



# How Terrorism Effects Children

Recent research reveals how exposure to trauma and life-threatening situations has short- and long-term psychological results. By M. BASHEER AHMED, M.D.

**WHILE** many children are exposed to trauma and life-threatening situations, during the last few decades, thousands of children have been exposed to terrorism all over the world. No child is immune to the traumatic effects of terrorism, whether they are in Oklahoma, New York, Bosnia, Israel, or Palestine. During the past decade, the effects of traumatic exposure to terrorism in children and adolescents have been recognized. Few articles or studies have been published addressing the short- or long-term effects of persistent traumatic threatening situations that children and adolescents face. Most research studies about trauma are related to physical and sexual abuse of children, resulting in Acute Stress Disorder and/or Post Traumatic Stress Disorder.

This article will explore the short-term and long-term psychological consequences of prolonged exposure to trauma resulting from terrorism and atrocities, mostly in Bosnian, Israeli and Palestinian children.

Stress of trauma is experienced when an individual (a child or adult) is confronted with a situation that is personally threatening to self or others. Some of these children may grow up normally with adequate coping mechanisms, but the majority may develop long-term consequences of these early life stresses resulting in deep-seated psychological problems if early therapeutic intervention is not provided.

The diagnostic criterion for Acute Stress Disorder and Post-Traumatic Stress Disorder is derived from studies of effects of trauma on adults. Psychological trauma and life-threatening situations may produce different symptoms in children and adolescents than in adults. In recent years, research work has been done

on the effects of trauma on children and adolescents and the American Academy of Child and Adolescent Psychiatry has written modified diagnostic criteria for Post Traumatic Stress Disorder in children and adolescents. However, short-term and long-term effects of acute and long-term psychological trauma due to terrorism on children need to be further investigated.

**I**t is now established that stresses caused by emotional trauma during early development permanently affect the brain circuits critically involved in the regulation of stress and emotions. These biological scars then lead to altered behavioral and physiological responsiveness to the environment that ultimately increase the likelihood of adult psychopathology.

The behavioral characteristic symptoms of acute stress disorder, such as anxiety, dissociation and other symptoms may develop within days to four weeks, after the exposure to extremely traumatic stressors such as threatened death or serious injury to self and others. The person's response includes fear, horror, hopelessness, numbness, detachment, or absence of emotional responsiveness, depersonalization, dissociation, and amnesia (unable to recall an important aspect of trauma). The traumatic event is usually re-experienced in recurrent images, thoughts, dreams, flashback episodes, or in a series of reliving the experiences. The individual may feel guilty for surviving when others have not survived, and may feel responsible for the consequences of the trauma.

**B**ased on data collected in the USA, it was found that PTSD occurs in 1-4 percent of the general population of children, and 3-100 percent of children are at risk (those exposed to vio-

lence, trauma, or abuse). Three factors appeared to mediate the development of PTSD in children: the severity of trauma exposure, trauma related to parental distress, and temporal proximity to the traumatic events. Thirty-nine childhood trauma counselors have found that more than 80 percent of traumatized children who require therapy for post-traumatic stress disorder have been victims of chronic and multiple terror rather than motor vehicle accident, natural disaster, or isolated acts of terrorism. Symptoms of depression, despair, and hopelessness may be persistent and result in prolonged depression.

Children and adults with traumatic grief are 4 times more likely to have suicidal thoughts. According to a study by Davidson, 19 percent of PTSD patients may ultimately commit suicide. The effect of violent death of significant others such as: parents and siblings predicted a worse long-term outlook. These children experience more frequent re-experiencing of trauma, more disruption in their ability to attend school, and participate in structured activities. Some children experience extreme anger, and when anger is mixed with suicidal thoughts, their acts become unpredictable. In some cases, the adolescents with depression and anger are prepared to die (by committing suicide) while killing others for the sake of the country.

Portney summarized some of the studies done on children of parents who suffered from prolonged trauma in Germany, due to Nazi atrocities. The parents were the survivors of the Holocaust who were exposed to prolonged traumatic stress. These parents constantly re-experienced the torture, and developed emotional numbing which did not help the child in developing a reasonable sense of safety, and predictability in the world.

