



sharing child and youth development knowledge  
volume 29, number 2  
2015

# Social Policy Report

## Children and Terrorism

**James Garbarino**  
Loyola University  
Chicago

**Amy Governale**  
Loyola University  
Chicago

**Patrick Henry**  
Loyola University  
Chicago

**Danielle Nesi**  
Loyola University  
Chicago

### Abstract

**H**ardly a week goes by in the United States (and to varying degrees, in the rest of the world) that the word *terrorism* does not appear in the collective consciousness, as represented, channeled, and shaped by the mass media in its many print, broadcast, and internet manifestations. While relatively few children worldwide (and even fewer children domestically in the United States) have been the specific targets for acts of terrorism, some have, and most are growing up in a world in which terrorism in its many aspects is a salient cultural phenomenon. This paper explores the impact of growing up in a world with terrorism on children and youth. It considers both the direct traumatic effects of being a victim and the indirect effects of living in communities and societies in which the threat of terrorism is on the minds of children, but perhaps more importantly, of adults generally, and parents and policy makers in particular. It also considers policy initiatives and programmatic responses.

# Social Policy Report

Volume 29, Number 2 | 2015

ISSN 1075-7031

[www.srcd.org/publications/social-policy-report](http://www.srcd.org/publications/social-policy-report)

Social Policy Report is published four times a year by the Society for Research in Child Development.

## Editorial Team

Samuel L. Odom, Ph.D.

(Lead editor)

slodom@unc.edu

Kelly L. Maxwell, Ph.D. (Issue editor)

kmaxwell@childtrends.org

Iheoma Iruka, Ph.D. (editor)

iiruka@nebraska.edu

Stephanie Ridley (Assistant editor)

stephanie.ridley@unc.edu

## Director of SRCD Office for Policy and Communications

Martha J. Zaslow, Ph.D.

mzaslow@srcd.org

## Managing Editor

Amy D. Glaspie

aglaspie@srcd.org

## Governing Council

Ronald E. Dahl

Lynn S. Liben

Marc H. Bornstein

Natasha Cabrera

Robert Crosnoe

Michael Cunningham

Kenneth A. Dodge

Andrew J. Fuligni

Mary Gauvain

Kofi Marfo

Frosso Motti

Seth Pollak

Deborah L. Vandell

Natalia Palacios

Lonnie Sherrod, *ex officio*

Martha J. Zaslow, *ex officio*

Anne Perdue, *ex officio*

## Policy and Communications Committee

Brenda Jones Harden

Rachel C. Cohen

Sandra Barrueco

Kimberly Boller

Rebekah Levine Coley

Kelly Fisher

Rachel A. Gordon

Tina Malti

Ann Rivera

Tanisha A. Woods

Kenneth A. Dodge

Seth Pollak

Robey Champine

Ellen Wartella, *ex officio*

Lonnie Sherrod, *ex officio*

Martha J. Zaslow, *ex officio*

Sarah Mancoll

## Publications Committee

Pamela Cole

Marian Bakersmans-Kranenburg

Robert J. Coplan

Diane Hughes

Melanie A. Killen

Vladimir Sloutsky

Jeffrey Lockman

Kenneth Rubin

Judith G. Smetana

Mary Gauvain

Marc H. Bornstein

Erin Hillard

Patricia Bauer, *ex officio*

Rob Kail, *ex officio*

Cynthia Garcia Coll, *ex officio*

Ellen Wartella, *ex officio*

Angela Lukowski, *ex officio*

Jonathan B. Santo, *ex officio*

Lonnie R. Sherrod, *ex officio*

Adam Martin

## From the Editors

*Terrorism.* We all likely cringe when we hear that word. The phrase, *children and terrorism*, is even more frightful. As we are so often reminded in the media, though, we all—adults and children—live in a world of terrorism. As difficult as the topic is, it is critically important to understand the effects of terrorism on children's development and apply the research to interventions and policies designed to support children who have been traumatized by terrorism.

Garbarino and colleagues propose a broad definition of terrorism and summarize the history and international research on the effects of war and terrorism on children. Though the issues addressed are generally heart-breaking, there are aspects that are heart-warming. It is heart-breaking to read about the long history of terrorist acts that have negatively affected the development of children for so many years in multiple countries. Garbarino and colleagues describe research on terrorism and war from five different areas: South Africa, Israel, Palestine, Northern Ireland, and United States. It is heart-warming, though, to read about some children's resiliency and the factors that support resiliency.

Kostelny and Wessells highlight in their commentary the social impact of terrorism in less developed areas of the world. They suggest that interventions not only need to address the problems of individual children but also address the broader, social ramifications of the effect of terrorism on children. Masten focuses her commentary on the research itself, highlighting the growth of research in this area as well as the many remaining gaps. She calls for more research on both the effects of terrorism and the effectiveness of interventions to support children affected by terrorism and war. She also urges developmental psychologists who work in this area to effectively communicate their knowledge to policymakers.

This brings me back to one of the positive points from the Garbarino et al. research review. Research suggests that active involvement in a social effort can be empowering to children affected by terrorism. Faced with the grimness of terrorism, we all might find some comfort in doing something proactive—using our research skills to learn more about the effects of terrorism, communicating what we know to leaders, developing interventions, and doing what we can to support peace globally.

— Kelly L. Maxwell (Issue Editor)  
Iheoma U. Iruka (Editor)  
Samuel L. Odom (Editor)

# Children and Terrorism

## The Meaning of Terrorism

**L**ike so many concepts, the word terrorism has a simple dictionary meaning—“the systematic use of violence to create a general climate of fear in a population and thereby to bring about a particular political objective” (Jenkins, n.d.). However, once its nuances are exposed, *terrorism* is quite multi-faceted and laden with ideology and interests. At its core there is one central idea, that the end justifies the means. Every terrorist believes that the sacrifices made (of self and others) are justified by the goals and expected outcomes, whether they be secular or religious in nature.

To be clear: terrorism is **not** senseless violence, because from the perspective of the terrorist it always makes sense. It makes sense in a way that has never been captured better than by the 19<sup>th</sup> century Russian novelist Fyodor Dostoyevsky when he put these words in the mouth of a character in his book, *The Brothers Karamazov*:

*Imagine that you are creating a fabric of human destiny with the object of making men happy in the end, giving them peace and rest at last, but that it was essential and inevitable to torture to death only one tiny creature—that baby beating his breast with its fist, for instance—and to found that edifice on its unavenged tears, would you consent to be the architect on those conditions? (Dostoyevsky, 1952, p. 126-127)*

Whether it be said mournfully or gladly, every terrorist answers, “yes.”

This passage from Dostoyevsky’s *The Brothers Karamazov* captures one of the most important human rights issues for children because it seems in every instance of political violence, leaders (usually on both sides) consistently answer “yes” to the question, “Would you consent?” They justify and rationalize their yes vote precisely along the lines that Dostoyevsky suggested,

namely that this act of violence is necessary because by engaging in such terrorism we “are creating a fabric of human destiny with the object of making men happy in the end, giving them peace and rest at last.”

Just this one time, they ask, suspend your moral objections to the torture of children in the name of the greater good, the higher principle, national honor, liberation from oppression, defense of the homeland. Just this once. And just this time. And just in this case. But it never ends. No discussion of the impact of terrorism on children can proceed until this point is swallowed, digested, and absorbed.

Terrorism depends upon the absolute willingness of the perpetrator to act with violence against the innocent, and children are the most innocent of all. In the 1979 movie *Apocalypse Now*, a renegade American Special Forces officer fighting in the Vietnam War—Colonel Walter Kurtz (played by Marlon Brando)—speaks with gruesome admiration for his enemy’s understanding of this. He describes an incident in which he and his troops entered a village to inoculate the children against childhood diseases as a way of winning over the minds and hearts of the people in an area being contested by the enemy (the Viet Cong), only to return a week later to discover that the enemy had cut off the arm of each child so inoculated, as a way to terrorize the population. Pure terror, he calls it: the recognition that the enemy was willing to do anything to advance their cause, even to the point of cutting off the arms of children whose only crime was that they had been inoculated against measles and polio. Whether the terrorist be a rebel or an agent of a government, he (or she) must have this same willingness. It’s worth noting that Col. Kurtz says nothing about the impact of this assault on the children themselves.

On the other hand, there are the provisions of the United Nations Convention on the Rights of the Child (ratified by all countries except the United States and South Sudan—Somalia having rectified its status as the

other last holdout in January 2015), which speak directly to the special obligations adults have to children in times of war. Article 38 sets out the following standards for giving priority to children in times and places of war and political violence: “In accordance with their obligations under international humanitarian law to protect the civilian population in armed conflicts ... shall take all feasible measures to ensure the protection and care of children who are affected by an armed conflict” (United Nations, 1989, para. 4). It also includes a mandate to exclude as soldiers youth younger than fifteen years of age (a provision which has been augmented by a special agreement signed by many countries—including the United States—to set the age limit at eighteen). There is no need for an additional ban on terrorism aimed at children, just a commitment to abide by what is already *theoretically* in place.

While many theologians and ethicists have embraced the concept of a *just war*, this is not the case for terrorism. The term *terrorist* has such high negative emotional valence that it is almost by definition unjust, certainly from the perspective of the victims. Thus, as a label it becomes a tool in the hands of those with a self-interested political agenda. A study on political terrorism examining over 100 definitions of terrorism found 22 separate definitional elements—violence, force, fear, threat, and victim-target differentiation, among others (Schmid & Jongman, 1988). One classic exploration (Hoffman, 1998) concluded that the following elements are essential:

- clearly political in aims and motives,
- violent or containing the threat of violence,
- designed to have far-reaching psychological repercussions beyond the immediate victim or target,
- command or conspiratorial cell structure (members wear no uniform or identifying insignia), and

- *perpetrated by a subnational group or non-state entity* (italics added). This latter criterion (and thus by extension the previous one) has been the subject of substantial critique for limiting the term *terrorism* to non-state groups.

This criticism is because one of the most important aspects of any discussion of the meaning of terrorism is the extent to which this term with such highly negative emotional valence is applied solely to non-state actors (as in Hoffman’s analysis, and as is usually the case in mass media reports). The alternative view also includes the actions of governments—what is usually termed *state terrorism*. Martin (2006) described state terrorism “committed by governments and quasi-governmental agencies and personnel against perceived threats” (p. 111), which can be directed against both domestic and

foreign targets. Chomsky and Herman (1979) defined state terrorism as terrorism practiced by states (or governments) and their agents and allies. All these analysts concluded that state terrorism accounts for most of the terrorist actions in the world, and most of the deaths.

For our purposes in this report, we take this broader (and we think more appropriate, albeit radical) sense of the term: terrorism includes **all** actions (whether by nations, states, insurgents or rebels) that use violence or the threat of violence

against non-combatants (or even combatants off the battlefield) to create fear and use that fear to manipulate people in the service of political goals. This is what we mean by growing up in a world of terror.

As we shall see, this decision to adopt the broader definition (i.e., including state terrorism) is particularly important. Why? Because much of the research available concerning the impact of terrorism on children and youth comes from situations in which state terrorism plays a significant role historically (e.g., the United States, South Africa, Israel, Palestine, and Northern Ireland).

... terrorism includes all actions  
(whether by nations, states,  
insurgents or rebels) that use  
violence or the threat of violence  
against non-combatants (or even  
combatants off the battlefield) to  
create fear and use that fear to  
manipulate people in the service  
of political goals.

