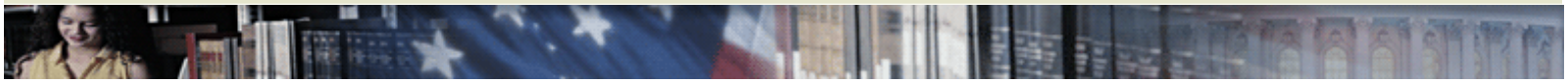

The Impact of Terrorism and Disasters on Children

Children, those both directly and indirectly involved, are particularly vulnerable to the far-reaching impact of terrorism and disasters. Children at risk for experiencing mental health difficulties after a disaster or act of terrorism include those who are near to or actually witness the event, those who lose loved ones as a result, and even those children who merely live in the affected community or watch coverage of the event on television. This briefing paper provides an empirically-based overview of the risk and protective factors for children exposed to terrorism and their typical responses. This paper also sets forth what we know about mental health interventions and proposes recommendations for addressing the impact of terrorism on our nation's children.

Risk factors that may increase adjustment problems for children include:

- Intense or prolonged exposure to the event, including geographic proximity;
- Witnessing or sustaining an injury;
- Perceiving a threat to themselves or loved ones;
- Other major life stressors, such as parental divorce or the death or hospitalization of a family member;
- Death of parents, siblings, or close friends;
- Having parents who are traumatized themselves by the event;
- Disruption in daily routines, residence, or school;
- Television exposure following the event, even if the child was not directly affected.

Protective factors that may help promote coping and positive adjustment include:

- Strong social support from families, teachers, and the community;
- Parental coping and support for the child;
- Economic resources to facilitate the family's adaptation;
- Prior low levels of anxiety and depression;
- Positive, adaptive coping and problem-solving skills;
- Prior successful academic achievement;
- Ability to understand the events based on age and developmental level.

Children's reactions to traumatic events include:

Posttraumatic stress disorder (PTSD) is a condition that develops in response to witnessing or experiencing a threatening or harmful event that elicits fear, helplessness, or horror. Symptoms of PTSD include persistent re-experiencing of the event, avoidance of things or places related to the event, and persistent symptoms of increased arousal. PTSD is the most common response to disastrous events in children, occurring in up to 40% of children exposed to disasters and typically within three months after the event. It can still be present more than 15 years after a terrorist event.

- Almost one year after the Oklahoma City bombing, 50% of local elementary school children reported clinical levels of PTSD, and one half reported being concerned about the safety of their family;
- A recent study found that six months after September 11th, approximately 75,000 New York City public school children in grades 4 through 12 were suffering from PTSD, including children who were not directly affected by the event;
- Disrupted consciousness, uncontrollable, intense grief, changes in sleeping or eating patterns, and extreme cognitive impairment may appear in severely affected children;
- Other symptoms include depression, anxiety, increased startle response and arousal level, irritability, sleep disturbance, safety and security concerns, restlessness, social isolation, aggression, peer rejection, bullying, school absences, a decline in academic performance, and a decreased interest in previously enjoyed activities or hobbies. Children with a milder form of PTSD generally recover sooner;
- Symptoms typically decrease in frequency and intensity if there has been no reoccurrence of the traumatic event or exposure to other traumatic events;
- The presumption of parents and teachers that children are resilient and coping well can impede their detecting symptoms of stress.

Research findings suggest that Mental Health Interventions should be:

- Broad, comprehensive and initiated with a community-wide screening to identify those at risk. Community needs assessments should drive ongoing interventions, attempt to address any persistent or recurring symptoms and changes in needs of children over time, and identify those children who were not identified immediately after the event;
- Well coordinated with mental health professionals enlisting the school staff into the process of initiating and implementing interventions for students to ensure successful utilization;
- Implemented by individuals who are trained and have experience working with crisis, disaster response, PTSD, and children's grief responses;
- Theoretically and empirically informed using the most effective models, including use of manualized curricula developed through research;
- Culturally sensitive, developmentally appropriate, shaped by survivors' needs, allow children to resume familiar roles and responsibilities (such as going to school and having children engage in developmentally appropriate tasks), include parents and other caregivers, and provide economic relief for families, as well as assistance in obtaining health care;
- Concentrated on insuring the basic safety of the child and loved ones immediately after a terrorist event, addressing physical needs, and reuniting loved ones;

- Focused on encouraging children to express their feelings about the event, discussing normal reactions, and teaching problem-solving skills;
- Centered around current symptoms or on the specific traumatic event in order to be effective beyond the initial phase of response;
- Inclusive of psycho-educational programs for anxiety management and coping skills, and modifying the child's erroneous and maladaptive attributions.

General Recommendations for policy makers include:

- Enhancing training opportunities for health and mental health professionals through graduate and continuing education programs on how to screen, identify and refer children in need of mental health services after a disaster or terrorist event;
- Supporting research to explore children's immediate responses, changes in responses over time, and factors that influence, either positively or negatively, children's reactions;
- Translating and disseminating research findings (e.g., an information exchange network or the development and maintenance of a national database) by federal agencies to promote evidence-based interventions for children;
- Providing financial assistance for children and families (e.g., Medicaid and the Social Services Block Grant) to facilitate recovery from the event and access the mental health system.

For further information, please contact Daniel Dodgen, Ph.D., in the APA Public Policy Office at (202) 336-6062. You can also read more about the impact of terrorism and disaster on children in a special issue of the APA *Monitor* at: http://www.apa.org/monitor/nov01/reachingout.html

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