, we heard what was being given out or what opportunities were being given these children and.... [...] I think [my eldest daughter] probably certainly felt that: w-- how come these kids are getting all this sort of stuff and-- and we don't get it? And...you know? And it sort of dragged on, and I mean it's-- the reality is it's still going on some-- to a certain degree.*

*(Mother 18)*

Another mother also noted that knowing what was available or who could access certain relief centres was by word of mouth which disadvantaged people with fewer social connections

The generosity in donations following the fires also illustrated one of the seemingly simple ways parents can feel overlooked:

*Because everything is about the kids, actually as well. Like it's all about...um...people would turn-- and it's lovely but the kids were just inundated with stuff, absolutely inundated with stuff. And [my husband] (laughing) actually said, "I've lost all my tools. You know, I can't even-- haven't got a hammer. Can't even hammer something." (Mother 10)*

### **7.3 Being present and available**

A third parenting challenge, which nearly half of the parents spoke about, was the struggle to be emotionally present and available for their children. Parents identified ways in which their own emotional or psychological states and the many practical demands of the post-disaster environment were limitations in this respect. For example, parents described feeling distracted or unable to emotionally engage with their children even when they were together. For instance, one mother illustrated how the number of other demands created ever-present distractions during the time she had with her children:

*I wasn't very spontaneous, it didn't free up any time. If everyone wanted to sit down to watch a movie, I'd be sitting there and I'd think: oh...I've got-- surely I've got something else to do. (Mother 10)*

Parents' demonstrated their perception that being present and available was particularly important for facilitating their children's recovery. The tension of being unable to be present and available was a significant theme for several parents as they returned to it on multiple occasions throughout their interviews. Often discussions related to this challenge evinced parental distress including feelings of guilt. One father demonstrated a parental responsibility to heal in addition to protect, for which quality time with his son was essential:

*But he also really...needed...me. Like he needed me (inhale)...to give, him, me? Like, that's-- like it was as if that was the---...that was like that was the---...(pause 0.07) It's like there's no words for it. It was like a balm. It was the only balm, it was the only medicine. It was...all the other stuff wasn't going to heal him. Providing for him, building him a house, (inhale) you know, managing his mum's tantrums...that was gonna stop him from being harmed, more, but it wasn't going to heal him. The only thing...that was going to heal him...(pause; tearing up) [this is] really emotional...was me playing with him, was me connecting with him. (Father 2)*

This father's experience also exemplifies the multiplicity of demands in the post-disaster context as a significant challenge to their ability to be present. Dealing with the relentless onslaught of recovery and rebuilding demands prevented this defining aspect of parenting, as expressed by the following participant:

*Um....you--...the things that I looking back...that I would crave, is just space...to be able to be...a parent and just still connect and-- and to... [...] So I don't know how you would get something external to external to help you with creating a-- a quiet space to, actually...cut out the world for a bit and just-- just be...present there with...with your child. (Mother 7)*

Parents often spoke of the need to "juggle" numerous demands, particularly single parents who were the only adult available to meet the demands. The mother above

explained this challenge to likely be more difficult for her as a single parent compared to other parents. She also described how managing her emotions had been necessary for her in order to function to carry out the other required tasks. In her experience, controlling her emotions in this way prevented her from engaging and connecting with her daughter:

*So, in shutting down those emotions that were going to stop me being able to function, I also...shut down being open and available. I was doing all of the things which I knew were the thin-- which were trying for me to try and say to her, "I love you" and this is what I'm doing and-- and verbally and all of that, I would still do all of that and hug and kiss and all of that but, I think...in that my brain was always still going with other stuff. (Mother 7)*

Parents also identified the effect of "survival mode," particularly in the early stages of recovery, in experiences of limited memory, attention, and awareness, both generally as well as specifically in relation to parenting. For instance:

*I was--...very early on in the piece, probably like for the next couple of weeks, (inhale) we were all just in shock. And it was just basic. Food, water...meals, um...survival. [...] And I just, couldn't get my head around--...I was very aware, that I needed to be attentive to her needs, but I just couldn't get my head around what they were, other than basic survival stuff. (Mother 11)*

For some parents, the challenge of being present and available was primarily related to the early stages recovery when they spoke of being in shock or consumed by meeting basic needs. For others it extended, for example, through years of displacement and rebuilding. This was exemplified by the mother quoted previously on being distracted (see page 135), who also spoke about expectations of how long recovery was going to take (see section 6.2.3). Her advice to other parents highlighted her perception that being present and available is critically important to parents' relationships with their children.

Being present and available was a challenge that for several parents was ongoing (at the time of the interview). For instance, one mother explained the continuing impact of her own experience of trauma undermines her ability to be present:

*But, if, something happens within the community where a couple break-up or somebody gets ill or somebody commits suicide, that's stuff you can't control. And you can be anywhere, within your day, and that will impact you and have the same affect. So if I'm-- if I find out something, um...like that and I'm...preparing dinner, suddenly I'm not, bubbly happily mummy that's listening to the kids read their books...and interested in their day, I've become...closed, and absorbed by my own emotion, that I'm not being a good parent. (Mother 6)*

Evident in this mother's experience, as with others, is that parents' own emotional and psychological state interacted with their ability to be present and available. This was both at seemingly unpredictable times (as participant 7 demonstrated above), as well as during times where they perhaps expect to be coping with their own traumatic reactions. To illustrate:

*But...I have to say, in a very self involved way, I react very badly on a hot windy day, so if my child is acting badly I might not even notice, 'cause I'm...not coping. Um...so um, well not, not coping but, on high alert. I'm on high alert. Um, so I don't sound like a very good mother saying that but, that's how it is. (Mother 14)*

Parental concern and the related assessing of their children's behaviour was also a barrier to being present and available. As one mother, for whom this was a significant challenge, reflected when asked what might help:

*I don't know. Take away their worry. They're just-- you-- you're hypervigilant, with, um...where your kids are at. And in being hypervigilant with how they're responding to the situation, you're not just being with your kids. The-- the problem that I've seen with myself and just looking around at other parents, is you're too much in your head. You're too much in your head. You-- you constantly analysing...um, is this because of that blah blah blah blah. (Mother 7)*

The nature of the interactions parents wanted to have with their children was central to this challenge. A few explicitly emphasized the importance of "quality time." For example:

*And-- and that was the thing, my wife was there the most. Um I probably wasn't there as much as I probably should have been. Although in my situation I tried to make it um, mostly quality time, rather than quantity. (Father 3)*

Though parents spoke emotively of the value of quality time, many also used terms that appeared to minimize activities that enabled this. They referred to “little things,” “boring things,” “small” or “incidental,” which seemed in contrast to the importance with which they were imbued by parents. Included were activities such as reading books or watching a movie. It is possible that parents used minimizing language to acknowledge how other people may perceive such activities (i.e., perceived social norms). Additionally, several parents explicitly identified having re-valued such activities in the years since Black Saturday. To illustrate:

*And that meant for me to be more productive at home than away from home...so I could be there for them. Be in their lives more, like school pick-ups and drop-offs and what-have-you. Yeah, that small incidental stuff. (Mother 6)*

Several parents however also indicated that constructing quality time in this way may contribute to it being difficult to prioritize. For instance, the father who spoke about the significance playing with his son (see page 135), later said:

*I think I'm saying is one of those things I really want to say for future-- 'cause I know your-- your research is actually about future disasters like, (inhale) 'cause it's so difficult to prioritize something like that, when everything else has priori[ty]--... (Father 2)*

One mother, who regularly engages with other parents through her job, offered the following as advice:

*To parents I just said, just to try and relax and enjoy their kids. Just have fun with their kids, minor things, doesn't have to be much, going to the beach you know. Making a kite, doing things, um yeah showing the kids that-- that we can be resilient, I think, is really important. [...] I think, that's um, yeah something I've learnt but then I mean parents always need to enjoy their kids as much as they can, um, but more so then... (Mother 5 mother)*

This mother appears to use “minor things” to frame the activities as being achievable. She also identified being present and available as a positive and significant experience that benefits parents directly as well. This was also supported by parents who discussed spending time together as a family as helpful or that their children were a welcome distraction from the demands of recovery. However, paradoxically, it may be problematic if parents see quality time with their kids as privileging their own enjoyment, as a number of parents spoke about needing to prioritize other members of their family before themselves during recovery. Though, this mother later also noted that such activities with their children provided opportunities to model resilience which was something other parents valued (see section 6.3).

#### **7.4 Being patient and tolerant**

A fourth parenting challenge related to difficulty in being patient and tolerant. Around a third of the parents identified times in which they struggled with patience, frustration and anger, and related that struggle to their parenting either in cause or effect. One mother, who identified this to be a dominating feature of her experience of parenting post-Black Saturday, exemplified numerous elements of this challenge:

*Prior to the fires I was um a very patient parent and I think the hardest thing was dealing with the anger after the fires.*

[...]

*Um, and I know every parent says they want to be more patient but this was awful.*

[...]

*And you know that's part of having kids and everything and I just had zero tolerance for those little annoyances. And then you feel guilty about it of course...*

[...]

*I think because I was so full, of everything. Holding so much, um that I just didn't have anything left. I was at capacity and beyond.*

[...]

*Because I--, I really valued it. I really valued being patient, and tolerant, and-- and supportive, and I just felt that I wasn't being anymore. And um...I wasn't being the person I wanted to be. And I couldn't seem to help it. (Mother 3)*

Evident in her narrative above were her perceptions that patience is required in parenting generally (i.e., in non-disaster contexts), the role of capacity in parenting and the value parents placed on managing their emotions as well as the reasons for doing so (see Chapter 6). Also evident in her descriptions were her feelings of surprise at the magnitude of the change (pre to post fire); guilt and helplessness at losing control; and her experience of losing a valued part of her parental identity. Other parents echoed these perceptions. For example:

*I do notice...on reflection that there were times when I-- I wasn't a good parent. That I'd be more um...snappy and, react negatively to stimulus that I was getting from the kids that um, when I had more resilience I was stronger and didn't bother me. (Mother 6)*

Both of these mothers expressed their surprise that their struggle with emotional reactivity was ongoing at the time of the interview. Another mother also demonstrated that patience was necessary not only with respect to reactivity, but other aspects of parenting as well:

*If the fires hadn't have come at [our area] we would have worked on that sooner, so...but it was almost delayed for sort of twelve--, maybe even two years, to work on that...um relationship with him. And so...[my husband] and I do sometimes quietly...ah, and privately say...ah...if we'd done that earlier what would have--? If-- if we had...time? Like not even time, just patie-- I think it's the patience. (Mother 10)*

Many of the parents who raised frustration with their lower levels of patience and tolerance had children under the age of ten at the time of the fires, suggesting that children's developmental stage is a relevant influence on parenting. Several of these parents reported their perceptions that younger children meant "hard work" for parents. Conversely, the only parent to raise patience as an experience of growth in her parenting had adolescent children at the time of the fires:

*I would never get angry at them, but um...over anything that happened after that, because, they were young adults and they were going through a pretty...horrendous situation, after disaster. They were. [...] Um...yeah I think my um, patience became a lot stronger. And...(inhale; pause 0.04) yeah you count to ten and.... I don't know I-- I suppose I sort of...um...became a role model for them.*  
(Mother 9)

For some parents, their struggle with patience, anger and frustration were associated with disciplining their children. One mother described her perceptions of stress as changing after the fires, and feeling “less able to cope,” and as a result:

*And um, and just sort of less able to conduct myself in a good manner around my family. [...] I would get upset about things really easily. Not-- it wasn't always just being angry but, yeah got upset. And-- and I, you know I probably started smacking the children then. Not all the time but, you know that-- it-- and that was sort of my way of disciplining them.* (Mother 19)

#### **7.4.1 Anger and violence**

As indicated by the mother's experience described above, for some, the struggle with patience and tolerance escalated to anger and violence. A few parents gave examples of times in which their anger overwhelmed them, and they described their displays of anger – most of which were not directed at the children. A few parents described times they or their partner “hit the wall,” or “smashed” belongings. These were discussed in the context of suggesting that their emotional reactivity was a result of having experienced the fires.

One mother described becoming concerned about her partner's reactions:

*Um...and I remember, I'd never been frightened of him, ever. And I remember at that stage getting really...really concerned.*

She provided her daughter with a safety plan:

*Daddy's been really, really upset with...something. He was very upset by what you and I did, however...his reaction was not acceptable. And not normal. Um...and if Daddy ever gets like that, with you, and I'm not home, I want you to go next door.*

*And I want you to just say, "Daddy's cross. And I need to be here for a while. 'Cause it's not safe for me to be at home." (Mother 11)*

She went on to explain how she and her partner came to the realization that they were both concerned over each other's expressions of anger in relation to their daughter's safety. She described this mutual realization as significant in that it prompted a positive shift in their relationship and approach to parenting.

Another mother described her experience of becoming a safe contact for a neighbouring family:

*...we got a phone call from one of the girls, you know the mother had got in the car and just drove off. And they were young. Young kids. Because she just couldn't cope. She just couldn't handle-- you know, they were being kids. They were pushing the buttons. That's what they do. And she just didn't have...the strength left to be able to deal with it. She knew...that if she stayed in the house...harm would come to the kids. (Mother 12)*

As she continued recounting this experience, she emphasized the importance of being non-judgemental in supporting parents, and ultimately children:

*You know, and I think that's...where...it was important because yes, inside me I was going, how can you do this? How can you hurt your kids? But the face, "Mate there's no judgement. I can't imagine what you're going through, just like you can't imagine what I'm going through. (Inhale) So I'm not gonna even, you know...go there. But your kids are always safe and welcome at my place." (Mother 12)*

Several parents similarly reported being aware of increased family violence in their community despite it not occurring in their family. One mother, who described her partner as abusive prior to the fires, reflected, when prompted, that she believed her partner's anger and drug and alcohol use increased after the fires. Another mother described observing a marked change in her partner following the fires, and her assessment that eventually his anger and unpredictable reactions meant it was unsafe to leave her children alone with him. These mothers and a third described leaving their

partners. In their discussions of these decisions, they all reported that their partners had never been abusive directly toward their children, and that they felt it was important for their children to maintain connections with their fathers. They nonetheless felt conflicted in this decision, demonstrating despite the presence of abuse, they too felt the desire to “keep their family together.”

## **7.5 Negotiating differing needs**

A fifth parenting challenge involved the tension of family members having differing needs, as with the mothers described above who needed to leave their partners but negotiated their children maintaining connections with their fathers. A few parents with multiple children reflected that one of their children in particular appeared to be having a more difficult time coping than the others. This was associated with concerns of their other children having been exposed, and potentially distressed by, that child’s trauma reactions, as well as that their parenting attention had been focused on one child.