## In an important sense, considering the developmental impact of terrorism is the intellectual cousin to understanding the developmental impact of war upon children and adolescents.

In the United States, for example, acts of state terrorism (and complementary private terrorism) were a fact of life for African Americans during centuries of slavery, continuing for more than a century after the Emancipation Proclamation in 1863. This form of terrorism only declined significantly after the Voting Rights Act of 1965 mobilized the resources of the federal government to discourage state and local governments and private, politically motivated groups in the Old South from engaging in terrorism designed to prevent African Americans from registering to vote. A report issued by the Equal Justice Initiative documents that there were 3,959 hangings, burnings, and dismemberments of Black men, women *and children* in 12 American southern states during the period from 1877 to 1950 (Equal Justice Initiative, 2015). These horrific crimes were attended by enthusiastic crowds, often including local dignitaries, and parallel the contemporary actions of groups like ISIS in their ferocious and dehumanizing brutality. People even brought their children to watch. White American terrorists used these horrific executions to terrify and send a chilling message to their targets (Black people). Photographs taken at these ritualistic executions document all of this—including the presence of children.

It is well established that the same individuals who may be described as *terrorists* by their opponents are often called *freedom fighters* by their supporters. For example, Catholic nationalists in Northern Ireland felt they had ideological justification to commit acts of violence against an oppressive ruling government dominated by Protestant nationalists. The case of Nelson Mandela is cited frequently in this regard: in the eyes of the racist Apartheid regime he was a terrorist (and was jailed as such), while in the eyes of his comrades (and eventually, world opinion) he was a hero fighting oppression “by all means necessary” (to quote the 1964 speech by American radical Malcolm X; Democracy Now, 2015). Successful terrorists can become statesmen if their cause succeeds and they assume a leadership role in the state. Nelson Mandela (South Africa) and Robert Mugabe (Zimbabwe) are prime examples in the 20<sup>th</sup> century, of course, but not the only ones.

Yasser Arafat was the founding leader of the Palestine Liberation Organization, but became de facto head of state for Palestine, and was recognized by many governments around the world in that capacity. Menachem Begin was active in terrorist activities as part of the Irgun fighting against the British government and the local Arab population in 1940s Palestine. His movement succeeded. The state of Israel was created, and he eventually became Prime Minister in 1977 (and in 1978 won the Nobel Peace Prize along with Egypt’s Anwar Sadat).

Of course, the Founding Fathers of the American Revolution were themselves involved in various terrorist acts against the British colonial government and their domestic political opponents in the run up and follow up to the Declaration of Independence in 1776. They recognized that if their insurrection failed they were liable to be hanged by the British government. The first four American presidents were active in the political struggle for independence that included numerous acts of terrorism. Those who followed them were complicit in terrorism directed at African slaves to maintain White political (and economic) power.

What is more, most of the original 13 colonies (that became the original 13 states in the wake of the successful Revolutionary War) had their own insurgent conflicts (involving terrorist attacks) in the decades before the Independence movement triumphed. This, in fact, accounted in large measure for whether or not individuals and communities were Loyalists supporting the British Crown during the Revolutionary War and subsequently fled after they and the Crown were defeated in 1783, and the new nation came into being.

### Beyond War

In an important sense, considering the developmental impact of terrorism is the intellectual cousin to understanding the developmental impact of war upon children and adolescents. Providing a detailed summary of these reviews and the research upon which they are based is not the goal for this report. Nonetheless, a brief overview is useful in establishing the context in which we consider the



impact of terrorism on children and adolescents, and we offer such a brief overview as an introduction to our topic.

Little in the way of systematic research was conducted on the experience of children with war prior to World War II, and studies of that conflict were mostly methodologically informal by today's scientific standards. These were mostly small-scale efforts to document the emotional texture of what it meant for children to witness these momentous events between 1939 and 1945, in which ultimately 40 million civilians died. Perhaps no one has captured this as well as psychologist Emmy Werner in her book, *Through the Eyes of Innocents: Children Witness World War II*. Werner herself grew up during World War II in Germany and is known academically for her work on resilience. In her book she does an excellent job of representing the way children experienced the war.

For American children, it was December 7, 1941, that signaled the start of war, with the Japanese attack on Pearl Harbor. For children in Hawaii, the attack was a physical and immediate danger. Seven-year-old Dorinda reported it this way years later:

*Suddenly we heard the sound of low flying planes, then almost immediately, loud explosions, followed by more planes passing directly over our house. ... Even though we couldn't hear them, the incendiary bullets found their targets. Our kitchen was now on fire and parts of the roof were gone. Everywhere we looked there was smoke and fire. From the cane fields we could watch the skies, and if the Japanese planes came back, we could hide ourselves in the tall sugar cane stalks. I thought of the unfinished breakfast we left on the kitchen table earlier in the morning. ... Maybe my dog 'Hula Girl' had gotten so hungry that she had gotten the breakfast food. But what if she had been hit by a bomb or a bullet? It was then for the first time that I began to cry. (Werner, 2001, p. 62)*

Little Dorinda's concern for her dog's well-being is a commonality among children. Quite naturally, their very concrete minds tend to focus on the concrete effects of war—their pets, their parents, their school, their house, their world. This is not to say that children are incapable of broader concerns beyond their immediate world. During the Gulf War in 1991, surveys (Cantor, Mares, & Oliver, 1993) found that the most compelling images for young children in the United States were the sea birds overcome by the oil spills that were instigated by Iraqi forces as acts of sabotage and revenge in the

wake of their military defeat at the hands of Allied Coalition forces. But even this testifies to the very direct and personalized nature of the way most children respond to war, most of the time. It's a point worth remembering as we consider the way modern children receive and process images and messages about terrorism.

During World War II, American children on the mainland (where Japanese attacks were feared but never materialized in any substantial measure) responded to the news of the attack on Pearl Harbor as it came into their homes via the radio and then were drawn into the immediate aftermath of mobilization and fear. One young teenage girl living on the West Coast put it this way:

*We were playing Christmas records when our neighbors ... came running up the hill and pounded on our door. They were white as sheets and Alma was crying. Al [Alma] said, 'Turn on your radio, Pearl Harbor has been attacked by the Japs and we are at war.' My father went to the radio and my mother slumped onto the couch with her face flushed and Alma beside her. It was obvious to me that we had been notified of a dramatic blow that had been delivered not just to Pearl Harbor, but to us individually. (Werner, 2001, p. 63)*

Jump ahead nearly sixty years to September 11, 2001 and listen to some contemporary young voices describe how they received the news that their war had begun. Dylan was a nine year old living with his parents in Chicago on September 11, 2001. Four years later when asked about what he remembers of that day, the now 14-year-old boy offers these words. "What do I remember from 9/11? I remember the confusion and the fear I had that day. I also recollect the tears shed and the lives lost" (Garbarino, 2008, p. 110). But Dylan does not stop there. When asked what he sees in the future he says this:

*9/11 was a horrible day in our past, but unfortunately, similar events occur every day. The terror threat towards America now is pretty strong. I mean there are people out there, filled with enough hate towards the U. S. that they'd be willing to kill themselves along with other innocent people just because they hate the USA. I view the threat as high because no one will know when they'll strike or where. For example the London Terrorist attacks (in 2005) were completely unexpected. The terror threat towards America in the future will probably be strong or stronger (Garbarino, 2008, p. 110).*

What can we learn from how children and youth around the world have coped with the on-going trauma of living with the threat and reality of political violence? We see three important themes: the developmental effects of traumatic violence, the role (and limits) of political ideology in giving meaning to physical suffering and injury, and the allure of revenge and the precariousness of messages of compassion in situations of threat and insecurity.

Regarding the first issue (the impact of traumatic violence) it is now understood that children are vulnerable to trauma when faced with violence. Some even argue that children are *especially* vulnerable to trauma. For example, Davidson and Smith (1990) found that children younger than 12 were three times more likely (54% vs. 18%) to evidence trauma responses (Post-Traumatic Stress Disorder in this case) than adolescents and adults. With respect to the second and third themes (the role of ideology in giving meaning to suffering and the impulse to revenge-based thinking) research is sparse, where it exists at all.

Much is said and written about globalization, about the integration of societies and communities around the world, as evidenced by shared musical tastes and trade interdependence. But the war of terror similarly has global implications for children. For example, it is estimated that 10 children died in the World Trade Centers on September 11, 2001. We mourn each child as a casualty of the terrorists' war on America. But it is estimated that America's military response cost the lives of hundreds of children in Afghanistan (United Nations Assistance Mission in Afghanistan, 2013) and thousands of children in Iraq (Hicks et al., 2009).

This is true, in part, because over the last century, the nature of military technology has shifted from firing

individual bullets at enemy combatants to using bombs and artillery that do not differentiate between civilians

and combatants. It is worth noting that prior to the Spanish Civil War in the 1930s, the idea of systematically bombing civilians as a tactic to terrorize them and provoke them to capitulate was considered criminal. During World War II it became standard practice—initially by the Axis militaries, but eventually by Allied powers (Beever, 2007). Terrorism became standard military strategy and practice, and it continues to this day.

Many of the wars of 20<sup>th</sup> and 21<sup>st</sup> centuries have involved guerilla and other *asymmetrical* tactics that typically include terrorism. *Asymmetrical* here means that a disproportionately smaller military force contends with an enemy military force with which it cannot compete using conventional military tactics and, thus, chooses actions that go beyond engaging in standard military operations. This leads, of course, to corresponding anti-guerilla and anti-terrorist tactics that often target civilians in some combination of intimidation through overwhelming military force (shock and awe) and pacification efforts (winning the minds and hearts of the civilian population). As a result, according to UNICEF (2013), about 90 percent of the casualties in modern wars are civilians, and about half of those casualties are children.

This translates into more than two million children dead (and six million permanently disabled or otherwise seriously injured) in the period from the mid 1990s to the present (in countries ranging from Syria, Afghanistan, and Iraq in the Middle East to the Democratic Republic of the Congo in Africa). During

this same period, more than 20 million children have had to flee their homes and become displaced persons in their home countries or refugees, and more than 300,000

What can we learn from how children and youth around the world have coped with the on-going trauma of living with the threat and reality of political violence?

We see three important themes: the developmental effects of traumatic violence, the role (and limits) of political ideology in giving meaning to physical suffering and injury, and the allure of revenge and the precariousness of messages of compassion in situations of threat and insecurity.

were recruited—forcibly or otherwise—into the armed forces engaged in political violence in conflicts around the world. This is the historical context in which we must seek to understand the distinctive meaning and developmental implications of terrorism.

## Children and Adolescents Growing Up in a Culture of Fear?

As we shall see (and as many other researchers have demonstrated in their examinations of child abuse, community violence, and war), the traumatic effect of exposure to violence is significant (e.g., Garbarino, 2008; Masten & Narayan, 2012). Thus, one indisputable effect of terrorism on children and adolescents is to traumatize them. But are there indirect effects, effects that are transmitted through the adult political adaptations to acts and threats of terrorist attacks? Addressing this question requires that we examine the impact of terrorism as a social toxin flowing through the various systems that constitute the ecology of human development (Bronfenbrenner, 1979; Garbarino, 2008). What does it mean to grow up in an *age of terror*, aware of a *war on terror*.