These parents have difficulty in modeling a healthy sense of identity, autonomy, and maintaining a balanced perspective when life challenges arise. Instead they model catastrophic or inappropriately numb and dissociative responses. The parents' higher level of anxiety did interfere with child development, and mental progress. Thus the prolonged psychological affect of trauma is passed on to the new generation. The suicide bombing in Jerusalem and the retaliatory strikes on Palestinians is producing the inter-generational anger and hatred in both Israelis and Palestinians, which may last for years.

**D**uring the last decade, children from all over the world have been exposed to severe traumatic stresses; sadly there is a long list of regions that would place children at risk for PTSD. Rwanda, Sierra Leone, Liberia, Kashmir, Chechnya, Gujarat, U.S., Bosnia, Israel, Palestine and Iraq to name but a few.

Dr. Arshad Husain, in his book on *Hope for the Children: Lessons from Bosnia*, elaborated children's experiences in Bosnia who faced death and destruction during the Serb attack on Bosnia during the mid-'90's. Dr. Husain found several unusual symptoms in the children who survived the massacres. Some children were afraid of light rather than darkness as light meant snipers could see them and kill them. Some children experienced the symptoms of Post-Traumatic Stress Disorder almost every night: children woke up in the middle of the night with terror and hiding in basements. Some children woke up with any noise that reminded them of shootings.

Seventy percent of the Bosnian children had seen their parents or close relatives killed and these children had developed

distressing symptoms of depression, low self-esteem, insomnia, and guilt. Some even expressed suicidal ideas saying: "I should have been dead before my mother." Forty percent of children with PTSD showed all three types of symptoms re-experiencing avoidance, and hyper arousal. Sometimes these children become confused, and lose the ability to feel and express emotions such as "I feel so empty, sometimes I feel I am not alive. I am just here." Some children give up their childhood and act like adults. A seven-year-old said, "We have to be strong and work hard for our country."

**D**r. Kaplan of the Beth Sheva Mental Health Center in Israel has extensive experience of Post-Traumatic effects on Israeli children. Exposure to terror in Israel is widespread, as a victim or witness or as a relative, or as a friend of the victim. Most mental health professionals in Israel are trained to identify Post-Traumatic symptoms in children more rapidly than in other countries and refer these children to one of the five Post-Traumatic Centers where Biomedical Psychotherapeutic familial and socio/occupational rehabilitation is available. Dr. Avraham Bleich, Chairman of Psychiatry at Tel Aviv University has published an article in the Journal of American Medical Association on 'Mental Health Symptoms and Coping Mechanisms- following prolonged exposure to terrorism on Israeli children.' One-third of these children reported at least one symptom persisting for a month and approximately 10 percent of children reported symptoms of post-traumatic stress disorder.

The author recently met a delegation of Palestinian mental health professionals visiting America. Their visit was arranged by the U.S State Dept. to study the treatment strategies for children with post-traumatic stress disorder. Part of this article about Palestinian children is written based on information given to the author by Palestinian mental health professionals. Some information is also gathered from the reports published in the Lay Press. Very few research studies on the psychological effects of trauma on Palestinian children have been published.

Shafiq Masalha studied psychological consequences of prolonged trauma on 114 Palestinian children. He studied the dreams of children (9-10 year olds) to measure the psychological state of children. 79 percent of Palestinian children dreamt constantly about political violence, and 13 percent dreamt that they were killed, or sacrificing their own lives. These children were preoccupied with death in one form or another. These dreams and preoccupations with the violence ultimately result in the expression of violent behavior. Mahmud Sehwal, a Palestinian psychiatrist stated that the Palestinian children do not suffer from post-traumatic stress disorder, but they suffer from continuing traumatic stress disorder. In the U.S. and other countries, a person usually gets one traumatic event, and later he lives in at least a protected environment. In Palestine, children are not living in any protected environment. The situation is always unpredictable. They cannot even plan for the evening, or the next day.

Israeli aggression against Palestinians has resulted in developing frustration, hopelessness and anger in children causing acute stress. Israeli army bulldozers drive through a village bulldozing houses and killing many civilians in the process. Entire villages have thus been destroyed causing a serious traumatic experience. Children run away from their family members leav-



## Family

ing behind their books, toys, and memories with a fear of life, knowing that there were some family members who may be dead. Some of these young children have not even developed the concept of death. Other older children question why God has been punishing them, and why they are subjected to such terror. Many children observe close family members and children dying on streets from loss of blood when the Israeli army denies access to ambulances, not giving a chance for saving lives. The children repeatedly see violent deaths around them. During curfews that often last for days, they have very little to eat, and no medical help is available for the sick which further adds to their distressed traumatic life.