At times what parents needed for their own recovery from the trauma of the fires conflicted with what their children wanted or needed. Differences in responsibility appeared to contribute to parents and children being in different places with respect to coping emotionally, at least initially. This was evident with parents’ discussions of having limited capacity, suppressing their emotions, and the challenge of being present and available. One mother identified:

*And I wonder if part of all of that is just, the parents’ responsibility and-- and so the burden is greater and [my son]’s like, “Oh gee well that was pretty bad. That was a fire, that was pretty scary. Oh, all right, I’ll head off to school, the buses are up again.” I don’t know, matter-- a bit more matter of fact. Rather than these layers of responsibility and guilt and emotion, and things like that that I think I took to it all. (Mother 6)*

Several parents discussed prioritizing their children’s needs over their own, which others demonstrated as they described decisions they made. One mother clearly articulated the view that this is an inherent part of parenting:

*So I was in-- caught in the situation of, I have to do the very, very best thing, for her...and put, my, needs...on absolute hold, because that's what we have to do as parents. (Mother 12)*

A number of parents explained that they based their decision to stay and rebuild on what their children wanted, for several this was despite their own preference to relocate. However most of these parents appraised the decision positively in retrospect. Some clearly attributed their children's ability to cope, at least in part, to such decisions. As the above mother also demonstrated, staying had led to opportunities for teaching her daughter resilience:

*I really did not want to stay here. Um, with every...piece of my being, I did not want to stay here. (Pause) But...I'm so glad that I did. Um...because it showed her that...you can just rebuild. That...(pause) not all is lost. Um...that...you know, bad things doesn't make for a bad life. (Mother 12)*

Tensions also arose from differences in reactions and coping strategies. Parents sometimes related such differences to members of their family having had different experiences during the fire, which may have contributed to different experiences of recovery. Other times parents described personal differences. For example, one mother felt frustrated when her coping style, which influenced how she approached reassuring her daughter, did not seem effective given her daughter's trauma reactions:

*I think probably what I struggled with most then was the fact that...(pause) come on mate, you know. You know...there's nothing wrong. You know there's no danger. You know you're okay. You know? So parenting a child (inhale) who has illogical and irrational fears, but who were her own fears of course when you— [are a] very rational, straight forward person yourself. (Mother 18)*

Another mother wanted to support her daughter but had to negotiate when revisiting fire affected areas became overwhelming for herself:

*And [my daughter] wanted me to go back quite a few times, 'cause we sold and moved on. But um (inhale) when we go back it's really interesting to see her, and she needs to do it, um so yeah we've gone back a few times, but it's still...for me*

*it's still a place which is...it's too sad. It holds too much, pain that I just-- yeah I can't live that...anymore. I had to say enough. (Mother 1)*

The above mother also reflected on her partner's struggle when he and their daughter diverged in their engagement with their faith:

*Um, and over the last few years she's, definitely lost her faith. Um, yeah she's actually a hundred percent um does not believe. She thinks it's a whole lot of rubbish. And it's really hard because-- ah it's hard for my husband because he's the opposite. He took on his faith to assist him in his healing process. (Mother 1)*

### **7.5.1 The tension of needing space for themselves**

One of the most evident examples of the conflict around differing needs was the tension between the knowing that their children needed them and needing some space for themselves. Around half of the parents spoke of the need for space away from their children (for themselves alone, or with their partner). This included needing space, or time, "to themselves," or "outside the family." Parents' descriptions of the experienced or perceived benefits of having space for themselves often overlapped with discussions of managing their own emotions. These included facilitating their ability to control or address their emotions. Similarly, some spoke of needing an opportunity to express emotions they did not want to express in front of their children. One mother described children needing somewhere to have a break from their parents "headspace." Another mother similarly referred to her and her partner's the need to "let off steam" when her daughter was not around. This mother also described how supporting her daughter and husband through their trauma had meant that she lost her home as a space away from work:

*And, um it was almost like taking a step back and being a worker in your family um and actually thinking about things quite differently, analytically. Um and that was really hard, 'cause that was my--...home was my time out. (Mother 1)*

Another mother reflected on how after Black Saturday she prioritized being a stay-at-home mother for longer than she felt she would have without the fires due to her

daughter's separation anxiety. However, in retrospect she felt returning to work had been helpful for her own recovery:

*And then eventually I went back to work in [several years after the fires]...and that made a big difference. I think 'cause I had perspective and was able to-- (sigh) um, I had a space outside of home I guess. And I was-- 'cause I was studying [describes course], and um so that-- so I was-- I had that for myself but it was still at home and um so I didn't have that adult space which I didn't realize how much I valued until I got back to it (laughs).(Mother 3)*

One father described that part of his role as a parent was “being there for” his partner on returning home at the end of the day, because she needed “adult” conversation.

Many parents described feeling conflicted, or, expecting they would have felt conflicted if they had been offered opportunities for space or time to themselves. For some this was despite their recognition of the benefits, as was evident for parents who discussed prioritizing their children's needs over their own as something parents typically do. Additionally, two mothers referred to not wanting to “dump” their children (e.g., at childcare or school), while another did not want her child to feel as though she had been “palmed off,” illustrating negative perceptions of choosing to be apart from their children. Taking time for themselves took time away from other recovery activities for the family, including time with their children (the importance of which was highlighted with respect to being present and available). Some parents articulated feelings of guilt at needing space away from their children particularly when they felt their children needed them. The following mother, for example, described her frustration and feelings of guilt. Her guilt appeared compounded by the perception that essentially her son was not asking for much:

*I remember he just wanted to sleep in our bed every single night, and I was kind of like, I just need some space from--, I really needed space from him. 'Cause he was so clingy...so clingy to me. He wanted me to wash him and feed him and dress him and, “Mummy do it Mummy do it Mummy do it.” And I was like, “Enough with the fuckin' 'Mummy do it' I need a break from you.” [...] Yeah that felt really stressful, but then there's the guilt of going, I'm the one person that can sooth*

*you completely. (Inhale) So, yeah lots of guilt, I felt lots of guilt after the fires.*

*Um, yeah just hanging out with him, that's all he wanted. (Mother 8)*

Several parents described parental separation anxiety and discomfort at the thought of being apart from their child, particularly in the early stages after the fires. These were feelings some parents described having themselves, while others reported having observed such reactions among parents they knew. One mother, who described her partner as abusive (towards her, not the children directly), was emphatic in her surprise at the value of space to herself:

*I wasn't ready to share-- I used to say share my children 'cause I'd never stop him from seeing them, but I couldn't stand the idea of them going for access visits and therefore being away from me. Not that they'd be with him, but that they'd be away from me. Turns out that's great. Takes them away and it's like, ah yes, a weekend to myself! But I didn't know that then. (Mother 14)*

This mother and one other who also had children under the age of five at the time, discussed how being a parent prevented them from participating in activities that they felt would have helped with their own recovery. For example:

*I had the baby with me all the time-- I wanted to do more, I wanted to help...more. Um, you know I really would have--, I would have benefitted from being part of the relief, service, felt more empowered, but having...the baby with me, and then the toddler. [...] I wasn't able to get out and help. (Mother 14)*

This mother's perception that helping in the community would have contributed to her own recovery was supported by a number of parents who had been able to participate in broader recovery efforts. These parents, often of older children, spoke of their active engagement – even coordinating – community recovery activities. This was consistent with several parents who reported their reasons for participating in this research as enabling them to help others. One mother described the benefits she derived from helping others:

*Because it was important for me, for my self-worth and for...my sanity, to be doing what I felt was important. And that-- whilst that was looking after [my daughter]*

*and...(pause) making sure she had everything that she needed...the world doesn't revolve around one person. (Mother II)*

One father spoke clearly about his sense of responsibility to community recovery noting that it meant it was his wife rather than himself, who was present with their children the majority of the time.

## **7.6 Being a 'good' parent after a disaster**

Each of the challenges discussed in this chapter reflect aspects of parenting that parents valued as important in the aftermath of Black Saturday, and ways in which attempts to enact these values were undermined. A theme apparent across parents' experiences of struggling with these is the notion of being a 'good' parent. Nearly a third of the parents identified a time (or times) when they felt they had "failed" as parents or they were not being "a good parent." For some, this pervaded their assessment of themselves as a parent. It was evident that being unable to "fix" or improve situations or being unable to alleviate their children's distress were sources of parental distress. One father, described struggling with the feeling that he "wasn't enough." The potential to do 'wrong' as a parent was also implicit in parents' concerns. For example:

*I-- I think parents need to know that they're doing the right thing. They need to know that they're going down the right track. That they're interpreting what their children are doing.... (Father I)*

Several parents reflected on decisions they made following the fires as the "right" or "best" decision they could have made, including decisions to stay in the area or move their children to a new school. While some described weighing various options at the time, some were still questioning the impact of those decisions, as the following mother demonstrated:

*(Sigh) So, I guess the only other big question that I do have is should we have stayed or should we have left? [...] I think we did the right thing in staying. I mean we love it. We...you know um...it's a beautiful, gorgeous you know little part of the world but, (inhale) I don't know. Maybe the...constant you know, reminders*

*of it? Maybe it would be different. Maybe I would view it all differently. Maybe I would be a stronger (inhale) you know person if I had've got out of the environment. I don't know. I d-- I think we did the right thing. (Mother 15)*

Earlier in her interview she had drawn a connection between her strength and parenting:

*(Inhale; crying) And...I think, if I hadn't have been through what I've been through, I would be a far stronger person emotionally. (Inhale) And I think a better parent. (Mother 15)*

Such discussions suggest parental concerns for the potential to cause harm with their actions or decisions, potentially augmented by the perceived increased need for efficacy (see section 6.1.4). Similarly, several spoke about what they “should” do (or, have done) as parents. To illustrate:

*Because I suddenly threw myself into being what I thought a mum should be. So dinner at a certain time...what dinner was, three loads of washing a day...um.... Like, my mum actually said to me, “You're parenting like you feel like someone's looking through the window at you.” (Mother 10)*

She confirmed her mother's observation was an accurate description of her feelings. The consideration given to the perceptions of others was also evident in reflections on their own descriptions, for example, “so I don't sound like a very good mother saying that.” A couple of parents recounted affirmations they had recently received from their children that their parenting efforts were helpful or appreciated. Their pleasure was evident when they made these recollections, and possibly relief. Conversely, a few parents recounted experiences of being blamed for ways in which they parented. One mother described an experience where her partner argued she was “babying” their son too much with what she saw as being what a mother “should” do to support her son emotionally after a trauma. A few others described experiences of being blamed for certain experiences by their child. They referred to being manipulated by their child(ren), though they clarified they thought the child(ren) were doing so unintentionally.

Expressions of feelings of helplessness, sorrow, and guilt—as demonstrated throughout this chapter—often accompanied expressions of not feeling like a good parent. It was also an isolating experience for some. One of the mothers quoted earlier in this section said:

*I mean, you know I'll say-- tell you in here, I don't go around telling everybody (laughing) that I feel I'm a terrible parent because that [the fires] had such an impact on me. Um, but I--, as I say I think the way people speak about, you know their experiences and what they went through, (inhale) I just get this sense of...it's not-- the reality is really not out there. I think, we all sort of think that we haven't (inhale) coped...but we're on our own. (Mother 15)*

On a related note, several parents responded to the researcher's observation that parental experiences receive relatively limited exposure in existing post-disaster research confirming that to be their experience. One mother began:

*(Inhale) Okay...(exhale) such a--...you're right, it [parenting] never gets talked about. It doesn't. (Mother 12).*

Complementing parents' descriptions of not being a good parent, a third of the parents spoke of having done "the best they could" either themselves or reflecting on other parents. Similarly, several parents offered advice to other parents related to not being too hard on one's self. One mother explained that repeating this to other parents she came in contact with through her work also helped her realise it applied to her as well. For another mother this realization also illustrated her feelings of parenting as involving being judged by others:

*And I think that's been one of the biggest things that I have learnt about, myself and about parenting: I'm never going to get it right. I don't place so much importance on doing it right by everyone else's standards anymore. And I haven't for quite a long time now. [...] But yeah, for me, a lot of it was about not worrying about what everyone else thought, about...parenting. (Mother 11)*

Another mother, whose family had faced numerous major life stressors (e.g., life threatening illness), explained being imperfect as part of her general approach to parenting:

*And you know like I've had a few kickings. I haven't got it all right. (Inhale) But I've...you know I've said to my kids all the way along, you know you've gotta be a less than perfect parent. If you're a perfect parent then what's left for the kids?*  
(Mother 17)

While some parents struggled to find positives in their experience, there were a few who gave examples of ways in which having been through the trauma of the fires seemed to have strengthened aspects of their parenting. For instance:

*I have grown, so much as a person, and...as a parent, in these experiences. And I - again, to my core: smooth seas don't make for a good sailor. And I think all of the people that I look around-- that I hold in high regard, um are all people who have had incredibly traumatic experiences. (Mother 7)*

## **7.7 Chapter summary**

This chapter presented five parenting challenges experienced by participants following Black Saturday. The challenges demonstrate both what parents value and the ways in which parenting was undermined by their experiences of trauma (their own, their partner's, and their children's) as well as the post-Black Saturday context.

Flexibility and finding new strategies related to adapting their parenting with sensitivity due to their children's trauma exposure. Along with sticking to their values, these challenges were particularly in relation to new situations parents faced as a result of the fires and the post-Black Saturday context. The challenges of being present and available, and, having patience and tolerance, highlighted relational aspects of being a parent which were influenced by parents' own emotional states as well as the many practical demands of settling. The fifth challenge, negotiating differing needs, demonstrated that parents typically prioritized their children's needs. Tension was experienced with the recognition that space (or time) to themselves was also important for their own and their families' recovery. Participants who indicated these challenges were also part of parenting prior to the fires, conveyed they had taken on greater significance in the context of supporting children who had experienced trauma.

Underlying the tensions inherent in the challenges was the notion of being a good parent. Helplessness, sorrow, and guilt were often experienced in relation to time(s) when participants felt like they had not been a good parent. There was also evidence of concern related to perceptions and potential judgements of others. For some parents this was an isolating experience, while others offered affirmations that parents had done their best in a complex situation.

This chapter focused on the challenges that contributed to participants' framing of parenting after Black Saturday as more difficult. The following chapter explores what parents found helpful.

## **CHAPTER 8**

### **Supports and services**

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This chapter facilitates the contribution of parents' voices to the discussion on supporting parenting post-disaster (explored in Chapter 2) as it reports on what parents themselves said about supports and services. It is based on experiences that parents had and their identification of what was useful or unhelpful, as well as their recommendations for what may have helped and advice for other parents. The first section explores parents' identification of family and friends as an important source of support. It considers the nature of support received from family and friends as well as formal opportunities that facilitated social connections.

The subsequent sections reflect themes across different types of support that parents spoke about. This includes the benefits of understanding trauma, supports aimed at helping children cope with their experiences of trauma and grief, supports related to parental mental health, and childcare.

The final section presents barriers with respect to engaging with supports. As such, accessibility, timing, experiences related to asking for help, and insider-outsider challenges are explored.

## 8.1 Supportive relationships—Family and friends

Most parents mentioned receiving support from family and friends, and often nominated family and friends when they were directly asked about what helped. Support from within immediate families was important. Several parents from two parent families reflected that they could not imagine what it would have been like if they had not had their partners. Similarly, others described the importance of “supporting each other,” having had a supportive partner, or providing their partner with support. When parents elaborated on the nature of the “support,” they illustrated both emotional support as well as sharing tasks and responsibilities. Examples of support specifically related to parenting included balancing each-other by sharing parenting strengths, questioning reactions or observations of unhelpful behaviour; coming together to negotiate parenting and “bounce ideas” off each-other.

Extended family, friends, and neighbours, were also significant supports. At times parents described friends and neighbours with similes of kinship. Some referred to pre-existing friendships, while for others this was a notably new aspect of their relationships with people in the community (i.e., a development since the fires). Parents did not always explain the nature of this support, but examples ranged from having people to talk to and share their experiences with, through to more practical support such as being able to stay with extended family or sharing information about what needed to be done or what opportunities were available. For example, one mother said the following while contrasting her perception of support within her community to that of other communities:

*In [my community] we were able to get forums together where we could have community meetings and-- and make sure that there were-- that people-- like people did look out for other people. [...] that was certainly a help with other parents, to actually, find out what they were going through and to be able to-- (inhale) you know if they needed to go and...you know get their building permits or get, you know bits and pieces happening or whatever then you could do some-- some babysitting for them or...(inhale) um you know just work...together through things. (Mother 16)*

Having someone look after their children was the most frequently identified way in which friends and family provided support to parents, as illustrated in the quote above. The need for childcare is discussed further later in this chapter but parents' descriptions of looking after children were not always specifically about childcare. One mother noted that an aspect of her strengthened relationships with neighbours was that she felt like they became "other parents" for her children who would be there if needed. Conversely, another mother described "communal parenting" as a support that they lost when they made the decision to leave the area.

Parents also discussed the importance of friends and family specifically as supportive relationships for their children. One mother, for example, explained her perception that her children did not need formal support because their "normal counselling channels" of their family and friends, were sufficient. Some parents referred to their own or family friends (i.e., other adults) as supporting their children, while other parents described the support they felt their children were receiving from their peers. At times this was evident in their descriptions of decisions (e.g., where to live or what school to attend after the fires) being based on their children's social connections. In an example of a corollary of support amongst children, one mother spoke about her youngest son's experience of struggling with his best friend's trauma and grief reactions. She described that in effect he "lost" his best friend and suggested that more could be done to help children respond to the trauma and grief reactions of their friends and peers.