One way to address this question is to examine how the fears expressed by children relate to the larger social and political environment in which they are growing up. Surveys of children's fears reveal that from the 1930s to the 1950s (in the run up and immediate aftermath of World War II), the most common fears of children were matters of personal safety in the old-fashioned sense of the term, namely thunder and lightning, animals, the dark, and supernatural beings (Croake, 1969). These studies found that fears of war rarely appeared spontaneously when children were asked about their fears. But this had shifted by the 1960s, when the most common fears became tied to political issues, most notably the Cold War and the prospect of nuclear war. This may well be linked to the fact that the Age of Television enabled children to have access to images of violence in the larger world beyond their family and neighborhood in unprecedented ways, thus directly linking their consciousness to macro events that had previously been mediated almost completely by parents.

By the mid-1960s about one in five sixth graders in one study mentioned international conflicts (Croake, 1969). In 1965, a researcher asked kids how they thought the world might be different in ten years, and 70% spontaneously mentioned nuclear war, destruction of the world or the bomb in their replies (Escalona, 1965). Ca-

nadian pediatrician Susan Goldberg conducted several important studies of these issues. She found that 52% of the high school students surveyed spontaneously mentioned nuclear war as one of their three main worries (Goldberg, 1993). Some 58% of the teens surveyed in 1984 reported that they worried about nuclear war at least once in the previous month (compared with 64% who said they worried that frequently about job/career plans and the 60% who worried about unemployment).

One very important finding in Goldberg's research that has a direct bearing on children growing up in the modern age of political violence is that the primary source of information about nuclear war was the mass media—television 74%, newspapers and magazines 60%, books 32% and family 29% (note that the radio, which figured in the accounts of children witnessing the start of World War II, does not appear on Goldberg's list), and that the internet was not yet the factor that it has become in the 21<sup>st</sup> century (Goldberg, 1993). And while career plans and fears of unemployment were the topic of discussions between teens and adults, nuclear war was not, presumably because the topic was so horrific, even the prospect of discussing it was overwhelming and thus silencing. Not surprisingly, kids who tended to worry a lot (daily) about jobs/career/unemployment were also most likely to worry a great deal about nuclear war; 7% said they felt fearful and anxious every day.

By the 1980s, about half the kids 10 and older were reporting that they believed a nuclear war in their lifetime was probable. In 2005, the figure was 60% for the entire adult population. That's not surprising, given that everyone under the age of sixty at that time was a veteran of growing up in the nuclear age. First this meant the Soviet threat during the Cold War. Then after a brief period of safety after the Soviet Union collapsed in 1991, came the era of nuclear proliferation to rogue states and the increasingly realistic possibility that terrorists would acquire nuclear weapons.

Perhaps we can see the accumulation of this shift in the finding that in 1976 23% of high school seniors agreed with the terrifying statement, "Nuclear or biological annihilation will probably be the future of all mankind within my lifetime," but that by 1982 the figure had grown to 35%. Some psychiatric observers see evidence of this growing awareness of the specter of nuclear annihilation in the upward trend in youth suicide and depression in the decades of the nuclear age. Indeed, a study including both American and Soviet youth in the 1980s reported that the kids who were most likely to think that a nuclear



war was likely to occur were most likely to express increased pessimism about the future (Beardslee & Mack, 1982). Again, this suggests that kids who are temperamentally predisposed to high levels of anxiety will attach to environmental threats.

As worrisome as the threat of nuclear war is, the available evidence does not justify the belief that this fear directly produces mental health problems for most children, most of the time. After all, Japan is the only society with actual direct experience of being attacked with nuclear weapons, American weapons. Unfortunately, little is known about the mental health consequences of the attacks on Hiroshima and Nagasaki. Researchers (Hiroshima-Shi Nagasaki-Shi Gembaku Saigaishi Hensh-U linkai, 1981) documented many short- and long-term physical health problems resulting from these attacks, as well as social problems resulting from the stigmatization of those who survived the blasts—the Hibakusha as they are called in Japan—because of concerns about genetic effects and the low-grade long term effects of radiation exposure such as low energy levels.

Whatever mental health effects are evident are most likely to arise in children who are especially vulnerable. This is in keeping with the research on trauma more generally: the children most likely to suffer serious and long term mental health problems from their encounters with traumatic events are the 20% of children who come to those events with emotional vulnerability or whose lives are lived with a stacked deck of accumulated risk and depleted developmental assets (Masten & Narayan, 2012). Of course, psychological consequences are not the only consequences of importance. There is also the matter of philosophical and spiritual consequences.

Realistic awareness of the threat is only the beginning of the process. When that awareness becomes the basis for action on behalf of peace, it does not result in pessimism but rather a sense of empowerment. The worst situation for kids seems to be when they are given information about the threat in

such a way that both their fears *and* their impotence increase. Awareness coupled with constructive action may be empowering for kids—as it was for American kids in World War II, according to Werner’s account. All told, this review of the effects of war on children sets the stage for an exploration of research dealing with the impact of terrorism on children. To this end, we consider research from five contexts where terrorism has been a significant factor shaping the experience of growing up.

## Research on the Impact of Terrorism on the Development of Children and Adolescents

Four conflicts have provided research that offers a foundation for our understanding of how terrorism affects children and adolescents: South Africa, Israel-Palestine, Northern Ireland, and the United States. We begin with South Africa.

### South Africa

America and South Africa share some unfortunate aspects in their histories. Both countries endured systematic discrimination based upon race, and this fact serves as a dark aspect of each nation’s history, a kind of historical

original sin. Thanks to the work of leaders such as Dr. Martin Luther King, Jr. and countless others, many discriminatory laws and practices have changed in America. Likewise, in South Africa, Apartheid is now a thing of the past, due to the work of men such as the late Nelson Mandela. However, the effects and aftermath of this brutal and racist system in South Africa—a system that could very easily be characterized as a form of state terrorism against non-Whites in that country—linger like an old wound that never fully

healed. Indeed, conceptualizing Apartheid as a form of terrorism makes more sense when one has a more nuanced understanding of this system. How exactly has Apartheid affected South African children and youth and what evidence exists of this impact?

The worst situation for kids seems to be when they are given information about the threat in such a way that both their fears *and* their impotence increase. Awareness coupled with constructive action may be empowering for kids...

Before addressing this critical question, it seems appropriate to offer some background information concerning the sociopolitical climate in South Africa during and just after Apartheid. During this period, South Africa was led by a White minority, authoritarian government. The Nationalist Party ruled the country and instituted and enforced laws that reinforced the sociopolitical inequalities that existed in the country (Super, 2013), disparities based largely on race. This unjust government was eventually ousted by the democratically-leaning, majority-Black, African National Congress (Super, 2013). Despite this seemingly positive transition, it can be argued that the quality of life for most South Africans, namely Blacks, has not improved much: almost half of the population lives in poverty (Marais, 2011). Poverty and inequality within races has increased in the post-Apartheid era, while poverty and inequality across racial groups, though high, seems to be falling slowly (Leibbrandt, Woolard, Finn, & Argent, 2010). Furthermore, Blacks and coloureds comprise the two poorest racial groups in today's South Africa (Super, 2013). This still unequal, still unjust, still largely poor country is the context within which many Black children and adolescents are developing, a context that stems from and aggravates the deleterious effects of Apartheid.

In South Africa, many non-White children were affected either directly or indirectly by the terror of Apartheid. While there may be some truth to the finding that despite exposure to structural and interpersonal violence, most South African children emerged without major psychopathology or violent lifestyles (Dawes, 1990), other work presents another picture. One study describes Apartheid South Africa as “one of the most psychologically-ill societies in the world” (Hickson & Kriegler, 1991, p. 1). These same authors elaborate on this strong declaration by citing significant national problems in the areas of housing, education, and employment; Apartheid South Africa also suffered from high rates of family violence; one of the three highest divorce rates worldwide; high occurrence of tension and depression; politically-related traumas, among other factors (Hickson & Kriegler, 1991). Possible outcomes of children terrorized by Apartheid, according to a general examination of the impact of war and terrorism on children, included loss of loved ones; displacement; living with stressed adults; loss of traditional way of living; lack of educational structure; poor physical environment; being socialized to chronic terror; possibility of physical disfigurement from violence; malnutrition, cognitive and academic impairment; memory impairment seen in victims of trauma; hyperarousal

which negatively affects vigilance, irritability, and sleep; and increased likelihood of behavioral and emotional difficulties such as anxiety, PTSD, substance abuse, and depression (Joshi & O'Donnell, 2003).

Current research demonstrates that it is the accumulation of risk factors, not any singular risk factor (such as low socioeconomic status), that increases the probability that child development will be compromised (Appleyard, Egeland, van Dulmen, & Sroufe, 2005; Evans, Li, & Whipple, 2013; Garbarino, 2008). Thus, for non-White youth in South Africa who suffered under multiple risk factors as a direct or indirect effect of Apartheid, one can safely posit that there is a greater likelihood that their development was affected negatively. More specifically, we can hypothesize that these youth were placed on a developmental trajectory or pathway leading to psychological problems later in life. Finally, regarding the impacts of Apartheid on children, researchers find that exceedingly high rates of family violence, divorce, coronary disease, incidence of depression and tension, exposure to trauma, and a high pressure socio-political climate combine to help create a generation of maladjusted children; while these factors have affected all South African children, they have been especially pernicious for non-White youth (Hickson & Kriegler, 1991). But there is evidence of resilience as well, of course.

Who are some of these resilient children and youth in South Africa? Some were active members of the African National Congress Youth League (ANCYL), a group often referred to as *the young lions*. Having the social and political support of peers within this group of anti-Apartheid activists undoubtedly aided the development of these youth, and facilitated their resilience. Social support can be a buffer to stress (Garmezy, 1985; Rutter, 1985). The ANCYL was created in 1944, and its aims are described in the following excerpt: “... an organization of the youth committed to the ideals of democracy, freedom, and peace... The Youth League is a mass youth formation of the ANC, it is committed to the creation of a unified, non-racial, non-sexist, democratic and prosperous South Africa” (African National Congress Youth League, 2011, p. 4).

Furthermore, the young lions, over the years, have organized the efforts of South Africa's youth to play a vital role in the fight for liberation, culminating in the end of Apartheid and start of democracy in 1994 (African National Congress Youth League, 2011). To this day, the young lions continue the struggle for true equality in South Africa. The social, emotional, and political support provided through the ANCYL has likely served

as a buffer against the violence of a terror-ridden country, enabling the young lions to experience resilience.

In their investigation of South African adolescents, Slone and colleagues (2000) describe the adolescents' experiences as political life events (PLEs) or adverse political events. They present evidence that exposure to PLEs was higher among non-White youth versus White youth and among males versus females. These same authors shrewdly point out that:

*... there are specific demographic factors [i.e., being a Black male] that predispose toward greater political activity and involvement, and therefore increase risk of exposure to political violence. ... Within the South African sociopolitical context, predisposing risk factors include being a male member of the oppressed racial group (Slone, Kaminer, & Durrheim, 2000, p. 479).*

Thus, these young non-White males cannot all simply be characterized as passive victims of sociopolitical violence. In some instances their social position, namely within groups such as the young lions, contributes to these youth eliciting "active exposure to some political events (e.g., violence) in an instrumental and purposeful manner" (Slone et al., 2000, p. 479). The experience of South African children helps to illuminate what we see as one of the principal themes arising from our analysis: political ideology plays a role in buffering the traumatic impact of exposure to terrorism in childhood and adolescence. Therefore, countries enduring conflicts might be advised to encourage youth to become active politically, particularly youth who bear the brunt of sociopolitical oppression. Through such involvement it is possible for these youth to find their voice and some sense of social support, both meaningful in times of national turmoil when it seems as if they have no voice, power, or support.

