



Top 10 Things you should know . . . about children coping with terrorism

We know more about how adults react to war and disaster than we do children. But researchers are beginning to document how children are uniquely affected, and how they can best heal. Psychologists are increasingly called upon for help in recovery efforts. The facts presented below stem from a broad research base that includes wartime, natural disasters and data from the bombing of the Alfred Murrah Federal Building in Oklahoma City – the most significant terrorist act in the U.S. prior to September 11, 2001 when the World Trade Center and the Pentagon were attacked.

1. Acts of terrorism make us all feel vulnerable and may shake our fundamental beliefs. This is especially true for children.

Two elements of terrorism magnify its impact for both children and adults: it was not anticipated – so no one is prepared – and another human being inflicted the harm intentionally. Although hurricanes, floods and tornados can tear apart families and communities, research shows that terrorism takes the biggest toll psychologically. It violates our beliefs about human relationships. Regardless of the situation, a child will experience intense fear in a disaster because he does not have the tools to assess the dangers around him. One of the ways we move beyond fear as human beings is by putting things into context and reasoning our way through a crisis. Children have not yet arrived at this stage of growth. Their ability to say what is bothering them is also limited. This is why playacting, drawing and stories are good therapy for children.

2. We used to think that children who survived a disaster did not experience psychological setbacks, and if they did, they would quickly rebound. Research shows that parents may not be able to recognize psychological distress, but it is often present.

Not every child at a disaster site will develop a psychiatric disorder, but most will experience some difficulties. According to research done with survivors of the Oklahoma City bombing, parents can readily admit their own struggles, but they may not recognize the signs in their own children. It is common for children to be anxious, to have fears, to become easily distracted, and to have "baby" behaviors they've long outgrown. Mental health professionals can assess whether these behaviors are of concern.

3. Psychologists look at several factors when assessing a child: the intensity of the disaster experience, the child's age, and the resources available in the recovery environment.

Researchers have confirmed a dose-response effect for trauma. The psychological impact increases in severity according to the level of violence and the degree to which it was personal. We also know that the effects of a disaster will intensify when communities and families have inadequate resources.

The age of the child is a factor that researchers are still evaluating. Some believe that the younger a child, the more dramatic the effect. This is difficult to document because young children have a limited ability to say what happened to them and how they feel about it. Researchers are beginning to show that older children and adolescents can cope with the violence of war more effectively than their younger siblings since they can: more realistically evaluate the probability of personal danger; understand war in the context of an ideology; and participate actively in helping family members in emergencies.

4. Depression and Post Traumatic Stress Disorder (PTSD) are the most common problems.

PTSD was formally recognized as a psychiatric diagnosis in 1980. It is common among veterans, but is now being studied across the civilian population, including children. A child may be at risk when she experiences any number of violent acts, including: kidnapping, sniper fire, school shootings, motor vehicle accidents, severe burns, community violence, war, sexual or physical abuse, rape or murder of a parent.

In the context of terrorism, PTSD is most likely when: the child experiences a threat to her life; she is injured; she witnesses something grotesque in the disaster; someone she loves dies or is injured. At least one-fourth of the children who are physically harmed or lose a parent in a disaster develop PTSD and/or depression.

5. There are many signs that a child may need help because he is suffering from some type of post traumatic stress.

When situations remind him of the traumatic event, a child may try to avoid them. For even routine activities, he becomes anxious when leaving his parents. In his playtime, he may re-enact the traumatic event in ways that can be disturbing to the adults around him. He may have difficulty sleeping and experience nightmares. He may startle more easily from sounds or touch. A seriously traumatized child may shut down emotionally and show no feelings at all; this is typical immediately following a disaster, but unhealthy in the long run.

6. The child's environment may be dramatically altered by a terrorist incident and this too has a profound effect.

If a child loses a family member, her recovery is even more difficult because PTSD may interfere with the grieving process. A terrorist incident may shake the stabilizing factors in a child's life. For example, the family may experience economic hardship or loss of home. Schools may be closed. We know that children recover most successfully when they have immediate support from parents and caregivers, and when they can resume normal routines, such as going to school.