### **8.1.1 Sustained by their children**

The relationship with their children was a source of motivation that sustained them in the face of the trauma. For some, this was a positive experience of the demands of parenting as a distraction or focus for their attention. To demonstrate:

*So, I think we were lucky in that we had, um, a reason to get up and we had to do something. (Mother 10)*

Another mother attributed her parental responsibility as the reason she was able to access her inner strength following the disaster:

*I think the love of your children...um...draws that out...above and beyond [...] Like I didn't know I had this inner strength in me. But I had to do it because I wanted the children (inhale) to have the most...um...nourishing, sort of supportive time that they could have through this horrible time. (Mother 13)*

Some parents of adolescents talked about mutual support, drawing strength directly from their children, or times when their children expressed confidence in them. One example was:

*My daughter-- our daughter was our rock. She was the one who um kept us going... (Mother 9)*

Finally, several parents described joy and satisfaction from seeing their children grow and develop. For instance:

*I have an incredibly amazing, resilient, young lady who...you know who talks to me. Who, knows I'm there. Who, you know...(pause) who has attitude. Who's hormonal. Who throws tantrums, you know. (Pause) And does all the stuff that she's supposed to be doing, and...I love that. So if when I'm fifty, or sixty I decide, you know, to sit at a beach and burst into tears and just cry for a week, then, it'll be worth it. (Mother 12)*

### **8.1.2 Opportunities that facilitated social support**

Parents' discussions of support from friends and family often related to formal contexts that facilitate or enhance those connections, as with the benefits of the community forum noted above (see page 154). Several mothers identified friends they had made through new mothers' groups (as part of Maternal and Child Health Nursing services) prior to the fires as being supportive friendships they had maintained over years. However, one mother illustrated that even for parents who had strong existing relationships, these were not always adequate supports in relation to trauma after the fires. She extolled the support of her mothers' group (formed prior to the fires, and who had also been exposed to the fires), but also showed social comparisons contributed to feeling alone in parenting difficulties:

*I remember thinking: wow, that's so not where I'm at with my children. [...] (On the verge of crying) Um, and really...it's hard to put a finger on exactly what the differences were but it was just, like, their conversation was on this whole lighter level and I felt like what I was dealing with was really heavy and weighty and um...and completely on another level to-- to what their experiences were. And yet our kids were all of similar ages, um...and that was quite-- I remember that quite vividly. (Mother 3)*

Another mother described a potential benefit of a professionally facilitated parenting group in discussing difficulties:

*"What do you say in this situation?" "Oh, I've tried this, this seems to work." And a facilitator being able to assist them to develop some-- some good messaging, like actually practicing the messages. Like how do I put this, my kid's saying to me-- (inhale) you know, "I don't--," like for instance mine saying, "I don't feel like I'd-- I should have lived, it should have been me." Like what-- what could be discussions that we could have? (Mother 1)*

She also highlighted that not everyone had existing networks:

*—... there's certainly plenty in [our community] at that time, that-- that didn't have the community feel that I had, um were really disconnected and so couldn't talk to other families about (inhale) you know, "This is what I'm noticing in my kid, are you seeing it as well?"(Mother 1)*

Another mother described coordinating a combined playgroup/parent-group in the years after the fires as beneficial not only for the support, but as it was something she could do for others. The points raised about social support in relation to parenting also aligned with several parents who volunteered their reasons for participating in this research as an opportunity to hear what other parents went through.

### ***Time together as a family.***

A third of the parents discussed opportunities for activities they shared with their children either themselves or as a whole family and framed these opportunities as important for recovery. In addition to those described in previous chapters as initiating

this time themselves through family holidays or camping trips, there were others who greatly appreciated formal services that promoted and enabled such opportunities. One mother described her perception that many activities that were offered in the aftermath appeared to be designed to “separate” family members with separate programs for women and men, when what she thought her family needed most were opportunities that promoted time together.

Parents’ descriptions of the value in these opportunities for time together included both that they enabled the creation of new memories and facilitated incidental conversations. For instance, one mother spoke of the significance of: “...building the happy memories around the traumatic time,” when asked to provide advice to other parents in similar circumstances. She described having found such opportunities helpful for her and her children:

*Definitely those family camps and family outings. Definitely. Because they left something nice where there wasn't nice. They gave us nice memories and photos of that time. (Pause) So yeah, absolutely. As a time for the family, time to just be with the kids and do fun things...instead of just being stress and disaster and...yeah. Definitely. So, no it's even-- it's so nice now, I think now, I look back on that and think yeah I remember-- the kids have the best memories of the Portsea camp and...some of the activities and outings. (Mother 14)*

These values reflect aspects that parents struggled with (see Chapter 7 and the challenge of *being present and available*). For example, one mother suggested offering “creative spaces” for parents and children, with the potential as:

*Um...yeah that-- that you sort of structure it that the goal of what you are doing was around getting the parents or the carers um of those kids to try and just leave all of the task stuff behind, and-- and have the space to just you-- you don't have to worry about this stuff at the moment, you've got a two hour window that-- that that doesn't exist [otherwise]. (Mother 7)*

Another mother participated in a sponsored family trip to a festival in Melbourne, and her description exemplified such benefits. Her description exemplified several ways in

which sponsored family activities provided relief from the challenges of parenting after a disaster:

*Cohesive family activities were brilliant. Because not only did-- and where everything was organized. Transport, food, you name it, was organized. [It] was invaluable because...a) you're provided that activity, b) it provided...a day out of the normal drudgery and the shit...of having to...clean up your house, go through yet another insurance thing [...] Um...and I had a ball. It was so much fun. And I'd done things that I wouldn't normally do, 'cause normally I would have been worried about, I couldn't afford the ride or something like that. And [my daughter] was just beside herself, you know, and just seeing that...was incredible.*

*(Mother 11)*

Having “everything thought of” for her and not having to be concerned about financial pressure (something several other parents identified as well), created the space to step outside the disaster recovery context and “just concentrate on having fun”.

## **8.2 Support to understand trauma**

Nearly half of the parents reported that learning about trauma had been helpful. Several parents identified learning about disaster experiences from people who had lived through the South Australian Ash Wednesday bushfires of 1983, or learning about other disasters. A few parents described speaking about their experiences for other people who have been through disasters since Black Saturday. Parents' descriptions of the value of learning about trauma also demonstrated appreciation of finding out what is considered to be normal for people under similar circumstances. A number of parents spoke of the benefit of hearing a clinical psychologist who ran community sessions on recovery. For example:

*It was nice to go hear him and know that what you're feeling...was normal. Was what everybody else was feeling.* (Mother 10)

Understanding trauma was also helpful for setting expectations of recovery or knowing what challenges others faced. Timing and availability of multiple formats contributed to utility as the following mother demonstrated:

*So I mean he was in our community, very early on and you know speaking to everyone. So all the resources and, you know it was there. There were-- it was absolutely brilliant. (Pause) And I remember you know getting transcripts of those and listening and (inhale) you know seeing you know what to expect at the you know two year mark and three year mark and all that sort of stuff. So, the support was there. (Mother 15)*

Other benefits included having explanations for behaviour they were experiencing or observing. Many parents discussed ‘survival mode’ and adrenaline as influencing behaviour. One mother recalled learning about gender differences, such as constructions of men as providers, which influenced men’s coping with trauma. Another described learning about her own trauma reactions had been helpful because then she could also relate it to what her daughter was going through. In particular, she found it was useful for identifying triggers with her daughter.

For some, such information was also useful in contextualizing what was not “normal” or “constructive.” One mother spoke about the gradual escalation of partner’s anger and a public information session had helped her realize how problematic it had become. Another mother proposed similar information sessions may be useful to discuss constructive coping with community members—concerns about substance abuse were similarly noted by several parents:

*In hindsight would it have been useful to have brought in...probably obviously not straight away, but maybe with in a six month period that-- you know things about...maybe things like, you know...substance abuse and stuff and how it doesn’t help...trauma. And how it’s not helpful and... Um, would it work in this environment? I don’t know. (Mother 18)*

### 8.2.1 Support to learn about children and trauma, and parenting

Several parents spoke of attending sessions on children and trauma to guide their parenting. A couple also offered examples of how seeking information from professionals or “experts” had been important for other non-normative experiences they had encountered as parents, including post-natal depression and learning difficulties. Some spoke of benefitted from discussing strategies for their children with a counsellor they saw for their own recovery. One mother described how she would have appreciated learning more about trauma in families:

*Whether like that's doing some trauma informed care training with families? Like you know I would have absolutely embraced that. Those kind of things which build the resilience of parents but and-- and also um, you know some things about um the trauma journey... (Mother 1)*

Some demonstrated how parenting seminars helped with the challenge of being flexible and finding new strategies. For example, one mother described how a parenting seminar helped her and her husband find new, more “constructive ways” to manage their son’s challenging behaviour:

*Yeah we did get a lot out of that course actually I think. Just new strategy-- strategies and um ways of dealing with like...new approaches to-- like if [my son] would blow up about something, you know, new ways to perhaps try and approach that. (Mother 4)*

Others identified assistance with how to speak to their children as something they thought would have been useful. One mother recalled reading a book from the Red Cross on how to talk to children after disasters. She spoke of finding it helpful but that it would have been more useful to receive it earlier (having received it 6 months after the fires). One father identified many ways he and his adolescent son had a close relationship, and examples of his son choosing to speak to him about difficulties he was having in school and after moving out. Nonetheless he questioned whether he should have actively spoken about the trauma of the fires and suggested he would have appreciated assistance with this:

*(Inhale) Maybe if I'd've had some insight from somebody as to...how to approach [my youngest son] (inhale) um, just to see that everything was alright. And you know, how-- get him to open up. Might have assisted a little bit more. (Father 1)*

One mother noted that she had attended a parenting information group only once as it did not meet her needs. This was because it was targeted towards young children and not developmentally appropriate with regard to adolescents, the age group of her children.

### **8.3 Reinforcements with helping children cope**

In addition to their own efforts to help their children cope, parents described seeking and engaging with services to assist their children with their experiences of trauma and loss. These included art therapy, day or weekend camps (often run through schools), Horses for Hope (equine therapy), Kids Grieve Too, an anorexia service through a hospital, counselling, family therapists, and child and adolescent mental health services (CAMHS). For the most part, parents recounted experiences with these services positively and expressed their perception that they were beneficial and important to have access to. Some parents spoke about having taken their children to be assessed by mental health services and were told that their children are okay. There were also examples of ways in which services to help children cope assisted participants with the challenge of parenting flexibly and finding new strategies in responding to trauma. For instance, one mother described going to a family therapist with her daughter who appeared to be struggling but was too young to articulate her fears. She recalled how the therapist had helped to engage her daughter and gave her a way to communicate about issues. Some however described accessing numerous services to assist their children but feeling that nothing they had tried had worked. Other parents identified that services were still needed by their children and children in other families (at the time of the interviews).

Several parents described their considerations, and in some cases hesitation, in sending their children to counsellors. These parents spoke about the process of finding the right counsellor. Concerns included the perception that counsellors did not have the training or knowledge to address trauma of this scale, or the fear that the wrong counsellor could

“do more damage than good.” Some compared it to how if they were seeking a counsellor for themselves, they would be comfortable knowing when a counsellor was not a good fit, but that was more difficult to judge on behalf of their children.

Additionally, one mother described having to attend several services which she perceived to be in part due to the demand on the services. She recommended “getting in early,” and expressed concern regarding the lack of stability in such relationships:

*But yeah we had to sort of jump through...well you know go through a few services before we got a consistent one. Which is not helpful for.... [...] And for like a child of that age. I mean she was what...[pre-teen]? I think [repeats age] at the time. Um, you know they just get to form a relationship and then that gets taken away. (Mother 18)*

Another mother recalled having to advocate for her daughter in attempting to access mental health services. This involved explaining her and her daughter’s experiences on numerous occasions, which was distressing in itself.

A few parents spoke about their children “hating” counselling or deciding not to attend or having negative experiences with counsellors or chaplains. These were examples of when parents found it to be particularly important to listen to their children. Another mother questioned whether her adolescent children would have accessed formal support such as counselling:

*Um...(pause) but then again I don’t know whether they-- at that age, whether they would have...gone to get help anyway. Unless I had’ve encouraged them. (Pause) I don’t. (Pause) I think friends were the best thing. (Mother 9)*

Several other parents spoke about there being limited opportunities to for adolescents to engage in other types of recovery supports. For example:

*Um...you know there’s nothing for teens to do here at the best of time so...(inhale) that sort of, you know they’ve opened up the-- the youth group now, up here which I think has helped some children. But yeah so the kids are limited up here anyway so you put trauma on top of boredom on top (inhale) perhaps not too healthy*

*households at home. It's not a great--...a great yeah, recipe for, good things to happen. (Father 3)*

Parents also argued such opportunities would have fostered a sense of connection and citizenship for youth. To illustrate:

*I have to say I found after the fires that we-- that we lost-- all lost our identities, (inhale) and, you know, even if they [adolescents] got invited back into town to plant a tree...they would have thought, well look you know, hey, we still are part of this community. But that didn't happen. (Mother 9)*

### **8.3.1 Support from schools**

Around half of the parents spoke about the role schools had in responding to children's trauma. One father highlighted the perception of schools' involvement in children's recovery by reflecting on the relative amount of support for children younger than school age:

*It's like if they weren't at school, there wasn't anything for non-school age kids. 'Cause the schools were affected so the schools were kind of active in engaging with their community, but nothing for little-- nothing for the little...little ones, mm. (Father 2)*

Several parents of school aged children discussed moving their children to different schools to find one that was supportive. Even parents who did not change their child's school compared and contrasted their own positive and negative experiences with what they knew of experiences at other schools. Parents' descriptions of supportive schools were those that, primarily through interactions with teachers and principals, were sensitive and responsive to what children who had experienced the fires were going through. This included, for instance, allowing children to sit out of activities they found distressing (such as a presentation on natural disasters), being mindful of or acknowledging anniversaries, and advising parents and children when triggers such as planned burns were scheduled in their area. By contrast, a few parents described having to go to lengths to advocate for their child to have access to services such as counselling, or for greater sensitivity in interactions with staff. One mother reflected on differences in the nature of support offered in schools as one of her children attended primary school

at the time and the other was in secondary school. She described psychosocial support in the primary school being more integrated into the classroom. For her son in secondary school, she recalled children being offered counselling which took them individually out of the classroom setting. Her perception was that this approach was stigmatizing for the adolescents.

Parents also expressed appreciation for opportunities for children to attend camps and donations received that were facilitated by schools in the early aftermath (though later this experience was nuanced, see section 7.2). Some noted their children had access to counsellors or chaplains through the school, or they were able to seek advice from teachers or principals on where to access support. Finally, parents also argued that there is the need to ensure teachers are well supported (i) in recognizing teachers had often experienced the fires themselves; (ii) the need for training to understand and constructively respond to children's trauma reactions; and, (iii) the need to be sufficiently resourced to manage disruptive classrooms (a noted feature of classes that held numerous children who had been exposed to the fires). One mother discussed these experiences influenced her child's learning environment:

*Um...mm...don't really know what the word for it is...probably ah, I'm sort of thinking more...(sigh) not a-- not-- genuine's not the word. Um...natural? I don't know. They were more...they weren't trying to be something that they weren't? [...] But kids are remarkably perceptive. They pick up on stuff like that. And if they know that they're not in a, space where they're-- where they're safe and secure then they're just gonna: (mumbling) well I'm just gonna do whatever (laughing).*

*(Mother 16)*

## **8.4 Supports for parental mental health**

Many parents also spoke of their need to address or “deal with,” or to “work on themselves,” generally appearing to refer to their experiences of coping with the trauma of Black Saturday. Several described their own personal strategies including cognitive coping strategies and their attitude, getting exercise, activities such as art or writing. Recovery funded wellness vouchers were mentioned by a few parents as beneficial in

enabling access to services from massages and reflexology through to psychological services.

Many parents spoke of having accessed formal services. Some parents identified benefits of having done this, while others spoke in retrospect of how it would have been useful. One mother, for example:

*Um...I think the counselling really helped me also, 'cause I could speak to my counsellor...about what was really hurting me and making me angry and I wasn't um...taking it home. Um...so I went to counselling every fortnight, you know for quite a few years after the fires. And I think that really helped me as a parent. Because I wasn't taking the anger of what had happened to us, home. I was leaving it out there. (Mother 9)*

Another mother demonstrated that resolving, or at least understanding, her own trauma reactions was related to her ability to control her emotions:

*Certainly for me, I did find that...learning to find out what was going on for myself was far more important than actively trying to figure out what was going on for my daughter. Because when you're calmer, for me I found when I'm a lot calmer and when I can figure out what's going on for myself...I can either shelve it – and as an adult you do that with kids anyway, you shelve your own stuff and then deal with what's going on for the child. Sometimes you can, sometimes you can't. Sometimes you just gotta deal with it first before you deal with the kids. (Mother 11)*

The mother quoted previously, also spoke extensively about “wearing a mask” as part of her experience of parenting since the bushfires. In addition to highlighting the effort involved, when asked what she thought might help she described the benefit of acknowledging the experience even if it cannot be “fixed”:

*And it's just that acknowledging that...you know, yeah...we know you're wearing a mask. We know that...(inhale) um...it's tough. And we know that you're just doing this...for the best, you know, for the benefit of your kids and...(inhale) go you. Whatever you need, we're here. You wanna talk, you wanna crash, you*

*wanna crumble? [...]But we know inside you is a woman...or a man, who...is, you know...still...a woman or a man who has gone through a terrible experience who, you know, is breaking inside but today you're parent-- you're Dad, you're Mum.*

*(Mother 12)*

Several mothers described that it would have been useful if there had been mental health services available for their partners who were having difficulty coping with the trauma. One father reported that personal psychological support would have been of greater benefit to his parenting than parenting specific resources. This father described attempting to engage with services but then not being followed up, and one mother described her partner's similar experience of accessing services which also highlighted that they were crisis driven and therefore could not support his mental health over the longer term.