## Israel

In the period since September 2000 when a new political initiative with the Palestinians failed, terrorist attacks (rather than overt wars) have been the dominant political violence issue for Israelis. In a five-year period, there were almost 1,000 attacks within Israel that killed 1,042

This illustrates another of our core principles, namely that for children it is largely the impact of terrorism on the concrete basics of day-to-day life that matters most.

people (nearly 20% of whom were children) and injured 7,065 (<http://www.ifamericansknew.org/stat/deaths.html>). In a small country like Israel (with a population of only about 6.5 million, more than a million of whom are Palestinians or other non-Jewish Israelis) these numbers loom large in the consciousness and culture of the society. They are the numerical equivalent of 50,000 Americans being killed and 350,000 wounded in our population of 300 million. Not surprisingly, most recent research focuses on the emotional impact of the terrorist attacks that have characterized this recent period in which 70% of children and youth experienced some form of

terrorist attack, ranging from having stones thrown at them or people they knew, to being injured or witnessing injury. Nearly 40% of Israeli children reported they knew a person killed (Solomon & Laufer, 2005).

A survey conducted in 2002, at the time of a spike in bombings and shootings, revealed that 27% of the children reported mild post-traumatic stress symptoms, 10% moderate symptoms, 4% severe symptoms, and 1% very severe symptoms (Solomon & Laufer, 2005). These figures are lower than have been reported in other countries with crises of political violence, for example, Kuwait, Eritrea, Palestine, and Bosnia, where rates of moderate and severe symptoms ranging between 40% and 70% have been reported. Why? The authors of the study speculate as follows:

*The lower percentage of Israeli youth suffering from post-traumatic symptoms may be attributed to the relative stability of life in Israel. ... The children continued to go to school fairly regularly and their parents to their jobs despite the violence. The government remained stable and, aside from occasional strikes, government services continued as before. In addition, the economic situation ... was satisfactory. (p. 231)*

This illustrates another of our core principles, namely that for children it is largely the impact of terrorism on the concrete basics of day-to-day life that matters most. This flows from the fact that generally it is the accumulation of risk factors in the absence of developmental assets that does the damage to children in the long

run much more so than the presence or absence of any one risk factor. But there is more to life than the absence of post-traumatic symptoms, and some researchers have looked at what it does cost Israeli children to live in a state of constant political violence.

A 1993 review of *The Effect of War on Israeli Children* includes this ominous overview by Israeli researchers Avigdor Klingman, Abraham Sagi, and Amiram Raviv:

*Israel, unfortunately, is a natural laboratory for the study of war stress. When considering war-related anxiety among Israeli children, we should keep in mind that Israeli children are brought up with a continuous awareness of war. ... Nearly everyone in the country knows someone who has either been wounded or died in war. (p. 75)*

Recall that a survey in the United States post 9/11 indicated that 20% said they knew someone killed or injured in the attack. Imagine what these numbers would be if we had 50,000 dead and 350,000 wounded in terrorist attacks!

When trauma becomes chronic, its effects can manifest in ways that at first glance appear paradoxical, namely *less* rather than more overt distress. A study of Israeli children who lived in communities close to the disputed border with Lebanon, and who thus were subject to repeated shelling from across the border, found that these children appeared to be no more anxious than kids living in similar communities far enough from the border that they never experienced shelling (Bat-Zion & Levy-Shiff, 1993). The best explanation for this is that for the children living near the border, chronic shelling became a way of life, and they engaged in a process of adaptation (or *habituation*, to use a term preferred by psychologists). Of course, this process of adaptation itself can mask deeper existential issues of meaningfulness as well as confidence in the future and trust in adults.

We can add to this increased use of substances like alcohol and other consciousness-altering drugs to cope with stress, according to recent reports from other Israeli researchers (Schiff, Zweig, Benbenishty, & Hasin, 2007). This includes the finding that physical and psychological proximity to terrorist attacks in Tel Aviv were directly related to alcohol consumption by teenagers. Here there is an American parallel as well. A survey of New Yorkers in the first months after the 9/11 attacks revealed an upsurge in the use of substances linked to stress and efforts at self-soothing (cigarettes, alcohol, and marijuana; Vlahov et al., 2002). Nearly 20% of those who had not been

drinking alcohol the week prior to 9/11 reported that they had started drinking after 9/11 (Vlahov et al., 2002). Six months later there was little in the way of a return to normal for these new drinkers (Vlahov et al., 2004).

What stands against these stress-related adaptations? Religion is one counterweight. Studies have demonstrated that religiosity is associated with better outcomes following exposure to trauma and life stressors (Tedeschi & Calhoun, 1996; Wills, Yaeger, & Sandy, 2003) including lower levels of alcohol consumption and marijuana use among adolescents (Brown, Schulenberg, Bachman, O'Malley, & Johnston, 2001). Similarly, an inverse relationship between religiosity and substance use (alcohol and other drugs) has been found consistently in both Israeli adults and adolescents (Neumark, Rahav, Teichman, & Hasin, 2001; Rahav, Taichman, Rosenblum, & Bar-Hamburger, 2002). The more religious Israeli youth are, the less likely they are to use alcohol in response to the stress of living with terrorist attacks (Schiff, 2006). American research reveals the same buffering effect of religion, both reducing the link between stress and alcohol use in particular and other substance abuse generally as well as reducing the overall use of alcohol and other substance abuse. These effects generalize to general emotion-focused coping strategies (like avoidance and withdrawal) in contrast to more problem-focused coping, the kind of coping that usually results in less psychological distress. Religious youth use prayer as a coping strategy rather than emotional withdrawal or deadening through the use of substances, and this generally is more positive and effective. We say *generally*, because some studies have reported that religious youth are not better off than their more secular counterparts (Solomon & Laufer, 2005).

Why is this? One reason is that being religious is not the same for everyone. For some, being religious is mostly about a spiritual path, a way of life informed by prayer, belief and attention to the soul. For others, religious experience is mostly about social status and identity rather than spirituality. Psychologists studying religiosity have labeled the former an *intrinsic religious orientation* and the latter an *external religious orientation* (Solomon & Laufer, 2005). Israeli researchers Zahava Solomon and Avital Laufer report that among Israeli youth, an intrinsic religious orientation is associated with less disturbance and more emotional growth in response to the trauma of terrorism, while an external orientation is associated with less effective coping, more distress, and less emotional growth. This is a finding with extraor-



dinary relevance to the situation of American children: it is spirituality, not the social institutions of religion, that helps kids cope productively with the moral and psychological challenges of facing political violence.

Other Israeli studies tap into the role of traditional gender differences in the way children and youth respond to the threat of terrorism and war. It is often observed that girls are more expressive of their fears than are boys, who are generally taught to swallow or suppress their fears. As a result, when kids are asked to comment on their fears consciously (“What are you afraid of and how afraid are you?”), girls usually appear more fearful (Greenbaum, Erlich, & Toubiana, 1993). But when more subtle measures are used, measures that tap into unconscious levels of fear (what psychologists call *projective* assessments), it often appears that boys are afraid.

Consider, for example, a study conducted by Israeli psychologist Charles Greenbaum and his colleagues of anxieties and fears related to the Gulf War and the Palestinian uprising (intifada) in the early 1990s. Among children living in settlements in the West Bank (where Palestinians are overwhelmingly in the majority and Israeli settlements are exposed to constant hostility and threat), girls showed the highest and boys the lowest levels of conscious fears (direct answers to questions about how fearful they were). But when it came to unconscious fears and anxieties, boys were higher than girls (Greenbaum et al., 1993).

Gender differences can also be seen in the manifestations of exposure to terrorism. A study conducted by Laufer and Solomon (2006) found that female Israel adolescents reported higher numbers of post-traumatic symptoms compared to Israeli male adolescents (as cited in Hamama-Raz, Solomon, Cohen, & Laufer, 2008). Although boys and girls both reported being exposed to an average of 2.5 incidents of terrorism over the course of childhood and adolescence (which indicates that there was no difference between the objective exposure to terrorism among boys and girls), it seems that boys and girls respond differently to terrorist attacks (Laufer & Solomon, 2006). Although boys and girls each were exposed to the same number of terrorist attacks, females were more likely to endorse experiencing post-traumatic symptoms. Interestingly, however, boys reported twice the rate of very severe symptom, although they did not report the full range of PTSD symptoms necessary to qualify for the diagnosis. The differences between girls’ and boys’ experiences of post-traumatic stress were explained as largely based on the perceived level of social support and

experienced fear. Thus, girls had higher ratings of subjective fear in response to terrorist attacks than boys. In this study, girls were significantly more likely to report being afraid in comparison to boys; girls were also more likely to report more intense fear after terrorist experiences including hiding at home at a time of bombardment or shooting or the occurrence of shooting at a person closely related to the respondent.

Overall, the higher rates of fear may account for why females experience greater PTSD symptoms compared to boys, and the study found that fear was the greatest predictor of PTSD. It is important to note that gender differences were also observed in regards to social support as the study found that girls reported higher levels of social support. In times of need, girls were more likely to seek support from family and friends whereas boys were more likely to seek support from professionals.

In addition to internalizing behaviors, other studies have explored how exposure to terrorism may affect Israeli youth’s externalizing behaviors, particularly violence and aggression. This is of important significance as juvenile delinquency in Israel is a growing concern. Between 1990 and 2000, the number of juvenile delinquents caught by Israeli police grew nearly 40% and the number of criminal files opened for minors (age 12-18) in 1998 was 10 times higher than it was in 1988 (Soen, 2002). In a longitudinal study exploring the relationship between exposure to rocket attacks on adolescent distress and violence, Henrich and Shahar (2013) found that during the first annual assessment (i.e., Wave 1), adolescents who reported exposure to terror attacks prior to the specific recent incident being studied demonstrated higher rates of anxiety, depression and aggression.

However, the same study found that current rocket attacks and prior terrorism exposure were not found to be associated with the likelihood of committing violence (Henrich & Shahar, 2013). Interestingly, longitudinal analyses, following children annually over the course of four years, found that prior exposure to a terror attack did not continue to have a significant effect on anxiety, depression or aggression. It did, however, have a robust effect on the odds of violence commission over the course of the study. This finding demonstrates that the impact of terrorism on children in Israel extends beyond emotional and psychological effects as it can have long-lasting impacts on children’s level of aggressive and violent behaviors especially when exposure to terrorism is high and recurrent. We can see this in research dealing with Palestinian children, who generally have greater

involvement in terrorist actions against the Israeli state and population and, correspondingly, are subject to the acts of state terrorism committed by the Israeli government (and to some degree by private parties) as part of the decades-long occupation of the West Bank territories (and until relatively recently, Gaza).

## Palestine

Research on how Palestinian kids make sense of the political violence around them is illuminating. A study of how Palestinian children coped with the effects of the Intifada found that those who lived with *psychologically available* mothers were best positioned to manage the trauma of political violence in their lives (Garbarino & Kostelny, 1994). Studies have also explored the trajectories of post-traumatic stress symptoms after major war among Palestinian children. A study by Punamäki, Palosaari, Diab, Peltonen, and Qouta (2015) found three trajectories of post-traumatic stress symptoms for Palestinian children: recovery, resistant, and increasing. The majority of children belonged to the recovery trajectory, which indicated a relatively high amount of symptoms that decreased over time (76%). The resistant trajectory was characterized by a relatively low amount of symptoms that did not change significantly over time (12%) and, lastly, the increasing trajectory was characterized by relatively high and elevating patterns of post-traumatic stress symptoms (12%).

