Extreme natural disasters, like Hurricane Katrina, are disruptive for children; aside from the trauma of the initial event, there is typically continued interruption of normal routines resulting from damage to city infrastructure and social networks. It is not surprising that children develop mental health problems, and specifically posttraumatic stress disorder (PTSD), at relatively high rates following natural disasters (La Greca, Silverman, Vernberg & Roberts, 2002). Identification of variables in the environment that can serve to buffer the development of PTSD symptoms is crucial. Literature suggests that following exposure to a traumatic event, one feature of the child's environment, availability of social support, will buffer the negative effects (e.g., Vernberg, La Greca, Silverman & Prinstein, 1996). To date, studies that have examined social support following exposure to a hurricane have not tested for statistical moderation, so little is known about its specific influence on youth in this context.

This study examined the impact of different sources of social support on the relation between exposure to Hurricane Katrina and the development of PTSD symptoms, as well as the moderating effect of age on these relationships. Participants included 70 African American students in 4th to 8th grade attending an urban parochial school. Hurricane exposure related to life threat and loss/disruption was assessed using the Hurricane Related Traumatic Experiences (HURTE; Vernberg et al., 1996) scale. Perceptions of support from four sources (i.e., parents, teachers, classmates and friends) were gathered using the Social Support Scale for Children (SSSC; Harter, 1985). Social support was recoded into two composite variables: adult support (i.e., parents and teachers) and peer support (i.e., classmates and friends). Symptoms of PTSD
were assessed using the UCLA PTSD Index for DSM-IV (Steinberg, Brymer, Decker & Pynoos, 2004).

Results from the hierarchical regression analysis testing the three-way interaction between loss/disruption, peer support and age were significant. For older children, the results indicated that low peer support was a vulnerability factor as loss/disruption increased. Although high peer support had a stabilizing effect for older children as disaster exposure increased, symptoms of PTSD were relatively high among this group. It is possible that youth who report high levels of peer support may be engaging in frequent conversations with their peers about the disaster, which may serve to normalize post-disaster reactions and make youth more comfortable in reporting symptoms of PTSD. For younger children, high peer support had a “protective but reactive” effect (Luthar, Cicchetti & Becker, 2000), whereby at low levels of loss/disruption, peer support was advantageous but as levels of exposure increased, the benefits of peer support were minimized. Younger children who have been highly exposed may require more specialized types of support in order to effectively deal with the trauma, such as working through a narrative.

This research helps contribute to the understanding of the role of social support in post-hurricane environments. Future research should continue to investigate the dynamics of social support and whether it is helpful in this context.