## **8.5 Childcare**

Childcare was discussed both by parents who had access to it as well as those who did not. Several parents spoke with gratitude of the support of family (or friends) in looking after their children at times, as well as services that provided childcare or facilitated supervising children (e.g., a library co-located with a counselling service). The most common form of childcare parents discussed was informal childcare through family and friends. However, parents identified some challenges related to this type of support (including generational differences in approaches to parenting). They also noted their awareness that this was not an option available all the time, or to everyone. Several others referred to ways in which having someone to look after their children would have helped if they had had such opportunities. Likewise, potential formal support was suggested in the form of facilitating communities (or groups of parents) in organizing such opportunities among themselves.

Among parents who described needing space from their children, childcare (formal or informal) was necessary for time alone or time with their partner to focus on their own recovery or discuss parenting. Often, parents elaborated that it would be particularly useful if there was a way to escape the pervasive focus on activities related to rebuilding

and spend time on their own relationships or themselves, for example, by engaging with counselling. It would also benefit parents who found that the parental role prohibited their engagement in community recovery activities (see Chapter 7). Similarly, parents needed time without their children while they undertook recovery and rebuilding tasks where it was not appropriate for children to participate either as a matter of safety or practicality (e.g., while filling out paperwork for lengthy periods of time). For example:

*And...support in the sense that...(inhale) a lot of what needed to be done, needed to be done...without, having the children there. Really, really early on, what was difficult was the fact that people needed to clean-up their houses, clean-up their blocks and do all that sort of thing. But you can't have kids around that sort of thing, it's not safe. (Mother 11)*

Parents described difficulty related to the practicalities of engaging with formal services and systems were not easy for parents of young children. Several spoke of waiting through long community meetings, such as information sessions around recommencing schooling, as difficult for children. Others spoke of having to bring their children with them when attending services, for instance:

*Um, I think the worst thing was the red tape. [...] and dragging your kids around. And like, newborn baby in the thing, go there and-- and trying-- and talking with grownups all the time and going to the relief centres and you know you've got a screaming tantrum happening, it's like, oh God. But you needed stuff, you know. (Mother 8)*

These perspectives highlight that availability of childcare is an important issue for services looking to engage with adults whether or not they see the aim of their service provision as being directly related to the parental role.

Parents who demonstrated feelings such as parental separation anxiety or guilt, highlighted that these tensions related to considering childcare. For example,

*There were times when...um, [my eldest daughter] would be clinging on to me and [the kinder teacher]'d end up holding her while [my eldest daughter] struggled and she'd go, "It's okay it's a safe struggle Mum, off you go." And I knew she'd be*

*alright but that was awful having to leave her like that and that was someone I trusted like [the kinder teacher] in such a small safe environment and at childcare it just felt like there was no way I could do that... (Mother 3)*

Another mother suggested formal opportunities that encourage parents to take time for themselves would be particularly useful. However, her ambivalence was evident as she imagined what her reaction might have been, and she acknowledged it could have prevented her from engaging with such opportunities:

*...if someone had tried to do that and they weren't family, I may not have-- I might have said, "Nah," and I would've hugged them [my children] closer and said, "There's no way, I'm leaving them with anybody else." [...] Can say on one hand it would be time to have with your partner, without your kids and without having to think about--...but then, I don't know if I would have done it if-- depending on what it would have been. (Mother 10)*

Several parents similarly alluded to the need for existing relationships, familiarity or trust in people who would be looking after their children. For instance:

*So having this library at the counselling building, a centre where the librarians are able to know the children and take them and go and say, "Come on, we'll go and play a game or go and do some colouring. I'll read you a book (inhale) while Mummy talks to [Counsellor]." Was-- I trusted them, I knew that they were going to be safe and I could relax and, and...um do it. (Mother 3)*

A few others similarly spoke of the need to know their children were in a "safe" place or described the importance of having had such a place for their child. One mother described her appreciation of an event where she and her son participated in activities that were separate but were located in the same facility:

*Yeah, have a little bit of your own space, I felt like that was one of the only times, I felt like he was totally safe and close by me...but...um...yeah but, I got some space from him and yeah, and it was just relaxation and I think, yeah it was like, not yoga but something. Yeah that was the only thing-- one of the only things I went to... (Mother 8)*

Similarly, another participant who valued attending a family camp also expressed appreciation of opportunities to take part in individual activities.

One mother explained what she looked for in an environment for her child, contrasting it to what she experienced in a recovery centre:

*(Inhale) Um...one thing I noticed, really early on at the...refuge centres...was all this junk food. (Laughs) I know it sounds really stupid. [...]Um...but that sort of thing needs to be thought about. So a really...happy, friendly, safe environment for kids to be where they have access to good, healthy food...good options, um...different activities, things that are-- will engage them. (Mother 11)*

This experience also demonstrates a connection to the challenge of sticking to her parenting values in an environment where others may want to provide special treatment to children.

## **8.6 Barriers to engaging with supports**

While some challenges and tensions have been discussed already in relation to seeking particular types of support (e.g., counselling for children; services targeted by development stage), there were also a number of themes related to the nature of barriers evident across parents' descriptions of supports. In addition to childcare, identified in the previous section, these themes were accessibility, timing, sense of entitlement, asking for help, and insider-outsider challenges.

### **8.6.1 Accessibility of support services**

Nearly half of the parents raised issues related to the accessibility of services. Parents described the importance of services being offered locally (including outreach services) or in close proximity. They identified distance as a barrier in that it required having time, financial means (e.g., to buying petrol or take time off work), and physical effort. Several described being exhausted when they were travelling to take their children to supports or to engage with support (e.g., counselling) for themselves. Financial concerns were a barrier as well for a number of parents in relation to the cost of services or activities they felt would have been beneficial.

Parents identification of accessibility barriers often appeared related to their changed sense of capacity following the fires (see Chapter 6). For example, one mother explained that while under “normal” (pre-disaster) circumstances it was a reasonable expectation that people would travel for such services, however it was not in a post-disaster context:

*So...something that...um, outreach services are...far more preferable. In that, we're trying to rebuild our life, and if we want...any sort of assistance, we have to go outside our normal life to obtain it. Now, normally...that's what happens. And that's just a part of life, you have to take time off work or whatever. But you try to fit it in with your normal life when you're trying to rebuild your normal life, and there's not much there to begin with.... (Mother 11)*

One father demonstrated additional emotional demands of travelling to access services:

*We saw a couples' therapist once as well. (Inhale) But...(pause) just driving there, [it] was in [a Melbourne suburb], just driving there in the car together was...(pause) too stressful (laughs). Was like this massive stress to go to something that was hopefully-- it was supposed to be helpful. (Father 2)*

One mother gave an example of geographic barriers as a limitation imposed by service providers, that contributed to their distress. She recalled an attempt to access services:

*“How ridiculous! You're telling me my child, who needs help, can't get it because we live in the wrong shire?” [...] You know, well where do we get help from? And it wasn't easy. You had to-- you had to find it, and you had to fight for it. (Mother 18)*

She also described an experience of attending an initial CAMHS information session for parents where the providers explained the services that would be available for parents and children. This initial offer of assistance was perceived to be damaging when, at a later date, parents were advised these services would not be available due to geographic constraints (the provider was not able to service that region).

*And I think...you know from a government or a hierarchy point of view, don't bring in people that promise something but can't deliver it. [...] It...probably makes things worse in the long run. Particularly for parents who are really*

*struggling with kids who are really struggling. Or parents who are really struggling on their own, and then have kids that are struggling, I think it just-- it just adds another...what the fuck do I do now? (Mother 18)*

Parents also referred to their experiences engaging with numerous services and systems to meet their rebuilding and recovery needs including Centrelink (Australian social security), banks, insurance agencies, and their local council. Several parents commented on the difficulty they had dealing with these systems which were often described as poorly coordinated across services. This was particularly surprising to a few parents who struggled despite having professional backgrounds they believed should have been advantageous in preparing them to navigate service systems. One mother compared navigating service systems to the trauma from the day of the fires:

*I think afterwards was worse. Trying...to navigate the processes of everything was the hardest part. It was so traumatic. (Mother 6)*

Some parents described incidentally becoming aware of services or having been unaware of what psychosocial services were available particularly for their children. Awareness was similarly linked to word-of-mouth, with some parents describing 'needing to be in the loop' to find out about services or events for themselves as well. One mother described that it was particularly difficult to be in the loop while they were displaced and living outside of the area where the fires occurred – relating this issue back to a geographic aspect of service provision related communication. Several parents also nominated better coordination of services as something that would have been helpful.

Similarly, parents' discussions of case management further demonstrated the strain of engaging with service systems post-disaster. Some recounted their own negative experiences of case management. These included perceptions that case managers were inexperienced, underprepared, overwhelmed, and under resourced. Others extolled the benefits of having had a competent case manager as having reduced the demands they were facing navigating services. One mother recalled having met with a case manager only once, but that they had identified Council support she was eligible for as the mother of a child with a disability that she had not known she was eligible for prior to the fires. A few other parents described positive experiences of case managers who accepted the

parents' direction as to what would be helpful which included filling in paper work. Some parents expressed their appreciation, qualifying that they did not believe it was actually the case manager's job. The parents who had positive experiences with case managers often commented on a dominant view that many people had not had such positive experiences or spoke of other parents they knew who had had negative experiences.

Parents demonstrated accessibility was not only a barrier with relation to formal service provision but also with respect to social support. For instance:

*Um, my mother's group was all displaced. Quite a few of them had lost houses so they had moved, off the mountain, so, I didn't have them and they didn't have me. And...my kids didn't have their friends...which was hard. (Mother 14)*

Several other parents described how their relationships had been disrupted when they or their friends were displaced. A few other parents explained that road blocks that were in place in the early aftermath of Black Saturday, prevented them from receiving assistance from immediate family members, such as having someone to look after their children.

### **8.6.2 Timing of support services**

Several parents mentioned that they were unlikely to access support services when they were in "survival mode" and that offering services too early was perceived as unhelpful. To illustrate:

*I think we had Lifeline come around...which felt...(pause) odd. (Inhale) Because, it was when-- it was within days. (Pause 0.04) And you cope pretty well when you got stuff to do. You cope okay, because it is practical. [...] It's once all of that stops...and you have to deal with you, I reckon that um...they're around, they should be-- those services need to be around. (Mother 6)*

However, information (particularly regarding parenting and children's needs) was often appreciated early on – and some parents commented on the benefit of having information in formats that could be revisited. For example, filming community information sessions, or books to read. Another suggested brief information in brochures with links to websites that they could access in their own time when they felt able would be beneficial.

Some parents spoke with appreciation of funding for post-disaster service provision that had been extended beyond initial plans of 1-2 years, while others argued for the importance of extending the availability of support even longer. Others described that they or their children had accessed counselling 2-4 years after the fires, for example. Several specified that services were “still” needed (i.e., at the time of the interviews either for themselves) or based on their perceptions of other people as struggling. For instance, the mother quoted above, went on to say that she needed services to be free in order for her to be able to access them, and explained why services are still needed:

*But I would be accessing stuff now, for sure. For sure. (Pause) Definitely. Um, but I don't-- I've-- to my knowledge there's nothing around. It's all been-- funding bodies are all, "Alright that's done, they should all be better now." But that-- it-- it revisits, it comes back when other communities are going through bushfires and you know you see it on TV and what do you do? (Mother 6)*

One mother, speaking for herself and her partner, identified the feeling of not having time to engage with her emotions in the early aftermath. She reflected the concern that once they began to deal with their emotions, controlling their emotions in front of their children would be even more difficult:

*So, that's probably why we didn't do the counselling until a bit later because you need-- you feel like you don't need it, or you feel like you do need it, but you don't have time, to do it. Because...I-- you're worried that...doing the counselling is going to actually dig deeper than what you're actually ready to deal with right now. Um...because you still do have two little ones that you have to...function for. (Mother 10)*

Other parents similarly identified tensions between recognizing the need to address their emotional experiences and the perception that doing so would limit their ability to function in other ways (e.g., to meet other demands of recovery, or, suppress their emotions in front of their children).

These discussions also reflect the difficulty parents had in prioritising given the number of demands in the post Black Saturday environment (for example see section 7.3 *Being*

present and available). Another mother explained that in order to prioritize parents have to be sure it is worth their while, which could be affected by how long services were available:

*So in the local halls and things like that and for it to be...on a regular basis so that it sort of if you can't do it one week it just sort of becomes-- 'cause as they say it's sort of somebody needs to see something ten times before they'll actually engage with it.*

*Interviewer: Can't make it this week but I can make it--.*

*Yeah or I'm, suspicious of it and then you hear someone else says, "Oh, I had a really good time at that you should give it a go," type thing. (Mother 7)*

Another mother mentioned missing some opportunities because she had not remembered in time, remarking that there was too much information.

### **8.6.3 Asking for help**

While many barriers were related to external issues, there were several that reflected internal, personal concerns or attitudes. Over a third of parents referred to "asking for help" or their perspectives on "receiving" help. Often, these parents on reflection related a sense of responsibility (as a parent) to get help, though there were also expressions of feeling uncomfortable being the recipients of support. Some illustrated the sense of stigma around asking for help when asked to offer advice to other parents, for example:

*I think that makes a massive difference, is just to help-- help each other, and don't be-- you know don't be afraid to, ask for help yourself um...I think is most important thing. (Mother 16)*

This was not only a barrier to engaging with psychosocial support, a couple of mothers in particular described overcoming pride in relation to financial support or assistance managing builders when rebuilding. Both of these mothers were single mothers at the time of the fires and spoke of their pride as a being a result of their efforts to be confident in their independence. To illustrate the conflict in their feelings of disempowerment:

*But you know, for years after a big trauma, there's a lot of intervention, there's a lot of support. And there's a lot of people wanting to give you a hand. [...] (Inhale)*

*And so you live on this bizarre sort of, “Leave me alone. I’ve had enough, go away...but oh actually I need your help.” (Mother 13)*

This mother also highlighted that processes such as applying for assistance to which they were entitled, including financial compensation, involved disclosing personal details which felt like an invasion of privacy.

***Receptivity to support.***

Some parents, when describing services they thought would have helped, conceded that it was possible such services had been available, but they had dismissed them and since forgotten about it. These included for example information about parenting, or family activities, as well as personal psychological support. Several parents, in offering suggestions for psychosocial services that might have been helpful, questioned whether they or other people would have been receptive to what they were proposing. One mother, reflecting on her own experience of having initially felt like both herself and her children had enough support from friends and family, said:

*Yeah, I think you have to keep your mind open to getting...support. And outside support. And...um, even though you think you might have the inside support.*  
*(Mother 15)*

Similarly, several parents, when offering advice for other parents, indicated that they may not have been receptive to that advice themselves at the time. For example, one mother in considering how her experience might support others, explained:

*I mean I go in there and tell my story, might be slightly comforting to someone....um but at the same time, if they’re not in the same place its-- [...] I remember one time, [...describes living in small, temporary accommodation, and many associated challenges]...so this lady in the shop like-- I was like, oh my God I’m so over the shed, I so can’t wait to move into the house. And I knew I still had like another year of shed life. And this other woman goes, “Don’t worry, you’ll look back, it’ll be like the best time of your life.” And I remember thinking: oh I just could fuckin’ punch you...lady. But now, when I look back, you know what?*  
*(Mother 8)*

She continued by reflecting the many positive memories of how it brought them closer together as a family. Though she heartily agreed with the comment on reflection, her experience highlights the significance of timing and the potential for such advice to dismiss or minimize experiences of difficulty.

***Prioritizing.***

As was highlighted by discussions of the number of demands parents faced, several parents indicated prioritizing was a challenge for engaging with services or in activities that may be beneficial. To illustrate:

*Your challenge is how to engage the parents to actually do things like-- I don't have time for that, I don't have time for that. (Mother 7)*

Related to this difficulty were time pressures on rebuilding activities (for example) and, the relentless onslaught of demands, but also the value placed on activities with their children which appeared to have changed for some parents since the fires (see section 7.3).