Children in the recovery trajectory generally had lower parental war trauma (parental war trauma was assessed by 28 events during the War on Gaza in 2008-2009). This study found that attachment relationships and children's cognitive-emotional processes contributed to the course and time of their post-traumatic stress symptoms. Specifically, they found that children who displayed a resistant trajectory had higher paternal secure attachments as well as lower levels of negative post-traumatic cognitions. Children in the recovery trajectory generally had lower parental war trauma and

an attachment style that was characterized as "avoidant," in comparison to those in the increasing symptoms trajectory. Though traditionally thought of as a risk for psychopathology, an avoidant attachment style, wherein children suppress painful memories, deny bad feelings, and minimize their awareness of threat (Mikulincer, Shaver, & Horesh, 2006), may serve as a short-term, positive adaptation for children who are living in a post-war society and recovering from severe trauma. These findings are illuminating as they again emphasize the resiliency of children in the face of significant trauma. The majority of the children in this study demonstrate an improving mental health trajectory despite the fact that the majority of children in the study (58%) had significant

post-traumatic stress symptoms three months postwar (Qouta, Palosaari, Diab, & Punamäki, 2012). These findings again further emphasize the importance of social supports as a buffer to traumatic experiences as children with stronger parental attachment displayed more positive outcomes either with consistently low levels of PTSS or levels that markedly diminished over time.

Other studies on resilience among Palestinian youth have elucidated trends in their coping pat-

terns and how they make sense of their experience and promote their own resilience. One such study (Nguyen-Gillham, Giacaman, Naser, & Boyce, 2008) provided a qualitative analysis of exploring the construct of resilience among 10<sup>th</sup> and 12<sup>th</sup> grade youth. This study was unique in that it provided students the opportunity to answer open-ended questions about their impressions of their own resiliency and coping under extremely dehumanizing conditions.

In analyzing the youth responses, four predominant themes emerged: dehumanization in occupation (humiliating experiences by military and police forces), supportive relationships (availability of adults and peers who offer emotional affirmation and practical assistance), making life as normal as possible (maintaining basic rituals at home, in the community and at school),

These findings again further emphasize the importance of social supports as a buffer to traumatic experiences as children with stronger parental attachment displayed more positive outcomes either with consistently low levels of PTSS or levels that markedly diminished overtime.

and political participation and education (the degree to which they were involved in activities that helped put their experiences in a larger social context) (Nguyen-Gillham et al., 2008). The theme of dehumanization can be seen in youth's descriptions of their treatment following the collapse of the Israeli-Palestinian peace talks in 2000 and the 2002 Israeli re-invasion of Palestinian cities, which had a drastic effect upon daily life (Nguyen-Gillham et al., 2008). Numerous youth described the intrusion and dehumanization they felt under military occupation citing numerous checkpoints, closures, and other restrictions on movement as well as a constant feeling of being confronted and exposed to soldiers, for example, which caused many youth to feel that they were imprisoned by and powerless against Israeli soldiers. The findings of this study focused on how despite tragic conditions, most of the youth focused on maintaining their normal activities and how this was an enormous source of comfort to them, particularly in light of the unstable conditions they faced. Although many of the students felt dehumanized by their treatment and experiences of terror and reported feelings of frustration and deep sadness, these responses were often tempered with students' efforts to fight back against their perceived attacker (i.e., Israel).

Many of the students reported that due to the conditions they faced, they felt a strong need to participate politically. As Nguyen-Gillham et al. (2008) note, in the face of occupation, being politically involved was not necessarily a choice but rather "a way of life for Palestinian youth" (p. 295). Many youth indicated that they engaged in political activism to the extent possible whether through demonstrations and protests or more trivial acts such as by throwing stones at Israeli soldiers and jeeps. Education was also of significant importance to these youth. Many students reported education as a way to fight back and subvert the Israelis. For example, students made statements such as, "We fight through education" and "Education means everything. It is our only weapon" (Nguyen-Gillham et al., 2008, p. 295).

The findings of Nguyen-Gillham et al. (2008) underscore important complexities within the construct of resilience. They explain that resilience is an on-going process that varies across individuals but stress how transient and mutable resilience is as children's resilience can wax and wane over time depending on various factors. Another important takeaway of this research emphasizes the important role of children as being active participants in creating their own resilience through

continuing with their lives and being active in opposing their perceived enemies in ways accessible to them (i.e., school and politics). In this study it was clear that while Palestinian youth have strong psychological and emotional impacts from the traumatic experiences, these experiences do not define Palestinian youth. The experience of Palestinian children and adolescents highlights the role of *meaning making* as part of the process of coming to terms with trauma.

### **Northern Ireland**

Political conflict in Northern Ireland dates back almost 300 years. Throughout the 20<sup>th</sup> century, the Nationalists who wish for Northern Ireland to gain its independence have had violent uprisings against the Loyalists who wish for the country to remain part of the United Kingdom. The last of these outbreaks began in the late 1960s and was known as *The Troubles*. The Troubles were a result not only of the long-term political strife, but also because the Catholic, Nationalist minority suffered economic inequalities compared to the Protestant, Loyalist majority (Cairns & Toner, 1993).

Today's Northern Irish children show remnants of maladjustment related to the 30 year political conflict between the Protestant Loyalists and the Catholic Irish Nationalists (e.g., Browne & Dwyer, 2014; Cummings, Goeke-Morey, Schermerhorn, Merrilees, & Cairns, 2009; Cummings, Merrilees, Schermerhorn, Goeke-Morey, Shirlow, & Cairns, 2011; 2012; Cummings, Schermerhorn, Merrilees, Goeke-Morey, Shirlow, & Cairns, 2010). This second-generation trauma occurs in some children who experience sectarian prejudice and current disruptions to family functioning stemming from the conflict. Similar to the experiences of Palestinian children, perceived religious discrimination provided justification for the use of violence in the sectarian conflict. The division between citizens who identify as Catholic and those who identify as Protestant has so deeply permeated through the levels of Northern Irish culture and community they are considered more like ethnicities rather than religious identities (Cairns & Darby, 1998; Cummings et al., 2009). Further, highly segregated schools and neighborhoods exaggerate differences between Protestant and Catholic groups. Although *The Troubles* officially ended with the signing of the 1998 Good Friday agreement, skirmishes between groups sometimes still occur during marches, riots and pitched battles (Spilerman & Stecklov, 2009).

Between 1968 and 1998, adolescents were directly impacted through loss of their own lives or loss of loved

one's lives. For example, of the 3,000 people who died as a result of The Troubles, 257 were under the age of 17 (Muldoon, 2004). Even without the death of a loved one, children and adolescents knew that when inter-community violence occurred outside of *typical* criminal violence, it could be fatal (McWhirter, 1982; McWhirter, Young, & Majury, 1983; Whyte, 1983). In a study of 10- and 11-year-olds, 20% indicated they had been in the vicinity of a bomb, 20% knew a friend or relative who was injured as a result of sectarian violence, and 12% felt their neighborhoods were unsafe (McGrath & Wilson, 1985).

McWhirter (1982) found that when asked to write an essay entitled *Violence*, 9- to 12-year-old children in high-conflict areas of North Ireland were more likely to include violence related to political conflict, compared to children who lived in peaceful areas. Cairns, Hunter, and Herring (1980) found evidence that both direct and second-hand (e.g., hearing about The Troubles on the news) experience led children to associate ambiguous pictures with bombs or explosions, whereas children with no experience did not.

At first, it was feared that these internalizations of violence could lead to long-term unhealthy development among Northern Irish children (Fraser, 1971; 1973). Studies conducted in the late 1980s through the 1990s seemed to alleviate concerns that Northern Ireland's children would suffer long-term psychological damage. Northern Irish youth, despite living through the most intense and violent conflict in Europe (Hayes & McAllister, 2009), did not differ significantly in terms of development than most British or American children of the time. For example, despite fears that internalized violence would lead to moral degradation and more violent behavior in youth, Northern Irish children were not endorsing violence to a greater extent than youth not exposed to violence (Lorenec & Branthwaite, 1986; McWhirter, 1982). Psychologically, there was no evidence that youth in Northern Ireland were experiencing greater incidences of depression (Cairns, 1996; Joseph, Cairns, & McCollam, 1993; Murray & Clifford, 1988), anxiety (McWhirter, 1984), or lower levels of self-esteem (Granleese, Turner, & Trew, 1989).

However, this is not to say that youth in Northern Ireland behaved in exactly the same manner as children from other parts of the world or did not suffer any psychological harm. After the Omagh bombing in 1998, a mental health clinic set up to treat community members found 47% of their youth referrals could be clinically diagnosed with PTSD (McDermott, Duffy, & McGuinness,

2004). Similar to studies in other countries, there were particular risks dependent on the youth's age, gender, religion, and socioeconomic status (Ferguson & Cairns, 1996; McAuley, 2004; Muldoon & Trew, 2000; Muldoon, Trew, & Kilpatrick, 2000). For example, Catholic children often reported more incidences of conflict-related events than Protestants (Muldoon & Trew, 2000). As a result of the segregation and discrimination between Protestants and Catholics, strong associations and favoritism within religious ideologies might develop as a coping mechanism (Cairns & Toner, 1993; Livingstone & Haslam, 2008; Stringer & Cairns, 1983; Trew, 2004). Despite witnessing more violence, having a strong Catholic identity protected youth from trauma because it gave a sense of purpose and meaning to the conflict, similar to Israeli studies in which religion served as a resiliency factor.

In a series of recently published longitudinal studies involving 700 pairs of mother-child dyads, multiple levels of violence and community disruption were measured in relation to youth's psychological development. Using a social-ecological perspective, Cummings, Merrilees, Cairns, and colleagues (e.g., Cummings et al., 2009; Cummings et al., 2011; 2012; Cummings et al., 2010; Merrilees, Cairns, Goeke-Morey, Schermerhorn, Shirlow, & Cummings, 2011; Merrilees, Cairns, Taylor, Goeke-Morey, Shirlow, & Cummings, 2013) found sectarian violence was related to increased marital conflict, lower parental monitoring, and increased children's insecurity in their community. The direct impact of The Troubles on parenting seemed to lead to subsequent internalizing problems within their children, despite being born during a relatively peaceful time. Children with increased exposure to sectarian violence reported increased insecurity regarding family and parent-child relationships, leading to more adjustment problems and lower pro-social behaviors. This relationship was found to be stronger among males and younger children (12 or younger) than the older adolescent group (Cummings et al., 2010; 2011). Parental religious identity also played a role in child outcomes, such that having a Catholic mother with stronger identity to Catholic ethnicity weakened the relation between the impact of the Troubles and current mother mental health, which was related to current child mental health (Merrilees et al., 2013).

While studies have shown that the majority of Northern Irish youth appear resilient to the traumatic experiences of The Troubles, impoverished youth today are still vulnerable to underlying structural divisions including lower levels of educational achievement, high levels of



social deprivation, and family disruptions (Browne & Dwyer, 2014). The experience of Northern Irish children and adolescents highlights the importance of a long-term developmental perspective on the impact of growing up with terrorism, an approach that recognizes that even after short-term trauma is dealt with there may be long-lasting effects that permeate the life experience of adults.

### United States

Despite a long history of political violence against civilians (from attacks during the Revolutionary War and the racist-based terrorist attacks against Black Americans in the century following the Civil War), the impact of terrorism on U.S. children and adolescents remained largely unexamined until the 1995 Oklahoma City bombing of the Alfred P. Murrah Federal building. At the time, the bombing was the deadliest terrorist attack in the history of the United States (and remains the deadliest terrorist attack carried out by an American citizen in the United States). As studies of the impacts of terrorism in other countries have demonstrated, direct and indirect exposure led to increased incidence of behavioral and social problems among some children of Oklahoma City and surrounding areas (e.g., Pfefferbaum et al., 1999; Pfefferbaum et al., 2000).