It is one thing to recover from a single incident and another to live in a climate of fear and instability. When the threat is ongoing, it is a challenge for the community to give children a sense of security; this will enable them to trust others and make plans for their future.

7. PTSD symptoms may persist for many years.

Children exposed to very severe and prolonged trauma may have difficulties well into adulthood. Researchers have found this is true with children who were taken hostage or experienced terrorist violence with mass casualties. Immediate access to mental health

care is helpful, but long-term treatment for chronic PTSD is recommended as the best option for quality of life.

8. Mental health professionals are developing manuals and making themselves available to communities in distress, but even when the resources are there, only a small fraction of families take advantage of counseling.

This was the case in Oklahoma City. In a study of 3,200 middle and high school students, 60% heard or felt the explosion in the federal building and 330 attended at least one funeral, yet less than 7% reported they had seen a counselor or clergy person for mental health support. Less than half of the students who lost a family member had seen a counselor.

In the Manhattan public schools, surveys six months following the September 11 disaster show that 25% of the children and teens had psychiatric symptoms, but only a third of them received help.

9. TV watching can spread and intensify the psychological impact of an event.

Children can develop some symptoms of post traumatic stress even though they were not directly involved in a disaster. The impact of TV viewing has been documented in Oklahoma where graphic coverage lasted several weeks and reappeared with intensity at the time of the criminal trial 8 months later. Researchers found that middle school children who lived 100 miles from Oklahoma City had post traumatic stress that affected their performance at school or home for as long as 2 years. Among children who attended middle school near the blast site, repeated viewing of the news may have heightened their symptoms.

The media can play a positive role in disasters by providing continuity, guidance, and the perception of safety. In Israel, the news media participates in a community-wide system that prepares citizens for attacks and connects them to accurate information following a catastrophe. Uniform messages are released on many fronts – via the Internet, the telephone and print media. These messages include advice from mental health professionals about ways to reduce anxiety and ensure safety.

10. Parents can make the biggest difference in helping their children recover.

Young children derive their sense of well being from parents, especially their mother. To the degree the parent is traumatized, so the young child will be. On the other hand, the most reliable predictor that a child will successfully manage trauma is the adaptive capacity of his parents. Children respond well to parents who reassure them that they are safe, help them put events into context, and give them immediate and ongoing emotional support.

Parents can limit their child's exposure to trauma by monitoring the TV and other messages that may disrupt the child's need for continuity and stability.

In a situation where adversity persists, parents can help their children develop coping skills. One of the best ways to regain health is to have a sense of mastery in a difficult situation. Studies of older children in war-torn Israel and Bosnia show that they benefited from active involvement in safety preparations at home and service projects in the neighborhood; this kind of guided activity keeps children from falling into a victim

mentality and helps them direct their emotional energy in positive ways.

Seeking the care of professionals is also a way that parents can help their children. Many communities provide support to families through their local mental health centers. Universities often make their expertise available in psychological clinics that are designed for children and teens. School is a good place to ask about counselors and get information on healthful activities that are age-appropriate.

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ONLINE RESOURCES

American Psychological Association online help center. Get the facts: Psychology in daily life. <http://helping.apa.org/daily>

--see Gurwitsch, R.H., Silovsky, J.F., Schultz, S., Kees, M., and Burlingame, S. *Reactions and Guidelines for Children following Trauma/Disaster*.

American Red Cross. Materials on terrorism and unexpected events (October 2002). www.redcross.org/pubs/dspubs/terrormat.html

--see Sept. 2001 Red Cross publication *Helping Young Children Cope with Trauma*.

National Center for PTSD. www.ncptsd.org

--see the fact sheet *What is Post-Traumatic Stress Disorder?*

National Child Traumatic Stress Network. www.nctsnet.org

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