***Not feeling entitled to support.***

Several parents identified feeling as though their circumstances did not merit being entitled to use services. Some referenced other people in the community who they believed would need services more than themselves, as well as an awareness of the demand services were experiencing, describing services as “overwhelmed”. One mother, who had been present on Black Saturday and separated from her partner as she evacuated with their children through the smoke and fires, explained her initial perception of herself as not affected:

*You know, I didn't know anyone who had died, I didn't know many people up there, we hadn't been [living] up there for very long [prior to the fires], and so y-- I just kind of thought well, I haven't, lost anything particularly. We didn't lose our house...um.... Yeah and so, that was when I-- I didn't get any counselling or anything... [...]Um...(pause) and you know really I just didn't see myself...(pause) as being affected, by it. Initially. For quite, really...for a long time. (Mother 19)*

This example also illustrates the relevance of timing, highlighting a need for services to be available long-term. Furthermore, this mother explained how her perception that she had not really been affected by the fires inhibited her from discussing her experiences with other parents whom she perceived had been affected.

*Um, it took me a while to really um sort of make...friends with um...the mums. Because I felt like, they were...I just felt like I sort of wanted to respect...where...they were at. 'Cause they'd all lost their houses. [... I] didn't want to presume that...I...you know, I knew what it was like for them? (Mother 19)*

Therefore, considerations such as ranking experiences of loss can be a barrier to social support as well as in relation to formal services.

### ***Gender and engaging with supports.***

Several parents spoke of their perceptions that men in particular do not ask for help, primarily in reference to psychosocial assistance, for instance:

*They don't ask for help. They don't ask for help so therefore they're not getting the help that they need. (Father 3)*

This was consistent with several mothers who reported their perceptions and observations that men coped differently to women (by not wanting to talk about what they were going through), that men appeared to still be struggling, and recommendations for support to target men. For example:

*I'm generalizing. Most of us [women], went and got help. Um... but the men didn't. So yeah, as far as parenting, I'd say the men need help. Dads need help. (Mother 14)*

The father quoted above also described his own experience and what he perceived difficulty others were having in engaging with psychosocial support:

*If you call something in an extreme way, when it's not really um, it can give you that sort of, negative, sort of...feeling on it as well. But if you say: look, you know, it's fine, you're gonna-- if you've experienced trauma or experienced these sort of things it's natural for...you're--...to feel a certain way. (Inhale) But if you serve it*

*up to 'em more of a negative way...(inhale) it frightens ya, from actually...acknowledging that you actually feel that way. (Father 3)*

Several parents suggested that framing services in relation to supporting children could be an opportunistic way to engage parents, particularly for fathers:

*Because I think, with parenting...you can capture the parents to spend time with the kids if it's something that they think their kids will be engaged in. Um...(pause) yeah. [...] And I think you can really engage dads as well if you say-- because they're so task oriented, if you can say, this isn't about you, this is about your kids and your job is to engage with your kids because this is-- these are the positive things that will happen. (Mother 7)*

One of the fathers corroborated this perception, with his experience:

*More so than I would have taken up so many other things, something around kids need--. (Father 2)*

Other parents similarly suggested 'projects' may be a way for fathers to engage children or adolescents in tasks that help to physically rebuild their properties or the community (e.g., repairing fences). Two of the mothers who raised the importance of increasing father's involvement with children's recovery had experienced domestic violence.

### ***Not feeling like a good parent.***

Some parents expressed that feeling like you are not being a good parent was or could have been a barrier to accessing formal services. For example, one mother strongly felt a parenting group would be beneficial particularly for parents who did not have many social connections; however, another mother explained that her feelings of not being a good parent would be a barrier to accessing support that might involve revealing those feelings to others:

*There were a few parenting courses and classes that were...offered...at the time. I never went to them. I didn't feel...(pause) I didn't feel able to. (Inhale) But maybe something online, something that people can tap into that they don't need to be in a room full of other people and, (inhale) share their vulnerability of, gee I haven't been that good a parent (laughs). Um...'cause you only share that when*

*you feel strong enough that you are a good parent at the moment don't you? I don't think it's very common that somebody would turn around and say, "Look I'm doing a really shit job." (Laughs). (Mother 6)*

Similarly, as noted in Chapter 7, not feeling like a good parent contributed to feeling isolated among social supports.

#### **8.6.4 Insider-outsider challenges**

Several parents identified a desire to speak to people who had experienced Black Saturday themselves, both socially and in relation to service providers. These parents often described it as helpful to be surrounded by people who understood what they had gone through. Some expressed concerns, while others related experiences, of not being understood by people who had not personally experienced the fires. With respect to formal services, some parents explained their perceptions or negative experiences related to engaging in counseling (themselves or their children) with people who had not experienced Black Saturday. With respect to informal supports as well, several parents noted strain in their relationships with extended family members who had not been present, who struggled with the participant and their immediate family's experiences of trauma. For instance, one mother demonstrated that her own mother did not understand how different the experience was for her as someone who was directly affected:

*And my mum was quite stressed and we had a funny relationship then after I left her place. [...] Yeah 'cause my mum was kind of thought she was so part of it. I'm like: yeah but you didn't actually--; I mean she was part of it, she saw me going through tragedy or whatever but...yeah...it just wasn't quite the same. (Mother 8)*

A number of parents also described the effort involved in explaining what they went through to people from other parts of Victoria and Australia, including not wanting to be pitied. Often, these parents explained that others were justifiably curious, but that it was so exhausting they (and in some cases their children) had stopped revealing where they are from when introduced to new people.

Despite the benefits, some parents also identified challenges relating to the fact that Black Saturday affected all members of their community. One mother noted that local activities such as art, dance or taekwondo classes that had previously been provided by locals were often then not available:

*...you know someone hasn't got a house to live in they're not going to be running an art class. (Mother 3)*

The tensions for locals as service providers were reinforced by parents' discussions of the need to support local teachers (see section 8.3.1). Similarly, another mother illustrated that the need for childcare when offering services for parents is greater than under non-disaster circumstances:

*So, I think, something, like...um...um, I think...a parent group is great (inhale) but it need to be with a facility where they can bring the children and the children can play. You know, because often...let's say especially in a community environment, if you need the children babysat, it's probably by another local who's probably going through the same thing. (Mother 12)*

Finally, one mother noted a concern related to seeking psychological support in small communities is the issue of confidentiality.

## **8.7 Chapter summary**

This chapter explored what participants valued as post-disaster support for parents. Participants appreciated the practical and emotional support provided by family and friends in the aftermath of Black Saturday. Their descriptions of their experiences and recommendations for what would be helpful showed scope for formal services to facilitate these connections and strengthen the ability of these relationships to be supportive in the post-disaster context.

Opportunities to understand trauma were valued as normalizing their experiences in their new post-disaster context. Similarly, learning about children's trauma and parenting was valued by those who had access to it, and was highlighted as needed by others.

Many of these parents accessed and appreciated individual supports aimed at helping their children cope, as well as those directed at parental mental health. Schools were seen as key resources with respect to supporting children. Parents identified a gap around supports for adolescents, as well as children who are too young to attend school yet.

It was evident that both formal and informal options for childcare are a necessity for a number of reasons. This included enabling space for parents to undertake post-disaster tasks (e.g., attending community meetings, recovery services, and completing paper work), and as rebuilding activities and/or sites were often unsafe for children. Also, to enable space for themselves, for parents to attend counselling to address their own recovery needs; discuss parenting issues and decisions with their partner; and participate in recovery activities with other adults. This further demonstrates the impact of the parental role on parents' recovery. There were important considerations with respect to childcare that options must be safe and trusted. One way to accomplish this was through co-locating activities for children with those that parents were engaging in.

Finally, barriers to engaging with services were also identified. These included accessibility (which highlighted the need for time, energy, and finances) and timing (including what was relevant in the early aftermath, and the general perception that support is still needed). There were several barriers that related to personal attitudes or concerns and asking for help. Benefits and challenges were raised in relation to interacting with others who had experienced the fires, or conversely had not. Most of these barriers affected both formal and informal support.

## **CHAPTER 9**

### **Discussion**

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This thesis sought to address the research question: What has been the experience of parenting since the 2009 Victorian bushfires? along with two secondary questions: (i) What parenting challenges did participants face? and (ii) What supports and services did parents find useful or would have liked to have available? The preceding chapters have explored the lived experiences of parents in responding to these questions; rich detail was provided with inductively developed themes and thus parental voices at the fore.

This final chapter draws together broader insights into parenting post-disaster. It begins with understanding the parental experience as different, followed by the way in which the temporal location of this study enabled reflections on the 'big picture'. Next the significance of the diversity of parenting experiences is discussed, and subsequently the contributions this study makes to understanding the impact of being a parent on post-disaster wellbeing and recovery are set out. Considerations for practice at different levels (direct practice through to education and policy) are proposed throughout. As discussed earlier in this thesis, some links are also made with theoretical perspectives that may further elucidate aspects of these post-disaster parenting experiences and speak to the potential relevance of these findings beyond the context represented in this thesis. The strengths and limitations of this study are then reviewed, providing additional contextualisation of the contributions of this study, and potential future directions for research. Lastly, the aim of this research is revisited in the conclusion to the thesis.

## 9.1 The parental experience as different

This thesis has found that parenting may feel very different following a disaster such as Black Saturday. The theme of *changes to parenting* captured parents' explicit reflections but the ways in which parenting was different were also evident throughout the parenting challenges as well as in what parents sought for support. The perception of parenting as different has not been emphasized in existing literature though a number of the examples of change are congruent with those reported in the studies discussed in Chapter 3 (e.g., changes in values, daily routines, and relationships). It is also broadly consistent with how expert advice often frames parenting across a range of specific circumstances from pregnancy, to discipline, or under the threat of terrorism, as distinct from 'normal' parenting (Dolev & Zeedyk, 2006). One contribution of the present study is the representation of the lived experience of differences in parenting. For parents, the changes may be surprising, feel out of their control, and even be experienced as loss. Amidst the backdrop of losing normal, parenting specific losses may include (i) the loss of parenting strategies that previously "worked" with their children; (ii) the loss of a valued part of their self or the parent they would have been; and, (iii) the loss of deliberate efforts they had made as parents (prior to the fires) in relation to the childhood or future they wanted their children to have.

Furthermore, this study has illuminated several additional ways in which parenting may feel different after a disaster. For one, parents may encounter new situations, ones that are not culturally expected to be part of parenting in Australia. That is, *what* parents have to deal with may be different. This is exemplified in the tensions related to the intersection of development and trauma. Participants' associated particular changes in parenting with being sensitive to their children's trauma including being flexible and more deliberate in responding to their children. Heightened awareness and attempts to interpret their children's behaviour were also features of parenting following their experience of the 2004 South East Asian Tsunami (Hafstad et al., 2012). Furthermore, consistent with Hafstad and colleagues' (2012) findings, these parents grappled with attributions around the cause of their children's behaviour or reactions in deciding how to respond. Thus, it seems parents may consider responding to trauma merits a different

response than addressing behaviours related to development. In the present study, parental descriptions of responding to trauma encompassed their efforts to protect their children (e.g., from further exposure) as well as those that were intended to help their children cope and heal.

Participants also drew connections between their children's experiences of trauma and their developmental stages. This flowed through to what services were sought for helping children cope as well as what services were seen as relevant to their parenting circumstances. This may indicate an area of service response to be strengthened as developmental issues are rarely addressed following disasters (Osofsky & Osofsky, 2018). This could partially be addressed by providing information to parents and schools on how to communicate with children about disasters. However even with such information, the present study showed parents may have difficulty in discerning trauma behaviours from behaviour typical for the relevant stage of development as individual variation is expected with respect to both. Parents whose children were present at the Utøya massacre similarly struggled with interpreting their children's behaviour and felt alone in trying to make sense of the consequences of trauma (Røkholt et al., 2016).

Additionally, with the long-term perspective of this study, a number of participants were still questioning whether traits they see in their child now are a result of the fires. Therefore, parents face an ongoing process of adaptation that may include, for example, questioning how do you know what is consistent with adolescence (rather than the impact of the disaster) if you have not been through adolescence with this child before? Along with the questions parents raised about their own parenting and responses over the years, these questions further reflect dimensions of loss in parental post-disaster experiences. The intersection of children's development with the trauma of the fires and parental expectations (e.g., the future they may have had or 'normal' child development), leads to recurrent evocation of these questions with the passage of time. This accords with the concept of nonfinite loss developed by Bruce and Schultz (2001) showing that, in addition to the context of paediatric illness and disability in which it was developed, nonfinite loss and grief may hold relevance to understanding and responding to post-disaster experiences.

Another way in which parenting may feel different after a disaster is in relation to *how* parents respond (or feel able to respond) to their children or parenting situations. This included changing their parenting style, feeling as though parenting became a more conscious effort, and their changed sense of capacity. Novelty may not always be the defining feature, but rather the post-disaster circumstances may *amplify* aspects of parenting that are seen as difficult to begin with—as was the experience of struggling with patience and tolerance for example.

The ways in which parenting felt different appeared to be broadly influenced by three factors: (i) the rebuilding and recovery demands of the post-disaster environment; (ii) parental trauma and grief reactions (their own or their partner's); and (iii) their child(ren)'s trauma and grief reactions. These factors align with Belsky's (1984) seminal theory of the determinants of parenting, whereby parental functioning is multiply influenced by three domains of determinants: contextual sources of stress and support, the personal psychological resources of parents, and characteristics of the child. The present study demonstrated an overlay of the impacts of disasters on these domains. Moreover, the parenting challenges identified in Chapter 7 showed the ways in which these factors can be experienced as undermining parental efforts to be the parent that they want to be after a disaster.

## **9.2 A shifting focus: Having a 'big picture' perspective**

One of the unique aspects of this study has been its temporal location in the long-term post-disaster. All participants chose to begin discussing their experience chronologically (either with the disaster or the early aftermath) and focused primarily on the initial years post-Black Saturday. This perhaps indicates that these were the most challenging times. However, capturing participants' perspectives nearly seven years on from Black Saturday revealed a way in which parenting was different that seemed to become evident through reflection.

In effect, valued aspects of family life had been suspended, sometimes for years, during the struggle to settle. Fun and incidental moments were absent or minimal and responding to their children's trauma at times eclipsed parenting for the 'big picture' of

who their child would become. The findings evinced a myopic focus (by necessity) during the early years following the disasters: from the shock and adrenalin of ‘survival mode’, to the immediacy of the basic needs that had to be met, and the need to compartmentalise emotions so their capacity to function would not be overwhelmed. There are similarities with existing research with parents that has noted the overwhelming nature of demands and constantly changing amidst uncertainty in the effort to rebuild family life (Coffman, 1996). In responding to Black Saturday, VBCMS case managers were advised and trained to work with parents to identify additional support needs of their children (Grealy et al., 2010). However, participants in this study spoke exclusively of case managers with respect to appreciating practical support, such as navigating bureaucratic requirements (e.g., related to rebuilding or grants) and service systems. This would seem to reinforce the understanding that pressing rebuilding and recovery activities occupied parents’ attention, but overall assistance with this had potential to reduce the demands on parents’ capacity which was related to parenting.

The struggle to settle and the elusive experience of normality showed that the ‘big picture’ of life after the disaster was related to there being a new normal. Negotiating a new normal was similarly a defining feature of parental experiences helping their children exposed to the Norwegian massacre (Røkholt et al., 2016). This experience also embodies contradictions in literature on disaster recovery in that recovery has, somewhat paradoxically, been framed as both restoration and transformation (Winkworth, 2007). The emerging distinction is that restoration is generally considered to be related to functioning while transformation is in recognition that one cannot return to what existed before (Winkworth, 2007). While these nuances of restoration and transformation may be unfolding in the literature, this study found the lived experience of this realisation may be disconcerting or distressing and can take considerable time. This again demonstrates an ongoing process of adaptation over the years following the disaster.

In unpacking her theory on strengthening family resilience, Walsh (2006) notes that in recovery work following collective events such as disasters, practitioners “...may need to help people reconstruct a new sense of normality...” (p. 295). One starting point suggested by this study could be preparing parents that there may be a new normal (rather than a return to what was), and that it may take several years to feel settled in it.

There were several indications in the findings that such an understanding of what to expect post-disaster could be a useful and appreciated contribution professionals may make. Participants viewed the post-disaster context as new to them but potentially not unknown; that is, others who have had previous experience(s) with disasters and some experienced professionals did know what to expect. Part of the value of psychoeducation in this respect was that it helped to establish a reference for a new normal. This may also be reassuring as promoting a sense of coherence can be important in the aftermath of trauma (Walsh, 2007), and normalizing these experiences may help provide a sense that it is understood.

Furthermore, it may be useful to assist parents to identify meaningful elements of the *experience* or *sense* of 'normal' that can then be facilitated, rather than trying to restore normality as exactly what existed previously. Stability and familiarity were core to feeling settled for participants in this study, and examples of strategies to evoke these feelings included establishing routines, reprinting digital photos, replacing items, carrying forward traditions (like taking time out from school for quality parent-child time).