For example, Gurwitsch and colleagues (2002) published a qualitative study of a YMCA preschool program located adjacent to the Alfred P. Murrah Federal building. The authors' assessed the functioning of very young infants, toddlers, and preschool-aged children who witnessed the immediate aftermath of the bombing, including watching injured people flee the building and observing rescue work by fire, police, and medical personnel. Parents reported infants and toddlers had more sleep disturbances as well as more extreme startle responses to loud sounds or bright lights. Parents and teachers of toddlers and preschool children noticed an increase in clinging behaviors and a regression to earlier behaviors. Children in the preschool class were able to ask questions related to the bombing as well as re-enact bombing or rescue events through their own play. Finally, it is interesting to note that parents and teachers reported a change in their own behaviors following the bombing, which may have driven the noticeable changes found in the young children. Adults reported more stress, worrying and sleep disturbances, and parents specifically reported wanting their children to stay closer to them. Thus, some findings regarding change in young children's behaviors may really be a reflection of the psychological distress of children's caregivers.

Among school-aged children, significant risk factors for developing PTSD or anxiety symptoms included loss of a family member, being female, and initial arousal and emotions immediately following the attack, particularly for older children (Gurwitsch, Pfefferbaum, & Leftwich, 2002). In addition to effects found immediately after the attack, children showed psychological and behavioral impacts in studies conducted two months and one year post-disaster. Two months after the attack, 34% of middle and high school students continued to worry about the safety of themselves and their families, and 15% reported not feeling safe at all. Another 20% of students reported difficulty in suppressing anxiety or controlling attention when confronted with reminders of the bombings one year later. However, an association between direct exposure and post-traumatic stress symptoms was not found in all samples of adolescents (Pfefferbaum et al., 2001). Instead, indirect exposure through watching bomb-related television segments was more predictive of PTSD symptoms.

Indirect exposure, through television and media viewing, also impacted youth living 100 miles from Oklahoma City. Two years after the bombing, 20% of youth surveyed with no direct connection to the bombing reported bomb-related dysfunction (Pfefferbaum et al., 2000). Disruptions included feeling irritable and having spontaneous thoughts and images about the attack (Pfefferbaum et al., 2003). It is important to note that broadcast television and print media exposure were each significantly correlated to PTSD symptoms in the youth with only indirect exposure. The finding that media exposure to a terrorist attack could cause distant trauma effects among children is particularly important, as a large-scale attack with greater media coverage would have the potential to affect more children. These findings were partially replicated in studies following the deadliest terrorist attack on American lives—September 11, 2001.

Some 83 studies have been published referring to the impacts of September 11 on the emotional and health behaviors of youth and adolescents (Pfefferbaum et al., 2013). Despite the multitude of studies, only a few conclusions can be reached: the majority of youth showed resiliency in the months following the attacks, and symptoms depended on a number of family and individual risk factors. Children find disruptions to daily routines more impairing and have a harder time returning to normalcy than adolescents or adults (Gaffney, 2006). Parental distress, depression, or impaired communication was often related to youth seeking mental health

counseling or reporting more distress (Chemtob et al., 2010; Gershoff & Aber, 2004; Gil-Rivas, Silver, Holman, McIntosh, & Poulin, 2007; Hagan, 2005; Otto et al., 2007; Stein et al., 2004; Wilson, Lengua, Meltzoff, & Smith, 2010). Young children who witnessed their parents crying were more likely to have acute stress following the attack (Fairbrother, Stuber, Galea, Fleischman, & Pfefferbaum, 2003; Stuber et al., 2002). The relationship between a child's psychological functioning and a parent's psychological functioning was likely bi-directional, with parents of distressed children reporting significantly higher perceived levels of threat both immediately after and one year later compared to parents of children who were not distressed (Phillips, Featherman, & Liu, 2004). Socio-demographic family variables also had a significant impact (Phillips, Featherman, & Liu, 2004; Stein et al., 2004), with elevated risks for Hispanic families, families with single mothers, or low socio-economic status.

Unsurprisingly, in the immediate aftermath of the 9/11 attack, a large percentage of children displayed signs of distress. Parents in a nationally representative, random digit dialing survey reported 35% of children having one or more of the following symptoms: avoiding talking or hearing about what happened; having trouble concentrating, falling or staying asleep; nightmares; or irritability (Schuster et al., 2001). Another nationally representative sample found direct exposure to the attack was related to changes such as sleep disturbances, separation anxiety from parents, and irritability among New York City children (Schlenger et al., 2002). In a survey two months after the attack, 22% of New York City schoolchildren sought mental health counseling, the majority of which

took place in their own schools (Stuber et al., 2002). Four months after the attack, New York City parents still reported lingering effects of the attack—with the majority reporting at least moderate post-traumatic stress reaction in their children, and 18% reporting severe post-traumatic stress reaction (Fairbrother et al., 2003). Studies conducted among children in Washington, DC showed that children felt high levels of insecurity (Phillips, Prince, & Schiebelhut, 2004), although they had lower rates of PTSD than New York City school children (Schlenger et al., 2002).

Preschoolers and children might be a particularly vulnerable population because their immature coping mechanisms put them at an increased risk (La Greca, Sevin, & Sevin, 2001; Lubit & Eth, 2003). This could be true especially in families where parents themselves are struggling to cope (La Greca et al., 2001). Children who lost a parent in the attack were likely to have higher scores of post-traumatic grief and significantly lower levels of baseline cortisol levels than non-bereaved children (Pfeffer, Altemus, Heo, & Jiang, 2007), especially if they were reminded of the attack through media exposure or through memorabilia or medals given to families in honor of their deceased parent (Brown & Goodman, 2005). Taken together, it seems the psychological and emotional impact on most children although initially traumatic, diminish over time except in children who witnessed the attacks in person, were bereaved as a result of the attacks, or were already experiencing multiple stressors (Eisenberg & Silver, 2011; Hoven et al., 2004; Stein et al., 2004).

One of the largest studies of NYC schoolchildren was sponsored by the New York Board of Education. Six months after the attack, they commissioned a survey of 8,236 randomly

Some 83 studies have been published referring to the impacts of September 11 on the emotional and health behaviors of youth and adolescents (Pfefferbaum et al., 2013). Despite the multitude of studies, only a few conclusions can be reached: the majority of youth showed resiliency in the months following the attacks, and symptoms depended on a number of family and individual risk factors.

selected, representative NYC public schoolchildren in grades 4-12. The survey utilized overlapping proximities to Ground Zero and other high-risk areas. Youth who reported more disruptions to their lives, such as restrictions in parents' travel or job loss, had higher rates of anxiety, PTSD and depression (Comer et al., 2010). Further, children's exposure, family exposure, and prior trauma all increased the likelihood of developing a mental illness (Hoven et al., 2004). Separation anxiety disorder was also probable in 12.3% of this sample and was highly comorbid with PTSD (Hoven et al., 2004). Younger youth, girls, and youth who reported watching "a lot" of television were more likely to have a separation anxiety diagnosis, while proximity of school to Ground Zero or family member exposure was not. In a secondary analysis of the New York Board of Education's dataset, Rosen and Cohen (2010) found PTSD symptoms were particularly high in fourth grade and for students who reported friends or family members at the World Trade Center at the time of the attack.

Adolescents and children show similar emotional responses to indirect exposure and media use. In a qualitative study, Boston youth reported more fear surrounding their safety and their future as well as more emotions such as desire for revenge, sadness, disappointment and empathy (Beauchesne, Kelley, Patsdaughter, & Pickard, 2002). California adolescents soon after 9/11 reported unwanted thoughts, difficulty paying attention, and increased negative affect when thinking about the attack (Whalen, Henker, King, Jamner, & Levine, 2004). Another sample of California adolescents reported a higher likelihood that they might die in a disaster such as an earthquake or tornado (Halpern-Felsher & Millstein, 2002). At least one other study demonstrated the impact of indirect media exposure 100 days after September 11<sup>th</sup> among kids hundreds if not thousands of miles away from Ground Zero in New York. In this study, low-income youth living in Chicago did not report changes in anxiety or depression, but parents reported an increase in their supervision and rules (Henry, Tolan, & Gorman-Smith, 2004). The authors went so far as to speculate that indirect exposure may not increase general anxiety among inner-city adolescents, despite having to deal with other risk factors associated with low-income status including chronic exposure to community violence. However, parents did react to the attack in ways that were adaptive and appropriate for their circumstance, namely by increasing parental supervision due to threats of violence (Henry et al., 2004). This is consistent with our general

sense that for children, it is the stability and predictability of day-to-day life that are most important.

## Conclusions

Having considered research from five social contexts in which children have in one way or another grown up in a world of terrorism, we can draw several conclusions, conclusions that generate policy recommendations. One of the important elements in the current age of terror is the growing recognition that modern mass media permit the conveying of traumatic experiences beyond those who are in-person witnesses to the mass audience who are exposed to vivid visual and auditory representations of horror via video records. This was observed in post-occupation Kuwait in the early 1990s, when videotapes of Iraqi atrocities were sufficient to elicit traumatic responses in children (who identified with the victims as their countrymen, as do American children who are exposed to atrocities committed against other Americans). The same was true of video reports of the Space Shuttle Disaster in 1986. Children who saw it were traumatized by it (Terr et al., 1999). And children were traumatized on an even greater scale by their media-centered experience of 9/11 (Saylor, Cowart, Lipovsky, Jackson, & Finch, 2003). At the back of their minds, they must have the question, "Will things ever be back to normal?"

The possibility—indeed the probability—of terrorist attacks has become part of the new normal. Indeed, the very *normal* to which kids refer is itself part of the problem faced by us all today. Televised images of threat and violence play a central role in modern television and movies. In their study of children, Kristen Harrison and Joanne Cantor's research demonstrated that the imagery of the movies *Jaws* and *Halloween* elicited long lasting traumatic responses: 25% reported a fright reaction that lasted at least a year and more than 20% reported "subsequent mental preoccupation with the frightening aspects of the stimulus (Harrison & Cantor, 1999, p. 105).

Studies among adults report that the more TV people watch, the more suspicious and fearful they become about the social environment around them (Garbarino, 1994). This is an important element of the socially toxic environment in which children grow up today, in the United States, and in many other places in the world. Why? Because psychological connection to the immediate victims of terrorist horror is capable of transmitting trauma second hand, and the sensory power of the mass media can make the connection for kids on a scale and with an intensity not previously available. One study

When faced with trauma, most children will need reassurance that they and their loved ones are safe. They need words and actions to communicate calm and safety rather than anxiety and fear. The evidence is clear that they cope best when those they look up to avoid being incapacitated by fear and anxiety. Trying to maintain regular routines is important to reassure children that normal life is not over.

found effects of 9/11 on the heart functioning of kids living hundreds of miles away from New York City (Garbarino, 2008).

A study of youth living near the site of the World Trade Centers in New York City reported that 60.7% showed symptoms of distress, including difficulty sleeping, being irritable, grouchy or easily upset, or fear of separation from parents, in the immediate aftermath of the 9/11 attack (Schlenger et al., 2002). But the good news in cases of single incident acts of terrorism is that for the most part (as is the case in single acute incidents of trauma generally), most victims (beyond those injured in the attacks or who lost close loved ones) recover *naturally*.