The most significant experiences the Palestinian children have are of intense fear, helplessness, and horror. Some young children become agitated and do not want to be left alone. They cling to their mothers or surviving relatives. These children have difficulty in sleeping at night. They wake up in the middle of the night with nightmares, and frightening dreams, without recalling the contents. Even after the withdrawal of the Israeli army, they continued to live in a state of fear that at any moment, big Israeli tanks would return and they will be crushed. Mothers reassure the children, that they are safe but they also give a realistic explanation that if something happens to them, they will go to heaven and have eternal peace. Most of these parents themselves were exposed to terror, suffer from post-traumatic stress disorder,

and they have extreme difficulty in reassuring their children. Children are even afraid to go outside during the daytime or peep through windows due to the fear that the Israeli soldiers might kill them with a bullet. The children's lives revolve around their family, and their home. When their houses and their worlds are destroyed, they develop a sense of numbness, which is a characteristic symptom of PTSD.

The children are developing unrestrained anger directed towards Israelis. Their feelings of helplessness create more anger and they are willing to fight against the Israeli soldiers with stones. The 10 or 12-year-olds recalled how their friends were throwing stones at soldiers and how they were shot dead. The children were angry, and even their parents could not help them in reducing the fear, anger and feeling of helplessness.

Fourteen to 16-year-olds show more understanding. They verbalize the loss of their family, lands, their homes and the persistent humiliation under foreign occupation. These children do not believe the reassurance given by elders, that one day Palestine will become an independent state. They only see suffering, pain, and despair around them. They believe that they have nothing to look forward to except for misery, humiliation, and terror. These feelings further enforce their anger, and suicidal thoughts. They think of retaliation without worrying about the consequences. Dr. Iyad Sarraj, a Palestinian psychiatrist in Gaza City, has watched the suicide bombings with growing

alarm. Having grown up with the idea of suicide attacks, Palestinian children were equating death with "power" and are creating a new kind of culture and compensating for the powerlessness of their parents in the face of humiliation of Israeli occupation. Some suicide bombers had no connection with the militant Islamic groups like Hamas and Islamic Jihad, and most of them did not go through the months of preparation that has been repeatedly mentioned in Western media. These young adults die with the hope that giving their lives will give lives to others.

**T**o prevent feelings of depression, despair, and anger, therapeutic intervention is necessary. The U.S Dept. of Health and Human Services awarded 10 million dollars in grants for treatment of children and adolescents who have experienced traumatic events after Sept.11. Fortunately, the Israeli children exposed to traumatic stress have institutions, and professional staff to help and treat them.

The goal is to stabilize and prepare them to live a normal life. However, this goal will be difficult to achieve unless Palestinians stop the suicide bombing and Israeli children live in peace without fear of terrorism. Unfortunately, the Palestinian children with traumatic experiences live year after year in the same environment of misery and suffering, but with severely limited therapeutic intervention. Without massive assistance to the Palestinian children and an end to occupation, the suffering of the

Palestinian children and the cycle of violence are likely to continue. Children are suffering globally due to terrorism and atrocities. These are innocent and voiceless children who are victims of policies and politics. It is our moral responsibility to pay attention and do everything we can to stop the suffering of children, and prevent the intergenerational transmission of consequences of terror in children. Otherwise, the generations will suffer from the psychological and physical consequences of traumatic stress resulting from terrorism.

Dr. Arieh Shalev, a psychiatrist at Hebrew University is noticing a change in Israeli population. Paradoxically, the more stress they experience, the more people endorse the likelihood of a Palestinian state to end the ongoing terrorism. Dr. Bleich is also hopeful for a peaceful mutual future for both Israel and Palestine. He believes that the hope will be a strong healing force for the deep-seated scars in children exposed to continuous trauma.

Some Bosnian, Israeli, and Palestinian children who are exposed to severe traumatic stresses might grow up with adequate coping mechanisms, but most of these children are at risk of developing long-term consequences of their early-life stresses resulting in deep-seated psychological problems. These children need immediate early therapeutic intervention and the violence must be stopped. ■

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