The findings also indicated the value of looking forward; having perspective in terms of the 'big picture'. For example, understanding how long recovery was going to take (and framing this as a significant portion of their child's childhood), as a way of helping to prioritise aspects of normal family life such as 'boring' incidental moments. As found in this study, parents may appreciate help to think about the 'bigger picture' in this way, earlier in their experience. This also aligns with the theory of the temporal emotion work of parenting which Lois (2010) developed based on exploring the coping strategies of mothers who were home-schooling their children. Sequencing (eliciting nostalgia and anticipating regret) and savouring (attending to the present and creating quality time) were temporal strategies that enabled mothers to overcome their anxiety about the impermanence of childhood and willingly put their own lives on hold (Lois, 2010). In the disaster context, rather than putting their own lives on hold (though this study did find parents prioritized their children's needs), it may be more about attaining balance between 'normal' family life and the demands of rebuilding. Nonetheless, sequencing and savouring appear relevant to findings of this thesis. Sequencing may be difficult in the disaster context if parents do not know how long settling can take. It may be that the

impermanence of childhood combined with understanding the duration of settling may help validate the significance of incidental ‘boring’ moments. Thus, another opportunity for professionals in this space may be to assist families with their expectations around timelines in the early stages of recovery.

A caveat raised by participants on reflection was that they were not always receptive to ‘big picture’ perspectives when they were offered. Therefore, it is also important to ensure that such messages do not dismiss the difficulties parents are grappling with at a given time, and to acknowledge the barriers parents may feel prohibit them from stepping back to think about the bigger picture. This speaks to the value of support in terms of witnessing and validating the difficulties rather than necessarily encouraging change (which may threaten to overwhelm parents given the limited experience of capacity).

The present study has identified being present and available (savouring) to be a particular challenge post-disaster as there are a number of physical and emotional barriers. The value of unstructured time together for families with the stipulation of being unencumbered by stress was a critical component of ‘savouring’ in temporal emotion work (Lois, 2010). This further supports another core finding of this thesis—that parents valued time together as a family.

### **9.2.1 Promoting time together as a family**

With the finding that family life may be suspended, this study demonstrated the value of time together as a family and ways in which this can be promoted. The increased significance of time together as a family is consistent with some of the changed values reported by others post-disaster (see Coffman, 1996; Lindgaard et al., 2009; Pujadas Botey & Kulig, 2014). This study also corroborates speculation by Lindgaard et al. (2009) that the experience appears somewhat different for families who live in the disaster affected area compared to their sample of families exposed to the South East Asian Tsunami while on holiday. Upon returning home to Norway, families were able to act on their newly strengthened values by participating in shared leisure activities (reflecting valuing family cohesion), for example, and did not appear to report difficulty doing so. By contrast, in the present study, parents struggled to be present and available with their

children in their daily, post-disaster lives given the additional layers of disruption and demands.

Some families may have capacity to initiate such opportunities themselves (e.g., taking family holidays) after a disaster. However, for others, funded and organized activities are highly valuable in that they may relieve parents of the responsibility for planning (including the stress of making decisions) and do not contribute to financial stress. Family camps, day trips, and activity days (e.g., craft days) are examples of offerings that may provide opportunities for some of the 'normal' family moments that can otherwise feel lost. Thus, such activities offer space for families to continue to make happy memories through the traumatic time. Respite from the demands of rebuilding and recovery was also an appreciated aspect of planned family activities. Formally organised events also help to free some of parents' limited capacity to be present and available, at least temporarily, and thereby facilitate incidental moments and conversations with their children. Additionally, day or weekend trips can also help in providing access to play areas for children as changes to the physical environment often mean existing play areas are lost or unsafe, which has been a parental concern following other disasters as well (Peek et al., 2011; Yoshii et al., 2014b).

This study highlighted another unique opportunity presented by formally organised family activities. They can also be used to enable some valued space for parents to have to themselves, while feeling their children are safe and supported nearby. Public health nurses and academics in Japan, made use of similar circumstances following the Fukushima Nuclear Disaster, engaging with mothers at a play centre (Goto, Reich, et al., 2014).

### **9.2.2 Supporting 'big picture' lessons for children**

It is important to note there were also ways participants did have the 'big picture' in mind. For example, long-term planning was reflected in actions to document or record what was happening at the time, so their children could make sense of the experience later (when they are older). Similarly, decisions about where to live (i.e., relocate or stay) were often made based on their consideration of their children's needs and wishes, if not directly including them. Furthermore, the 'big picture' was evident in parents' discussion

of imparting new lessons about constructive coping and resilience that may benefit their children in facing future adversity.

The findings suggest several ways that formal services aimed at assisting children's coping could be enhanced in line with these 'big picture' lessons. Building capacity with respect to how children can support each other is one example. The relevance of this was evident in a wide range of examples including: observations of children supporting other children; concerns for sibling groups where one child has particularly adverse reactions; concerns about interactions with peers at school; and parent suggestions that more needed to be done to help children understand how their friends may be coping with grief and trauma. Similarly, parental concerns around children attending funerals, and the amount of exposure children had to death and grief as a result of Black Saturday, highlight the need to incorporate grief experiences when responding to disasters. Grief is often overlooked in relation to the trauma of disasters (Harms et al., 2015). The connections here to children's social experiences as well, also emphasised the need to consider the ripple effects of grief, whereas often attempts to address grief focus on relationships of close proximity or intimacy (Harms et al., 2015).

On a related note, activities that promote citizenship among children and youth following the disaster may be useful and appear to be valued by parents. In other words, referring here to opportunities for youth to contribute to rebuilding their communities (examples included planting trees and rebuilding fences). There were a number of programs provided following Black Saturday that aimed to enhance children's rights and citizenship (Gibbs et al., 2014) and children's engagement in family decision making similarly demonstrated their capacity to be actively engaged in recovery (Gibbs et al., 2015). With respect to adolescence in particular, such activities may also be an alternate way of supporting adjustment, as some participants felt their adolescents could have used assistance but found they did not wish to engage with counselling. Others considered ways in which the disaster had limited adolescents' independence or that it seemed after having been treated like adults during the fires they struggled with being treated like children again in the aftermath. Citizenship activities seem particularly useful in light of such experiences and would also be consistent with the lessons parents were hoping to impart around constructive coping and recovery.

### **9.2.3 'Big picture' considerations for service provision**

This study demonstrated the need for ongoing access to psychosocial support for some. This was evident in the reports of being less likely to engage with mental health services in the early stages of recovery, having appreciated access to specialist services until funding had concluded, and the perception that there were others in the community who still very much need access to support. While this may be the experience of individuals generally, it is also possible that it is particularly the case for parents who may attempt to suppress their own reactions and emotions initially to be able to care for their children. Additionally, understandings of nonfinite loss and grief challenge typical assumptions about whether the extent of the implications of loss can be fully appreciated by individuals immediately following the event responsible (Bruce & Schultz, 2001). Ultimately, this highlights the critical yet easily overlooked role of planning for and managing the transition from specialised recovery services to the non-disaster service system (Rowlands, 2013).

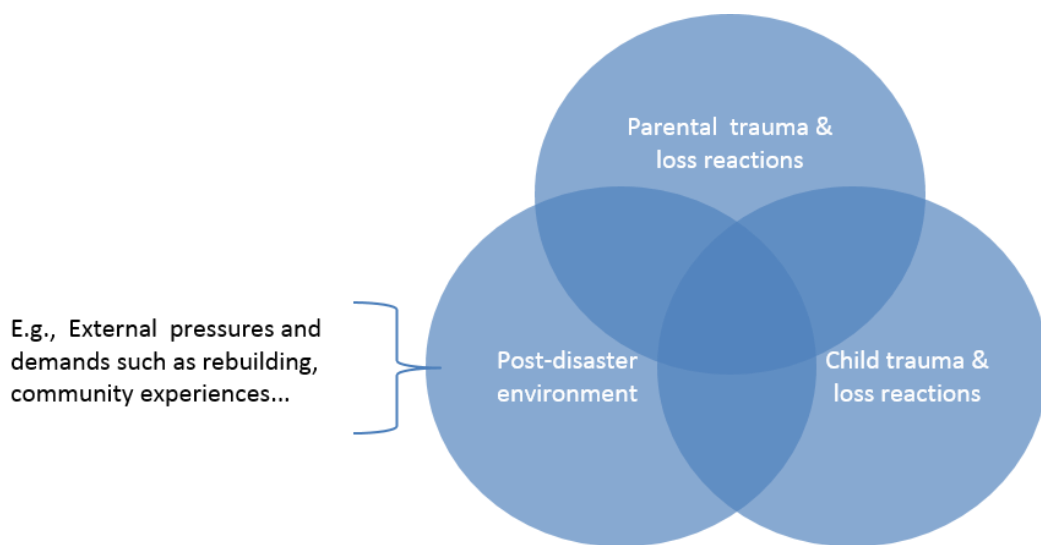
The findings therefore also lend support to the argument for embedding disaster informed knowledge in social work curricula (Adamson, 2014), with the understanding that such knowledge will be needed by those providing services that may not be designated a disaster-specific support service (or crisis response service). This was reinforced by participants' concerns that existing psychosocial service professionals were unprepared for responding to Black Saturday with respect to understanding trauma and disasters on this scale. Thus, it would seem incumbent upon social workers to be capable of responding to disaster experiences over the long term as well as immediate responses, and also to inform the public of such a capacity. That is, to ensure people are aware that it is not only recovery designated services that are able to appropriately respond to their disaster experiences – provided this capacity is present in the workforce.

## **9.3 The diversity of parenting experiences**

As much as this thesis has presented themes that were developed from patterns and often points of commonality among the parental narratives, diversity was observed across participants. For instance, not all participants strongly identified with the experience of parenting as being different. Other examples include that individual participants did not

each experience all five of the parenting challenges identified in Chapter 7; there were differences in which challenges were encountered and which appeared to be the most salient; and, there were differences in the types of support valued or sought. Participants themselves emphasized that other families had different experiences with respect to what was lost which created different contexts for parenting.

Given this diversity, it appears the three broad influences identified earlier may be present (or at least significant for parents) in different combinations; this has been depicted in Figure 3 below.



**Figure 3. Influences on parenting post-disaster**

These different combinations of influences were evident within individual narratives as well as when reflecting across participants around what themes seemed to characterise their experience. As such, this representation can serve as an important reminder to recognise and respond to experiences where the influences intersect as well as to distinct experiences where these influences are not overlapping. Essentially, this is another aspect of the 'big picture' considerations for service provision. That, in addition to considering the challenges of recovery over the longer term, there is the need to recognize these different elements of experience and ensure each are accounted for either within or across responses aimed at supporting recovery.

### **9.3.1 Telling stories in different ways**

Another observation with respect to diversity was in the way participants approached telling their experiences of parenting. Some parents framed their discussion of parenting after the disaster predominantly in relation to what had happened to their child(ren); essentially telling their children's story, from their experience(s) on the day to the challenges encountered over the years since. Other parents spoke from their own perspectives of trauma and recovery though often explicitly relating their narrative back to their child(ren) or their parental role using qualifiers such as, "as a parent." There were also a few who focused primarily on their own experience of the fires, trauma, and recovery, discussing their parenting or being a parent with examples that seemed to be separate from the context of the fires. Such differences may similarly reflect the varying presence or salience of issues represented in Figure 3.

What comes through is that there appears to be an overlay of different trauma narratives and different narratives of parenting. For some, parenting may be closely tied to every aspect of post-disaster rebuilding and recovery, while for others, their own experience of trauma may be overwhelming. It is also possible that the diversity signifies different degrees to which a parental identity is central to a person's sense of self, different constructions of what being a parent means, or various perceptions of the breadth of the parental role.

The diversity of experience is a significant aspect to consider in relation to efforts to support parents. Following the September 11 terrorist attacks, 'expert' led parenting advice treated parents as a homogenous group (Dolev & Zeedyk, 2006). None of the websites examined by Dolev and Zeedyk (2006) addressed how parents' feelings or actions may vary. The present study found that it can be distressing to be among others whose families appear to have had an easier time settling, which can contribute to feeling isolated; acknowledging diversity may help validate and normalize such experiences. This study also highlighted that acknowledging diversity may be a way to enact the principle of being non-judgemental, which appears to be a critical position for supporting parents.

This diversity further underscores the importance of having a range of interventions. For some it is about individual services that may assist them in coping with their own experiences of trauma and loss more than parenting specific resources. Others wanted more information about parenting trauma affected children or access to reinforcements in helping their children cope (individual, child focused services). For others still, it was about combinations of different supports.

### **9.3.2 Different experiences of Black Saturday within families**

The different experiences of parental trauma and loss reactions as well as child trauma and loss reactions highlighted that there can be different perspectives or experiences of a disaster within families. Participants described family members being separated and their perceptions of that experience. Even for families who were on the same property during the fires, participants described being occupied with different tasks during the fires that gave family members different perspectives. The challenge of negotiating differing needs highlighted different experiences within families. The experience of sharing capacity showed when one parent was struggling to cope it placed added demands on the other in relation to providing support and holding the responsibility for parenting creating different experiences at times. Additionally, the challenge of being present and available, revealed parental experiences of not being in the same emotional space as their children. This is consistent with descriptions of family adjustment from previous disasters (Peek et al., 2011; Pujadas Botey & Kulig, 2014).

Disasters such as Black Saturday are often referred to as ‘shared traumatic events’ as whole families and communities are exposed to the traumatic stressor, in contrast to events where only certain family members are present (e.g., Thoresen et al., 2016). However, with ‘shared traumas’ the assumption should not be of identical experiences. Working with families will require acknowledging the unique experiences of individuals as well as family level narratives.

## 9.4 The impact of being a parent on post-disaster wellbeing and recovery

The findings of this study provide support for the understanding that parenting affects parents' wellbeing and experience of disaster recovery. While quantitative studies have begun to make the link between parental status and mental health outcomes as well as identifying potential risk and protective factors (see Chapter 3), this study contributes depth and nuance to those understandings.

This study demonstrated several ways in which the parental role can interact with parental wellbeing. Experiences *during* the fire were related to the parental role (see Chapter 5) which shaped the nature of the initial traumatic exposure. These included efforts to protect their children and families, and decisions around staying or evacuating with the children which were related to strong feelings of guilt consistent with existing research on bushfire experiences (Proudley, 2008) and following terrorism (Moscardino et al., 2007; Thoresen et al., 2016). This may be particularly significant as guilt may contribute to maintaining difficulties including PTSD, anxiety, and depression (Thoresen et al., 2016).

In the aftermath of the fires parenting was related to the experience of having a limited capacity and feelings of being overwhelmed by the demands of rebuilding and recovery, which is similar to themes from other studies of parents' post-disaster (Coffman, 1996). The experience of having parenting undermined felt out of parents' control and was also related to distress and feelings of guilt. Participants appeared particularly distressed at their perceptions of their mental health affecting their parenting efficacy over the years following the fires. This study deliberately did not evaluate or assess parenting efficacy; however, this was clearly a concern for a number of parents.

Feelings of not being a good parent and concern about being judged contributed to feeling isolated as well as not accessing services. Similarly, there were other emotional (e.g., ambivalence toward taking time for themselves) and practical (e.g., parenting small children and the need for childcare) barriers that inhibited parents from engaging in activities or supports they felt would have been beneficial for their own recovery.

Additionally, participants described deliberately suppressed their own emotions (and trauma reactions) in the interests of their children. Engaging in emotional regulation has similarly been reported by parents during disasters (Miller et al., 2012), and in the aftermath (Lowe et al., 2011). The present study also found parents may be distressed by times they felt they were unsuccessful at suppressing their emotions which echoes the findings of guilt and worry about the impact of mothers' emotional expression found in Lowe and colleagues' (2011) study as well.

It is also important to note that parenting experiences were not all negative, for some participants there were also times when being a parent, or the support of their children, sustained them. There were also perceptions that the joys of parenting were, or would be, worth the difficulties.

The difficulties and domains of influence identified earlier (parental mental health, children's mental health, and the post-disaster environment) are consistent with what existing literature has raised as issues based on children's wellbeing such as Kaniasty's (2011) 'parenting crucibles'. Therefore, a contribution of this study is the finding that these are concerns for parents as well. It is possible that participants developed these concerns in part due to exposure to information on children's wellbeing post-disaster. Given many participants were primarily reflecting on earlier experiences, whether they were aware of the potential impact of their reactions on their children (for example) at that time was not always clear. Some parents explicitly stated that they did not have the understandings they needed during or in the early aftermath of the fires to know to shield their children from their responses. Therefore, it does appear informing parents of the potential impact of their responses on children is valued in the early aftermath. However, there were also parents who described these challenges as ongoing. With both instances, this study has demonstrated the potential for such an awareness to be distressing for parents, given accompanying feelings of guilt and helplessness. Thus, a corollary of such an awareness is that it may lead to distress if parents feel unable to make the 'required' adaptations which may contribute to the weight of responsibility for effective parenting.