For single incidents of trauma, the social environment in today's trauma-aware world offers what we call *the therapy of reassurance*. This approach works to help children realize that things are back to normal. It is a successful intervention for most of us, most of the time, with success rates of 80% or more achieved within months of an incident (Chemtob et al., 2010). For example, six months after 9/11 only 10% of a sample in New York City were still experiencing the symptoms ascribed to the post-traumatic stress disorder diagnosis (Hoven et al., 2005). Children and adolescents who confront horror generally experience emotional disruption, but usually respond well to emotionally responsive efforts by friends and family to restore a sense of safety. When influential people in their lives don't do this, children can and often will feel betrayed and abandoned.

What are the consequences of such traumatization on children and adolescents beyond the immediate psychological effects? They are philosophical in the sense that they affect the way kids understand the meaning of life. These effects include a loss of confidence in the future, a decline in seeing a purpose to living, and a reduction of belief in the institutions of the community and the larger society.

When faced with trauma, most children will need reassurance that they and their loved ones are safe. They need words and actions to communicate calm and safety rather than anxiety and fear. The evidence is clear that they cope best when those they look up to avoid being incapacitated by fear and anxiety. Trying to maintain regular routines is important to reassure children that normal life is not over.

There is a well-developed set of techniques for achieving a return to emotional equilibrium (Garbarino & Kostelny, 1993). It involves giving children a chance to take their time in coming to terms with the horror they have witnessed in an environment that is calm and warm. It means having sensitive and skilled mentors available to answer questions and dispel the unfounded rumors that typically begin to circulate in the wake of horror. It implies returning to comforting routines—eating regular family meals, returning to regular school schedules, maintaining normal sleep times, and the like.

But evidence from a wide range of studies sustains two concerns. First, even if applied in a sensitive, thoughtful, and respectful manner, the therapy of reassurance will not be enough for every child (particularly kids who have the closest connection to the horror). Second, the natural social environment of most kids does not automatically provide these elements that go beyond the therapy of reassurance—and in some cases does not even provide that much. Whether the issue arises from the special vulnerability of particular individuals or the gaps in the natural social environment itself, there may well be a need for more formal therapeutic interventions. As always, we must consider the impact of terrorism in context. This means paying attention to the larger accumulation of risk factors and developmental assets.

What can adults do for children who have encountered horror? First, they can remember that children tend to mirror the responses of key adults in their lives.



Calm and confident parents and teachers tend to produce confident children who believe the world is manageable. It is essential that parents and other adults master their fear and communicate confidence and calm to children. Second, when communicating with children, parents and other adults should focus on positive actions that can be taken and are being taken. This includes the brave actions of adults to help victims of the tragedy, efforts of police to ensure security, and the many people who come forward to offer private help (like donating blood).

Third, parents should try to shield young children from the most traumatic and dramatic images of violence and destruction. These images can set off significant psychological disturbance when they are intense and emotionally loaded. Remember that young children may see things in ways that are different from adults. For example, during the 1991 Gulf War, many young children were particularly disturbed by the images of the birds covered with oil from the sabotaged oil wells in Kuwait, and during 9/11 some very young children thought dozens of planes had crashed into American buildings because they saw the image of the Trade Tower attack over and over, and thought each repetition was a separate event.

Fourth, parents and other adults should know that many children will feel a direct connection to the events that is not evident to adults. For example, during the Gulf War in 1991, many kids felt personally connected to the fighting because of what to adults seemed like tangential connections. In a third grade class studied at the time (Garbarino, 2008), the nephew of the children's music teacher at the school was in the US Army stationed in Saudi Arabia, and the teacher had a picture of him on her desk. When asked if they knew someone fighting in the Gulf War, *all* of the children in the class responded in the affirmative. All these elements of psychological first aid will prove useful in helping children deal with each crisis as it comes along.

Most of the people who do not respond well to the therapy of reassurance in the wake of a traumatic event are individuals who were closest to the traumatic events and/or faced serious psychological challenges before they experienced this trauma. Why? In Burstow's terms the answer is clear: these people have already had their *cloak of invulnerability* shifted out of position (or even blown aside) by their prior confrontation with horror. Thus, for example, if there is a school shooting, the people most at risk for long-term psychological harm are those who were struggling emotionally before the incident. The variability of responses among individuals dealing with coming face

to face with the reality of violence is why we should give up the term Post-Traumatic Stress *Disorder* in favor of the more valid and respectful term Post-Traumatic Stress *Development* (Garbarino, 2015).

Hamiel, Wolmer, Spirman, and Laor (2013) focus on four community-level adaptive capacities in response to trauma. Together, these elements constitute what might be called *a complete community* because they focus on the components that make for a multi-dimensionally supportive context (namely, economic development, information and communication, ability to identify and effectively meet community needs, and social capital; Norris & Stevens, 2007). In limiting the impacts of terrorism on children, it is important to maintain normalcy and provide opportunities to foster resilience both in therapeutic environments and in the home, but also with the community-based institutions in which children are exposed. There has been significant focus on school-based interventions for children exposed to high rates of terrorism and violence, and findings have demonstrated that school-based interventions, including teacher trainings on children's resiliency and building healthy post-traumatic environments, have been shown to significantly reduce PTSD symptoms, somatic symptoms, and anxiety levels in students (Berger, Pat-Horenczyk, & Gelkopf, 2007; Gelkopf & Berger, 2009; Gelkopf, Ryan, Cotton, & Berger, 2008). Prepared communities can improve the prognosis of the response to terrorism for all community members, including children.

Interventions aimed at promoting positive parenting have demonstrated success at improving children's behaviors and parent-child relationships for families undergoing chronic stress of recurrent attacks (Cohen, Pat-Horenczyk, & Haar-Shamir, 2014). As these authors report, one such intervention is the NAMAL (which stands for the Hebrew acronym for Let's Make Room for Play) program, which was designed for mothers and their toddlers who live under the chronic stress of recurrent missile attacks in Israel. This program sought to bolster children's resilience by enhancing their playful interactions with their mothers. As discussed, in times of chronic stress and turmoil, parents frequently can become disengaged with their children which in turn can exacerbate children's reactions to chronic stressors including violence exposure. The program focused on encouraging mothers to continue to foster positive attachments to their children and be aware of their children's psychological needs (Cohen et al., 2014). In addition, the program also focused on the important role of play, both as an opportunity for mothers and children to

connect with one another, but also for mothers to attend to and become aware of their children's needs.

One last consideration relates to the social implications of terrorism. As discussed, children exposed to terrorism and war-related violence can oftentimes internalize hatred for others who they perceive as attackers or enemies. Without the ability to understand the world in more complex terms, children often have a simplistic view of the world and see the world in *black* and *white*. Individuals who live in highly segregated communities, such as those in Israel, are especially vulnerable to accepting negative statements about perceived enemies. Negative beliefs can be exacerbated when ethnic groups are separated from one another, which then eliminates opportunities for positive interactions that could facilitate mutual understanding and more positive interactions. This is concerning due to the potential for children's fear and created hatred which can set the stage for future violence such that children who have been exposed to violence and terrorism may then retaliate against others later in life and thereby promote further violence. In Israel, efforts to unite children of various ethnic backgrounds (Palestinian, Jordanian, and Israeli) have been shown to promote positive relationships between these groups by reducing hatred and enhancing feelings of trust (Galily, Leitner, & Shimion, 2013).

What policy implications for government agencies can we make? The first is that any federal agencies that might come into contact with a child post-disaster, including but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Homeland Security (DHS), or Federal Emergency Management Agency (FEMA), must maintain policies in place that can identify and assist children in the immediate aftermath of a terrorist attack or threat. This could include the *IS-366 Planning for the Needs of Children in Disasters* by the Federal Emergency Management Agency and the *Field Manual for Mental Health and Human Service Workers in Major Disasters* from the Substance Abuse and Mental Health Services Administration.

Additionally, first responders and social service workers should be trained and have access to resources

that help children in the midst of a traumatic event. The late great Fred Rogers, host of *Mr. Roger's Neighborhood*, had this to say about tragic events, "When I was a boy and I would see scary things in the news, my mother would say to me, 'Look for the helpers. You will always find people who are helping.' To this day, especially in times of 'disaster,' I remember my mother's words and I am always comforted by realizing that there are still so many helpers—so many caring people in this world" (Rogers, n.d.). The responses from the government and first responders should promote a sense of safety, calm, connectedness, and hope (Hobfoll et al., 2007). This helps children answer the question, "Who will take care of me?"

At the community level, there must be in place procedures that help to identify children who are most likely at-risk for PTSD symptoms, both immediately and in the months following an attack. This includes training such as, *Recognizing and Addressing Trauma in Infants, Young Children, and Their Families* (n.d.) a tutorial developed by the Center for Early Childhood Mental Health Consultation, specifically aimed at Early Head Start and Head Start teachers. Given the mentioned vulnerability of young children, especially from low-income families, the ability for Head Start teachers to identify signs of trauma in young children is crucial.

Next, federally funded television programs could mitigate some impacts of exposure to trauma. It may seem ironic to suggest using media to help children, when the majority of this paper has suggested media exposure increases PTSD symptoms. However, television programs that promote positive coping strategies can alleviate some of the anxiety regarding war or threats of violence within children (Saylor et al., 2003). For example, during the Gulf War the Israeli version of the American children's program *Sesame Street*, *Rechov Sumsum*, produced new episodes that dealt with specific themes related to the conflict, such as reactions to sirens and states of emergencies. The goals of the programs were to legitimize the children's feelings and help the children come to their own solutions, while acknowledging the abnormal-

At the community level, there must be in place procedures that help to identify children who are most likely at-risk for PTSD symptoms both immediately and in the months following an attack.

ity of the situation (Raviv, 1993). During each episode, puppets (who regularly appeared in the program) taught children strategies to cope with anxiety and fear, and how to react to stressful situations (Raviv, 1993). Funding for public television programs (i.e., PBS) that offer educational programs for children is in constant threat. In 2011, for example, six proposals were introduced to Congress to restrict or completely cut all federal subsidies for the Corporation for Public Broadcasting (McLoughlin & Gurevitz, 2013). Mitt Romney, the Republican nominee for President in 2012, stated, although he “loved Big Bird”, he would cut taxpayer funding for PBS. In the wake of a terrorist attack, educational shows like *Sesame Street*, which could reach a wide number of children with direct and indirect exposure, could aid in the healing process of families.

Third, the United States government must commit to ratifying the United Nations Convention for the Rights of the Child. As of now, the United States stands with South Sudan as the only countries to have not ratified the treaty. Opponents to ratification argue the treaty not only has the possibility of infringing on parental rights but also is obsolete due to existing U.S. laws that protect children’s rights. However, ratification would require changes to the judicial system regarding juvenile executions and life imprisonment without the possibility of parole. In 2005, the United States Supreme Court abolished the death penalty for minors stating, “it is less supportable to conclude that a heinous crime committed by a juvenile is evidence of a irretrievably depraved character” (Roper v. Simmons, 2005). Despite this, many states in the U.S. still allow persons under the age of 18 years old to be sentenced to life in prison without parole. As such, Lee Boyd Malvo, the 17 year old who terrified Washington, DC during the Beltway murders and sniper attacks, was sentenced to six consecutive life sentences without the possibility of parole for murder and the commission of an act of terrorism (for the murder of FBI analyst Linda Franklin). The state of Virginia, where Malvo was prosecuted, criminalized murder that occurs as a result of terrorism after the attacks on September 11th.