A review of the VBCMS found that some case managers (less experienced ones in particular) struggled with focusing parents' attention on the potential needs of their

children as they did not want to “suggest that children have needs parents have not considered” (Grealy et al., 2010, p. 67). Social workers who worked with families following the recent floods in Canada also had worked with some parents who they saw as unable to provide support to their children, and others who were uncertain or lacking knowledge about how to support their children (Fulton & Drolet, 2018). This study can contribute to such work in that it offers practitioners a way to engage with parents in relation to children’s needs by normalizing these as challenges other parents have experienced. Other considerations for support include, where appropriate, reassuring parents of the strengths in their parenting approaches as the findings have shown they may struggle with uncertainty, consistent with other studies (e.g., Beauchesne et al., 2002; Goto, Rudd, Bromet, et al., 2014). Osofsky and Osofsky (2018) argue as well for the need to “recognize that most children will recover from exposure to disasters even if they continue to exhibit some behavioural health symptoms” (p. 120).

Similarly, recognizing parenting as *undermined* is significant as it avoids an alternative narrative whereby parents may be seen as (or feel) damaged (Walsh, 2006). This may be particularly important when engaging with parents, as this study found parents may be concerned about being judged as a parent. Furthermore, given the diversity discussed earlier, it could also be meaningful to recognise and acknowledge with parents that they may be facing different challenges.

Considering the impact on parents also raises an interesting question in relation to disaster recovery management policy and service provision: Who is responsible for supporting parents after a disaster? Following Black Saturday, the funding for parents as a targeted group was managed by the Victorian Department of Human Services and the Department of Education and Early Childhood Development (VBRRA, 2011). As argued in the literature review in Chapter 2, child-focused services may overlook parental experiences in provision of services. However, the importance of school environments and parental interactions with school communities was highlighted by participants in this study and others (e.g., Røkholt et al., 2016). The need for support for teachers was discussed by participants, indicating one area where social work could potentially contribute to psychosocial responses within schools in addition to advocating for greater inclusion of parental perspectives with respect to support offered.

The findings of this study also suggest, for example, adult mental health services should be aware of and address the potential interaction of the parental role with an individual's experience of trauma (recall Figure 3, p. 193). Additionally, it would be beneficial for broader recovery services (e.g., refuge centres, Centrelink, insurance companies) that may not have a mandate of responding to parents specifically, to attend to barriers that parents face (see Chapter 8). The need for childcare in the aftermath of a disaster was highlighted by this study, reinforcing the findings of several studies following Hurricane Katrina (Peek & Fothergill, 2008; Peek et al., 2011; Reich & Wadsworth, 2008; Tobin-Gurley et al., 2010). A Special Child Care Benefit was provided to parents in the aftermath of Black Saturday (VBRRA, 2009). However, while alleviating some of the financial burden, this would not in itself address issues of availability which can be particularly challenging when existing services are destroyed. Furthermore, the present study offers a nuanced picture in that while the need for childcare is clear (both for parents' wellbeing and as necessary while addressing practicalities), parents may experience ambivalence with respect to accessing it and being separate from their children, particularly in the early aftermath. In this respect, this study highlighted the need for safe and trusted places where children would be cared for. The findings also suggest there may be scope for formal services to assist with mobilizing existing social networks to share in informal childcare.

Following a disaster, social workers themselves may be overwhelmed as they appear to expect systems will be coherent and in place rather than assuming roles as agents and facilitators (Hickson & Lehmann, 2013). An awareness that the support needs of parents may fall between typical service provision silos could prepare social workers to advocate from a broader systems perspective when responses are planned and mobilised. This also raises key questions for social work around how to engage with community groups and leadership structures in this space, and how to be more involved in assessing and influencing systems and supports. In part, this further supports the notion of including disaster training in social work education generally (Adamson, 2014), by increasing expectations and preparedness to take up this role.

#### **9.4.1 Facilitating social support**

As discussed in Chapter 3, existing research that has looked at predictors of parental mental health has indicated social support has a protective effect. Likewise, the findings of this study speak to the often supportive nature of relationships. Examples of the benefits included emotional support through to practical assistance particularly with childcare. These are consistent with parental experiences from international disaster contexts (e.g., Peek & Fothergill, 2008). Hafstad et al. (2012) found Norwegian parents struggling to parent given their own trauma, drew upon their social networks for support, having returned home after exposure to the 2004 South East Asian Tsunami. However, the present study highlighted that this is not always an available option in disaster contexts when ones' usual networks are likely to have been similarly affected.

The findings of this study also speak to the potential capacity of parenting groups for formally facilitating social connections. There was appreciation for both pre-existing groups (relationships that had continued from pre-disaster new mothers groups) as well as perceptions that purpose formed post-disaster groups (i.e., in relation to parenting in contexts of trauma) would also be highly useful. There were several potential benefits of parent groups identified in this study. In addition to presenting an opportunity for psychoeducation about trauma in families, groups were viewed as opportunities to hear what others are facing and discuss what they find works (or not). In a similar vein, parent groups have potential as spaces to validate the challenges faced by parents whose existing social supports may have had an easier time settling. Also, validating the experience of others (e.g., that it is an extremely challenging time, and to be kind to oneself) helped some with accepting these perspectives as relevant to themselves.

Several group psychosocial interventions reported in the literature have indicated some similar social benefits such as establishment of new networks, increased feelings of having someone to talk to, and greater awareness of supports (Dybdahl, 2001; Powell & Leytham, 2014; Sahin et al., 2011). Findings from the present study also suggest having multiple sessions in such interventions would be useful, such as the mothers group described by Dybdahl (2001). This would enable time to learn about the group and weigh up if it will be useful for them, as well as develop relationships that may continue. Running groups in an ongoing way may also assist with the barrier of 'not feeling like a

good parent' in that parents may have chances to engage when they are feeling more confident and then have the support in place for times when they do feel their parenting has been undermined. Similarly, the very availability of parenting groups could potentially help to acknowledge and validate parenting as an important and difficult role following disasters.

This study also extends understandings by demonstrating nuances of support from social networks such as differing perspectives on parenting and trauma (e.g., across generations), tensions when receiving support (e.g., additional pressures when sharing accommodation), and downward social comparisons that can contribute to feelings of isolation (e.g., if it is perceived other parents do not seem to be struggling as much as you). There were also mixed feelings related to broader societal support including donations, which were exemplified by the parenting challenge of sticking to their values (see Chapter 7). Providing a non-judgemental space for such ambivalent experiences to be aired and validated may be valued.

#### **9.4.2 Framing services to engage parents**

This thesis has argued for the consideration of parental perspectives. However, importantly the findings indicate that while parents' value their experience being acknowledged (which several felt was absent), in relation to engaging with services, focusing on benefits for their children may be a more effective way to elicit engagement. This was evident through the struggle of prioritizing numerous demands and the ambivalence around taking time for themselves which is consistent with previous research (see Lowe et al., 2011; Peek & Fothergill, 2008). Similarly, this also indicates the significance of validating the perception that time to oneself as a parent can benefit their children in important ways even if it is indirectly.

Framing of services was also perceived as important with respect to mental health. Parents may find it more relevant to learn about and consider addressing trauma if it is framed as a normal response to an abnormal event, rather than a concerning and abnormal reaction. In a similar vein, this study also found that the experience of asking for or receiving 'help' was uncomfortable either as a first experience or because they felt others were worse off. This parallels social workers observations of their clients in the

aftermath of Black Saturday Hickson and Lehmann (2013). Yet, these particular barriers, along with 'not feeling like a good parent' do not seem to be captured by some measures of barriers to mental health service use (e.g., Lowe, Fink, et al., 2015).

## 9.5 Strengths, limitations, and future directions

This section identifies and discusses the strengths and limitations of this study to more fully contextualise the contributions of this study.

In some respects, one of the challenges with this study seemed to be the broad nature of the primary research question. From the outset, taking a flexible approach was viewed as important in the context of contemporary parenting culture (set out in Chapter 2). This was intended to enable capturing what parents themselves identified as important to their experiences of parenting rather than, for example, focusing on professionally defined parenting behaviours and actions. Asking about the experience of a phenomenon is quite common in qualitative research, yet it did seem difficult for some parents to answer. For example:

*I can't help but put it next to the-- being asked-- 'cause the same question outside of the context of the bushfires and-- and I think I'd struggle, you know, what is it like to parent. It's like, well oh my gosh what is it like to parent? ... (sigh) It's too big, where do I begin? (Father 2)*

Perhaps the experience of being a parent is one people attend to more upon becoming a parent for the first time. In addition, while the strength in the combination of the general nature of the question and variation sampling was that it captured a breadth of experiences, it did not allow for an equivalent level of depth in the examination of the themes identified. This is common for exploratory research however as it provides information and identifies sensitizing concepts that may be studied further (Dodd & Epstein, 2012).

Likewise, the time that had elapsed since the disaster by the time of the interviews is both a strength and a limitation. As long-term post-disaster research is rare (see Chapter 3), this enabled valuable insights for conceptualising recovery over the longer-term and

considerations for practice. However, many parents focused primarily on experiences temporally close to the fires and therefore aspects of the findings are also retrospective. Several parents acknowledged the limitations of their memories particularly with respect to service availability. Some conceded they could not be sure whether services were not offered, or they were simply unaware of them. Others hesitated with respect to whether they had actually been aware of particular services but dismissed engaging with them and had since forgotten. Others still, expressed caution with respect to whether they would have been receptive to the suggestions they were proposing now.

Such uncertainty in itself may reflect issues observed in relation to service use. As with parents after Hurricane Katrina (Tobin-Gurley et al., 2010) most participants in this study seemed prepared to actively engage with services for themselves and their families and while there appeared to be consistency between what parents wanted and what was provided by governments, there seemed to be difficulties navigating what was offered. With this perspective, it seems the 'narrow' focus of parents as they filter for what is immediately relevant post-disaster may also make it difficult to navigate a vast and new service context. Ungar's (2008, 2011) ecological theory of resilience may shed light on this issue. From an ecological perspective, resilience is not only related to personal agency and motivation to navigate the way to resources, but it is also about the individual and collective processes whereby meaning is ascribed to resources which are then (ideally) provided in culturally meaningful ways. However, in the aftermath of a disaster, it may be that these processes of negotiation and navigation take time to align with needs given the implementation of a new (and often temporary) service system in response to a crisis. This thesis has contributed some perspectives on what services may be meaningful to parents in the aftermath of disasters, and some considerations for how to frame services in meaningful ways. Again, this raises critical questions around how social work can become more involved in establishing these systems and assisting people to navigate their way to the resources they need, particularly given the profession's focus on structural analysis and the commitment to social justice.

This study has provided rich detail about a range of experiences of parenting post-Black Saturday. Such description provides perspectives that may be appreciated by other parents who have experienced disasters or may be useful in increasing the familiarity of

practitioners who work in post-disaster contexts. There were also a number of considerations for practice suggested throughout this chapter with many of the findings being reinforced through consistencies with existing research with parents in other disaster contexts as well as some theoretical perspectives. However, due to the small sample size that enabled such rich exploration, it is beyond the scope of this study to draw generalisable implications for interventions. As such the practice suggestions remain points for consideration though it is hoped transferability has been supported by the rigour of the research methodology and description provided, as well as the connections to existing evidence and theory.

The findings also do not speak to the representativeness of the experience of the challenges identified or the likelihood of factors that may contribute. Further research could look at the challenges with larger samples where comparisons could be made on variables such as child developmental stage or across different disaster contexts (such as disasters of different scales). That could guide understandings of challenges to address or be mindful of as potential barriers. It would also be useful to explore whether some of the observations from this study are more widely experienced.

### **9.5.1 Nature of the sample**

The sampling methods reflected ethics of being minimally intrusive in a highly researched population and sensitivity to the potentially traumatic nature of the topic. Nonetheless, it is important to acknowledge that self-selecting, convenience samples have limitations. Primarily they may reflect individuals with particular experiences that have informed their motivations to participate. In this case, for example, it is possible that people who chose to participate in this study were those for whom their parental identity is an important part of self. It is also possible that the study may have attracted individuals coping with significant trauma reactions within their families. The distribution of clinical levels of trauma symptoms among the participants and their children was not measured. It is therefore unknown how it might relate to functioning across broader population of people affected by Black Saturday or other disaster contexts. It is noteworthy, however, that there were parents who identified as feeling “settled” or that their family has “coped well,” as well as those who spoke of still dealing with the impacts of the fires.

The majority of participants identified engaging with support services for themselves or their children. By contrast, for example, one study on mental health screening of children following flooding in Queensland found that approximately 22% of children demonstrated posttraumatic mental health symptoms within a 'severe' range, yet only around 30% of their parents sought assistance (Poulsen et al., 2015). As a sample with potentially above average service engagement, the barriers to engagement are likely underrepresented. This may also affect the representation of the nature of parenting and challenges faced.

The study successfully recruited a diverse sample across aspects such as disaster exposure and family structure. Nonetheless, there are other Black-Saturday related parenting contexts or experiences (broadly speaking) that were not captured in this study. Though recruitment was intended to be inclusive, experiences that were not represented include those of non-biological parents and other primary-caregivers, as well as parenting where there has been a bereavement within the immediate family (either child or parental). Other Black-Saturday related parenting experiences include people who have had their first child since the fires, and people who did not live in the area but may have been highly impacted through, for example, familial bereavement (Abotomey & Kooronya, 2013). There were a number of families who lost a child(ren) in the fires and are parenting surviving children (Teague et al., 2010), which is another experience not represented in this thesis. A recent study showed ways in which experiences of parental trauma and bereavement interacted with experiences of parenting surviving school-aged child(ren) for parents who had lost a child in the 2016 Sewol ferry disaster, South Korea (Lee & Khang, 2018). The description of themes identified by Lee and Khang (2018) shows many similarities to what has been captured in this thesis. There were also some examples of parents helping their children with grief specifically such as by fostering continuing bonds with the deceased sibling (Lee & Khang, 2018).

However, perhaps because this study did not include experiences of people bereft of immediate family members, what it did highlight were numerous ways in which non-bereavement losses were present in post-disaster experiences. This can have implications for thinking about grief in recovery work. As noted earlier, traumatic stress rather than grief has typically dominated approaches to conceptualising post-disaster psychosocial

recovery (Harms et al., 2015). Even within approaches to theorising grief, circumstances of bereavement have received the most attention (Bruce & Schultz, 2001). Therefore, further exploring the relevance of theories of grief for these experiences of loss may be significant in shaping understandings of coping and adaptation post-disaster. Importantly, such development may provide direction for responding to these experiences of loss and grief.

Another aspect of homogeneity in the sample for the present study was that all participants but one had been born in Australia, which is common for rural areas (such as those affected by Black Saturday) but is not reflective of the broader Australian population and urban areas in particular. Furthermore, none of the participants identified as Indigenous Australians (though two did not answer the question related to Aboriginal or Torres Strait Islander status). Thus, the experiences of Indigenous Australian parents remain a gap for future research. It is a limitation of this study that more specific questions about culture or ethnicity were not asked. Experiences of culturally and linguistically diverse populations with respect to parenting also remains a gap for future research.

This study has included the perspectives of three fathers and 19 mothers in its exploration of parenting. A gendered analysis (such as comparing mothers' constructions of parenthood with fathers') was not the aim of this thesis, and, relative to variance of other sample characteristics (e.g., single parents, level of exposure, number and ages of children), gender is not remarkable. However, existing literature has highlighted the intersection of parenting and gender following disasters (as discussed in Chapter 3; see for example, Enarson & Dhar Chakrabarti, 2009; Fothergill, 1996). There were also perceptions of gender differences expressed by some of the participants in this study including decisions to stay and or leave with the children during the fires which were similar to what was found by Proudley (2008). Some mothers identified (or were identified by participating fathers) spending more time with children in the years following, however one father did describe taking this role, similar to what was observed by Peek and Fothergill (2008) following Hurricane Katrina. Additionally, there were parents in the present study who considered men seem to cope differently with trauma. Therefore, future efforts to draw out whether the challenges identified in this study are

experienced differently by mothers and fathers may be beneficial, particularly if it indicates different types of support are needed.

One reflection on the recruitment of fathers is the potential effect of the wording of the recruitment flyer. The intention when wording, “mothers, fathers, and other primary caregivers,” was to be inclusive of people who may be caring for children but who are not the biological parents (e.g., step or foster parents, or other kinship carers). Though the term ‘primary caregivers’ is ubiquitous in research and health contexts, the reference on the flyer may have provided the impression that only parents who were in the role of ‘primary’ parent were being sought. In this respect, the wording may have inadvertently discouraged fathers (and other caregivers) who may not have seen themselves in this ‘primary’ role. Once recruitment began, attempts were made to increase participation of fathers. With respect to snowball sampling, in suggesting participants share the study details with other parents they know who may be interested, the lower participation of fathers was highlighted. Also, recruitment was extended enabling the inclusion of the third father, however, due to resources it was not possible to prolong recruitment further.

The decision to continue presenting this research as research on parenting, despite not attaining greater representation of fathers, reflects the language used by the researcher throughout recruitment and interviews. Furthermore, it was used by participants as several framed experiences using “as a parent,” and there were fewer references to “as a mother/father.”

### **9.5.2 Reflection on ethics in practice and self-care**

A fundamental strength of this study was the candour of the participants in discussing harrowing personal and family experiences. Additionally, as initially suspected (see the consideration given to framing the research discussed in Chapter 4), the topic of parenting was one that participants themselves confirmed often seems to be subject to judgement by others. In eliciting these stories, the nuance of ethics in practice was salient as ‘ethically important moments’ arose and required thoughtful responses (Guillemin & Gillam, 2004). Decisions such as how far to probe when the conversation appeared particularly distressing, or how to respond when potentially concerning disclosures were

made, were undoubtedly significant in the context of the researcher-participant relationship.

One reflection from this experience is that the ‘gulf’ between procedural ethics and ethics in practice is certainly not as large as can appear (Guillemin & Gillam, 2004). The planning prompted by procedural ethics (as detailed in Chapter 4, which involves seeking ethics committee approval) helped lead me to an awareness of the types of situations I might be navigating from the outset. Importantly, this planning also involved researcher reflexivity and the consideration of interpersonal aspects of research to be ethically consequential (Guillemin & Gillam, 2004). The latter point in particular speaks to a strength of bringing social work’s relational lens to research.

Having identified several potential adverse events and included them transparently for participants in the project information statement, along with the option to change ones’ mind or cease participation up to the point that the data had been analysed, the informed consent process took on meaning beyond simply permission to conduct the research. It meant that sitting with the topics and emotions that arose was, reassuringly, about continuing to respect participants’ autonomy and their decision to share their story.

Another ethical tension I felt keenly was a familiar one in research, having asked people to participate in difficult conversations that are intended to contribute to understandings that may help others in future, with no explicit facilitation of immediate, direct benefits to participants (Guillemin & Gillam, 2004). This tension can make sitting with distress particularly challenging. However, as noted in Chapter 4, there are known salubrious effects of participating in qualitative research on traumatic events. Indeed, several of the parents in this study volunteered their reasons for participating. They explained that they saw this research as an opportunity to make meaning from their experience of Black Saturday by contributing to helping others and in finding out what the experience has been like for others. One participant even mentioned that she did not feel that she could participate in counselling, but she found participating in an interview had been useful for her with respect to processing her experience. I found focusing on these accounts of finding meaning in research participation was useful for my own self-care in engaging in these conversations. They also highlight that, as dissemination is integral to the potential

contribution of research, and as participants may adopt such goals of research as their own (Guillemin & Gillam, 2004), it is also an ethical responsibility.

## **9.6 Conclusion**

This thesis has argued that it is important to consider the experience of parenting in the aftermath of a disaster. To date, this is a perspective that has been largely overshadowed by risk discourses inherent in contemporary parenting culture and research into children's recovery post disaster. It has been the aim of this thesis to enhance understandings of the nature of parenting after disasters through the contribution of Australian parents' voices.

In many ways the findings of this study are consistent with existing research with parents from other disaster contexts, and links to some theoretical perspectives, which reinforces the relevance as well as potential transferability of the suggested considerations for practice. This study also uniquely captured parents' own reflections on the experience of parenting specifically; it has identified and described parenting challenges and provided parental perspectives on support. It has also provided a longer-term perspective than much of the existing research and is the first Australian study to focus on the lived experiences of parenting post-disaster. In these respects, this study has extended understandings of parenting post-disaster adding depth and nuance. The considerations for strengthening social work practice in this space include direct practice opportunities (such as contributing to psychoeducation responses, being able to normalize and validate these experiences, shaping expectations and facilitating the reconstruction of a sense of normal) through to 'big picture' service provision considerations (such as responding over the long-term and considerations for social work education, framing and navigating services, and addressing these diverse, multifaceted experiences).

It is hoped that the understandings developed here will be used to inform efforts to support parents, children, and families who have experienced a disaster or those who are exposed to disasters in the future.

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## **APPENDIX I**

### **Recruitment invitation**

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*Invitation to participate in research:*



THE UNIVERSITY OF  
MELBOURNE

## Parenting After a Disaster: Experiences Since Black Saturday

Were you and dependent children living in an area affected by the 2009 Black Saturday Bushfires?

- We are looking to understand what it is like to be a parent in the years following a disaster.
- We want to hear about the challenges you have faced as well as the times of strength and opportunity.
- We want to hear from mothers, fathers and other primary caregivers.

Why? We want to help find ways to support parents and children in similar circumstances.

Each interviewee will receive a \$50 voucher in appreciation for their participation.

If you are interested in hearing more about this project or finding out how you can participate in an interview, please contact Lauren Kosta at **0412 060 438** or by email at [lauren.kosta@unimelb.edu.au](mailto:lauren.kosta@unimelb.edu.au)

This research is being conducted by Ms Lauren Kosta as part of a doctoral thesis (PhD) in the Department of Social Work at the University of Melbourne. The research is being supervised by Associate Professor Lou Harms (Deputy Head, Department of Social Work), Associate Professor Lisa Gibbs (Deputy Director, Jack Brockhoff Child Health & Wellbeing Program), and Dr David Rose (Lecturer, Department of Social Work).



## **APPENDIX II**

### **Plain language statement**

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## PROJECT INFORMATION STATEMENT

(Plain Language Statement)



THE UNIVERSITY OF  
MELBOURNE

### Parenting After a Disaster: Experiences Since Black Saturday

You are invited to participate in a research study on the experience of parenting since the Victorian Bushfires in 2009. Thank you for taking the time to read this information statement. It is 3 pages long - please make sure you have all of the pages and read the following information before deciding whether you would like to participate.

#### Introduction

This research is about understanding what it is like to be a parent after a disaster. The study will explore issues and challenges as well as opportunities that parents have experienced over the past six years since the Black Saturday Bushfires. The aim is to help develop supports for parents and children in similar situations. This research has been approved by The University of Melbourne Human Research Ethics Committee (HREC Approval Number 1443474).

#### Who is conducting this research?

This research is being conducted by Ms Lauren Kosta as part of a doctoral thesis (PhD) in the Department of Social Work at the University of Melbourne. The research is being supervised by Associate Professor Louise Harms (Deputy Head, Department of Social Work), Associate Professor Lisa Gibbs (Deputy Director, Jack Brockhoff Child Health & Wellbeing Program), and Dr David Rose (Lecturer, Department of Social Work). Contact details for the research team are included on page 3.

#### What will I be asked to do?

If you choose to participate, you will meet with Lauren to talk about your experience in an interview that will take around 60-90 minutes. The interview will be audio-recorded so that your words and ideas are conveyed accurately within the research. If you prefer that it is not recorded, you can say so and notes will be taken instead. In the interview you will be asked about your experience of being a parent in the years since the Black Saturday Bushfires. What supports and information you found useful or would have liked to have available will also be explored. With your permission, follow-up contact after the interview may be arranged to further explore topics that were raised during the interview. An honorarium of \$50 per participant (in the form of a Coles/Myer gift voucher) will be offered in recognition of time spent participating in this research.

This study provides you with an opportunity to share your experience related to the 2009 Black Saturday Bushfires. While the focus of the research is on your experience of parenting, as part of the discussion you may be reminded of how the disaster affected you which may be distressing. If you feel

uncomfortable at any point during the interview please let Lauren know and if you feel distressed following the interview, please feel free to contact any member of the research team (contact details provided below). You may also wish to contact one of the community support and information services listed on the attached page.

**How will my information be treated?**

If your interview is audio recorded, it will be transcribed in full (except for your name) and then the audio file will be destroyed. If the interview is not recorded, the researcher will write-up the record of the interview based on the notes taken. All of the de-identified interviews will be joined together and read for issues and themes that arise which will be used for writing reports and publications from the study. The material from the study, including direct quotes from interviews, will be used by the researchers in reports, publications and conference presentations. The findings will also be made available to communities, government and service organizations, funding bodies, the media, and international researchers. You will not be identified in any of these reports.

All interview data will be kept securely in the Department of Social Work for 5 years prior to safe disposal, as per University regulations.

**Will the information I provide be confidential?**

We give an undertaking to protect your anonymity and the confidentiality of your responses to the fullest possible extent within legal requirements. The transcript of your interview will only have a code number and not your name on it, and any record of the connection between your name (and contact details) and the code number will be kept separately in secure storage. All electronic files will be kept password protected. Only the researchers that are part of this study will have access to this data and you can access your own data at any time.

This undertaking of anonymity and confidentiality can be limited. If you disclose information about a serious risk of harm to yourself or others it may be reported to an appropriate service provider as part of a social worker's duty of care. Also, due to the small numbers of participants within the research and the localised area in which the bushfires occurred, it may be possible for someone who is aware of your circumstances to recognize specific comments you have made. You can review the transcript of the interview with Lauren if you are concerned about this.

**Do I have to take part in this research?**

Your participation in this research is completely voluntary. If you decide to participate, you can change your mind and withdraw from the study without explanation and without any negative consequences at any time (including after you have completed an interview) up until the publication of findings or the completion of the thesis. If you withdraw, any unprocessed data you have provided will also be withdrawn.

**Okay, I would like to participate in this project - what do I do next?**

Please contact Lauren to arrange an interview either by phone (0412 060 438) or by email:

[lauren.kosta@unimelb.edu.au](mailto:lauren.kosta@unimelb.edu.au)

### Who can I contact if I require further information, or have concerns about this research?

If you require any further information or assistance please contact any member of the research team:

**Ms Lauren Kosta** (PhD candidate)

Department of Social Work,  
The University of Melbourne  
Tel: 0412 060 438  
Email: [lauren.kosta@unimelb.edu.au](mailto:lauren.kosta@unimelb.edu.au)

**Associate professor Lou Harms** (Principle supervising researcher)

Deputy Head, Department of Social Work  
The University of Melbourne  
Tel: 8344 9413  
Email: [louisekh@unimelb.edu.au](mailto:louisekh@unimelb.edu.au)

**Associate professor Lisa Gibbs** (Supervising researcher)

Deputy Director, Jack Brockhoff Child Health & Wellbeing Program, Melbourne School of Population and Global Health,  
The University of Melbourne  
Tel: 8344 0920  
Email: [lgibbs@unimelb.edu.au](mailto:lgibbs@unimelb.edu.au)

**Dr David Rose** (Supervising researcher)

Department of Social Work  
The University of Melbourne  
Tel: 8344 9421  
Email: [drose@unimelb.edu.au](mailto:drose@unimelb.edu.au)

Should you have any concerns about the conduct of this research study, please contact:

The Executive Officer

Human Research Ethics, The University of Melbourne

Tel: 8344 2073

Fax: 9347 6739

### Contact details for support services

This list of numbers is provided as an extra resource for anyone who feels that they would benefit from the support these services provide. Support is available 24 hours a day, 7 days a week.

Mental Health Advice	1300 280 737	<a href="http://www.health.vic.gov.au/mentalhealthadvice">http://www.health.vic.gov.au/mentalhealthadvice</a>
Lifeline	13 11 14	<a href="http://www.lifeline.org.au">www.lifeline.org.au</a>
BeyondBlue	1300 224 636	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>
MensLine	1300 78 99 78	<a href="http://www.mensline.org.au">www.mensline.org.au</a>
Kids Helpline	1800 55 1800	<a href="http://www.kidshelp.com.au">www.kidshelp.com.au</a>
Suicide Line	1300 651 251	<a href="http://www.suicideline.org.au">www.suicideline.org.au</a>
National Sexual Assault, Family and Domestic Violence Counselling Service	1800 737 732	<a href="http://www.1800respect.org.au">www.1800respect.org.au</a>
Women's Domestic Violence Crisis Service	(03) 9322 3555 1800 015 188	<a href="http://www.wdvcs.org.au">www.wdvcs.org.au</a>
DirectLine (Alcohol & Drugs)	1800 888 236	
Alcoholics Anonymous	9429 1833	

**APPENDIX III**  
**Consent Form**

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## CONSENT FORM



THE UNIVERSITY OF  
MELBOURNE

### Parenting After a Disaster: Experiences Since Black Saturday

**Researchers:** Ms Lauren Kosta (Primary researcher, PhD Candidate)  
Associate Professor Louise Harms (Principle supervising researcher)  
Associate Professor Lisa Gibbs (Supervising researcher)  
Dr David Rose (Supervising researcher)

Department of Social Work, The University of Melbourne

I, \_\_\_\_\_ (print name) **agree** to participate in this research study.

Postal address: \_\_\_\_\_

Landline phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

- I have been given a copy of the **Project Information Statement** (Plain Language Statement) for the study *Parenting After a Disaster: Experiences Since Black Saturday*. I understand the information and would like to take part in the study;
- I understand that this study is being conducted for research purposes;
- I understand that if I don't want to be involved or if I change my mind I can withdraw from the study at any time (prior to completion of the thesis) without explanation and without any negative consequences. If I do so, any unprocessed data I have provided will also be withdrawn;
- I understand that the interview will be audio-recorded unless I inform the researcher that I would prefer it wasn't, in which case notes will be taken.
- I understand that the confidentiality of the information I provide will be safeguarded subject to any legal requirements. This includes disclosures of information about a serious risk of harm to myself or others, which may need to be reported to the appropriate service provider as part of a social worker's duty of care.
- I understand that my anonymity will be protected to the fullest possible extent, however due to the small number of participants and the localized area in which the bushfires occurred it may be possible for someone I know to recognize specific comments I make or events I describe.

- I understand that after I sign and return this consent form it will be retained by the researcher;
- I understand that my de-identified interview data will be kept under locked storage for 5 years prior to its safe disposal.

I wish to receive a copy of the summary of research findings  yes  no  
(please tick)

**Participant Signature:**

**Date:**

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## **APPENDIX IV**

### **Demographic questionnaire**

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## Background Questions



THE UNIVERSITY OF  
MELBOURNE

### Parenting After a Disaster: Experiences Since Black Saturday

Participant number: \_\_\_\_\_

We ask the following questions of each person who participates in an interview so that we can gather all the information and describe characteristics of the group as a whole. Like the rest of the information you provide, this is kept separate from your personal details (name, address, etc.)

1. Your age (in years): \_\_\_\_\_

2. Your gender:  Male  Female

3. In which country were you born?

Australia

Greece

United Kingdom

China

New Zealand

Vietnam

Italy

Other: \_\_\_\_\_

a. If you were not born in Australia, what year did you first arrive in Australia to live? \_\_\_\_\_

4. Are you:  Aboriginal  Torres Strait Islander  Neither

5. What is the highest level of education you have/had completed?

Primary school

Trade apprenticeship

Year 7 or 8

Technical diploma/certificate

Year 9 or 10

Tertiary degree

Year 11 or 12

Post graduate degree

Other: \_\_\_\_\_

6. Which one of the following best describes your employment status?

	Prior to the 2009 bushfires	At present
Employed fulltime (incl. self-employed)	<input type="checkbox"/>	<input type="checkbox"/>
Employed part time	<input type="checkbox"/>	<input type="checkbox"/>
Student, not currently working	<input type="checkbox"/>	<input type="checkbox"/>
Student and employed part-time	<input type="checkbox"/>	<input type="checkbox"/>
Home duties/not in paid employment	<input type="checkbox"/>	<input type="checkbox"/>
Pensioner	<input type="checkbox"/>	<input type="checkbox"/>
Self-funded retiree	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

7. How well would you say you are managing financially?

	Prior to the 2009 bushfires	At present
Living comfortably	<input type="checkbox"/>	<input type="checkbox"/>
Just getting by	<input type="checkbox"/>	<input type="checkbox"/>
Finding it difficult or very difficult	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>

8. Who are you parenting? (their relationship to you, gender, and age in years)

Thank you for completing these questions.

If you are unable to return this form to Lauren at the interview, please post it to:

Lauren Kosta, PhD Candidate  
 Department of Social Work  
 The University of Melbourne 3010