Finally, while the focus of this paper has been on media exposure related to news, it is pertinent to discuss how online media can contribute to radicalization of young people to commit acts of terror. With more and more instances of young adults being convicted of terrorism, notably Dzhokhar Tsarnaev of the Boston marathon bombings (age 19 at the time of the attack) and Dylann Roof (age 21) who shot nine African American worship-

pers at the Emanuel African Methodist Episcopal Church in Charleston, South Carolina—both of whom accessed online propaganda prior to their attacks—policies must be in place to protect young people from involvement in or victimization by online radicalism. Peter Neumann (2013), director of the International Centre for the Study of Radicalisation, suggests it is better for the government to discredit, counter, or confront extremists online rather than pursuing a fruitless task of trying to remove all content. He also goes on to state young people should be educated about the kinds of messages they see online and given the tools to critically evaluate and contextualize online content. The surveillance of American citizen’s online activity by the National Security Agency is both secretive and controversial. Without steps to educate youth about the dangers of online propaganda, more and more adolescents and young adults could be led down the dangerous path of extremism to committing acts of terror.

### A Final Word

The great psychiatrist Harry Stack Sullivan (1966) wrote that “people are more simply human than otherwise” (p. 7). What he meant is that we must always seek a *human* explanation for the way people behave, no matter how irrational, demented, or monstrous it seems at first glance. This is an excruciatingly difficult task when the behaviors in question involve terrorism. But it can be done. It must be done. ■

## References

- African National Congress Youth League. (2011). *Constitution*. Retrieved from <http://www.ancyl.org.za/docs/const/2011/constitutionh.pdf>
- Appleyard, K., Egeland, B., van Dulmen, M. H. M., & Sroufe, L. A. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Child Psychology and Psychiatry*, *46*, 235-245. doi:10.1111/j.1469-7610.2004.00351.x
- Bat-Zion, N., & Levy-Shiff, R. (1993). Children in war: Stress and coping reactions under the threat of scud missile attacks and the effect of proximity. In L. Leavitt & N. Fox (Eds.), *The psychological effects of war and violence on children* (pp. 143-161). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Beardslee, W., & Mack, J. E. (1982). The impact on children and adolescents of nuclear developments. In *Psychosocial aspects of nuclear developments* (Task Force Report Number 20, pp. 64-93). Washington, DC: American Psychiatric Association.
- Beauchesne, M. A., Kelley, B. R., Patsdaughter, C. A., & Pickard, J. (2002). Attack on America: Children's reactions and parents' responses. *Journal of Pediatric Health Care*, *16*, 213-221. doi:10.1067/mpH.2002.127353
- Beevor, A. (2007). *The battle for Spain: The Spanish Civil War 1936-1939*. London, UK: Weidenfeld & Nicolson.
- Berger, R., Pat-Horenczyk, R., & Gelkopf, M. (2007). School-based intervention for prevention and treatment of elementary-students' terror-related distress in Israel: A quasi-randomized controlled trial. *Journal of Traumatic Stress*, *20*, 541-551. doi:10.1002/jts.20225
- Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist*, *34*(10), 844-850. doi:10.1037/0003-066X.34.10.844
- Brown, E. J., & Goodman, R. F. (2005). Childhood traumatic grief: An exploration of the construct in children bereaved on September 11. *Journal of Clinical Child and Adolescent Psychology*, *34*, 248-259. doi:10.1207/s15374424jccp3402\_4
- Brown, T. N., Schulenberg, J., Bachman, J. G., O'Malley, P. M., & Johnston, L. D. (2001). Are risk and protective factors for substance use consistent across historical time?: National data from the high school classes of 1976 through 1997. *Prevention Science*, *2*, 29-43. doi:10.1023/A:1010034912070
- Browne, B., & Dwyer, C. (2014). Navigating risk: Understanding the impact of the conflict on children and young people in Northern Ireland. *Studies in Conflict and Terrorism*, *37*, 792-805. doi:10.1080/1057610X.2014.931213
- Cairns, E. (1987). *Caught in crossfire: Children and the Northern Ireland conflict*. Belfast, UK: Appletree Press.
- Cairns, E. (1996). *Children and political violence*. Malden, UK: Blackwell Publishing.
- Cairns, E., & Darby, J. (1998). The conflict in Northern Ireland: Causes, consequences, and controls. *American Psychologist*, *53*, 754-760. doi:10.1037/0003-066X.53.7.754
- Cairns, E., Hunter, D., & Herring, L. (1980). Young children's awareness of violence in Northern Ireland: The influence of Northern Irish television in Scotland and Northern Ireland. *British Journal of Social and Clinical Psychology*, *19*, 3-6. doi:10.1111/j.2044-8260.1980.tb00920.x
- Cairns, E., & Toner, I. J. (1993). Children and political violence in Northern Ireland: From riots to reconciliation. In L. Leavitt & N. Fox (Eds.), *The psychological effects of war and violence on children* (pp. 215-229). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Cantor, J., Mares, M. L., & Oliver, M. B. (1993). Parents' and children's emotional reactions to televised coverage of the Gulf War. In B. Greenberg & W. Gantz (Eds.), *Desert Storm and the mass media* (pp. 325-340). Cresskill, NJ: Hampton Press.
- Chemtob, C. M., Nomura, Y., Rajendran, K., Yehuda, R., Schwartz, D., & Abramovitz, R. (2010). Impact of maternal post-traumatic stress disorder and depression following exposure to the September 11 attacks on preschool children's behavior. *Child Development*, *81*, 1129-1141. doi:10.1111/j.1467-8624.2010.01458.x
- Chomsky, N., & Herman, E. S. (1979). *The Washington connection and Third World fascism: The political economy of human rights* (Vol. 1). Boston, MA: South End Press.
- Cohen, E., Pat-Horenczyk, R., & Haar-Shamir, D. (2014). Making room for play: An innovative intervention for toddlers and families under rocket fire. *Clinical Social Work Journal*, *42*, 336-345. doi:10.1007/s10615-013-0439-0



- Comer, J. S., Fan, B., Duarte, C. S., Wu, P., Musa, G. J., Mandell, D. J., ... Hoven, C. W. (2010). Attack-related life disruption and child psychopathology in New York City public schoolchildren 6-months post-9/11. *Journal of Clinical Child & Adolescent Psychology, 39*, 460-469. doi:10.1080/15374416.2010.486314
- Croake, J. W. (1969). Fears of children. *Human Development, 12*, 239-247. doi:10.1159/000270870
- Cummings, E. M., Goeke-Morey, M. C., Schermerhorn, A. C., Merrilees, C. E., & Cairns, E. (2009). Children and political violence from a social ecological perspective: Implications from research on children and families in Northern Ireland. *Clinical Child and Family Psychology Review, 12*, 16-38. doi:10.1007/s10567-009-0041-8
- Cummings, E. M., Merrilees, C. E., Schermerhorn, A. C., Goeke-Morey, M. C., Shirlow, P., & Cairns, E. (2011). Longitudinal pathways between political violence and child adjustment: The role of emotional security about the community in Northern Ireland. *Journal of Abnormal Child Psychology, 39*, 213-224. doi:10.1007/s10802-010-9457-3
- Cummings, E. M., Merrilees, C. E., Schermerhorn, A. C., Goeke-Morey, M. C., Shirlow, P., & Cairns, E. (2012). Political violence and child adjustment: Longitudinal tests of sectarian antisocial behavior, family conflict, and insecurity as explanatory pathways. *Child Development, 83*, 461-468. doi:10.1111/j.1467-8624.2011.01720.x
- Cummings, E. M., Schermerhorn, A. C., Merrilees, C. E., Goeke-Morey, M. C., Shirlow, P., & Cairns, E. (2010). Political violence and child adjustment in Northern Ireland: Testing pathways in a social-ecological model including single- and two-parent families. *Developmental Psychology, 46*, 827-841. doi:10.1037/a0019668
- Davidson, J., & Smith, R. (1990). Traumatic experiences in psychiatric outpatients. *Journal of Traumatic Stress, 3*, 459-475. doi:10.1002/jts.2490030314
- Dawes, A. (1990). The effects of political violence on children: A consideration of South African and related studies. *International Journal of Psychology, 25*, 13-31. doi:10.1080/00207599008246811
- Democracy Now (Producer). (2015). "By any means necessary": Remembering Malcolm X on his 90<sup>th</sup> birthday [Video]. Available from [http://www.democracynow.org/2015/5/19/by\\_any\\_means\\_necessary\\_remembering\\_malcolm](http://www.democracynow.org/2015/5/19/by_any_means_necessary_remembering_malcolm)
- Dostoevsky, F. (1952). *The brothers Karamazov*. (C. Garnett, Trans.) Chicago, IL: William Benton. (Original work published 1915)
- Eisenberg, N., & Silver, R. C. (2011). Growing up in the shadow of terrorism: Youth in America after 9/11. *American Psychologist, 66*, 468-481. doi:10.1037/a0024619
- Equal Justice Initiative. (2015). *Lynching in America: Confronting the legacy of racial terror. Report summary*. Montgomery, AL: Author.
- Escalona, S. (1965). Children and the threat of nuclear war. In M. Schwebel (Ed.), *Behavioral science and human survival* (pp. 201-209). Palo Alto, CA: Science and Behavior Books.
- Evans, G. W., Li, D., & Whipple, S. S. (2013). Cumulative risk and child development. *Psychological Bulletin, 139*, 1342-1396. doi:10.1037/a0031808
- Fairbrother, G., Stuber, J., Galea, S., Fleischman, A. R., & Pfefferbaum, B. (2003). Post-traumatic stress reactions in New York City children after the September 11, 2001, terrorist attacks. *Ambulatory Pediatrics, 3*, 304-311. doi:10.1367/1539-4409(2003)003<0304:PSRINY>2.0.CO;2
- Ferguson, N., & Cairns, E. (1996). Political violence and moral maturity in Northern Ireland. *Political Psychology, 17*, 713-725. doi:10.2307/3792135
- Fraser, R. M. (1971). The cost of commotion: An analysis of the psychiatric sequelae of the 1969 Belfast Riots. *The British Journal of Psychiatry, 118*, 257-264. doi:10.1192/bjp.118.544.257
- Fraser, R. M. (1973). *Children in conflict*. London, UK: Martin, Secker, & Warburg.
- Gaffney, D. A. (2006). The aftermath of disaster: Children in crisis. *Journal of Clinical Psychology, 62*, 1001-1016. doi:10.1002/jclp.20285
- Galily, Y., Leitner, M. J., & Shimion, P. (2013). The effects of three Israeli sports programs on attitudes of Arabs and Jews toward one another. *Journal of Aggression, Conflict and Peace Research, 5*(4), 243-258. doi:10.1108/JACPR-02-2013-0006
- Garbarino, J. (1994). *Raising children in a socially toxic environment*. San Francisco, CA: Jossey-Bass.
- Garbarino, J. (2008). *Children and the dark side of human experience: Confronting global realities and rethinking child development*. New York, NY: Springer Science & Business Media.
- Garbarino, J. (2015). *Listening to killers: Lessons learned from my 20 years as a psychological expert witness in murder cases*. Berkeley, CA: University of California Press.

- Garbarino, J., & Kostelny, K. (1993). Children's responses to war: What do we know? In L. Leavitt & N. Fox (Eds.), *The psychological effects of war and violence on children* (pp. 23-39). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Garbarino, J., & Kostelny, K. (1994). Neighborhood-based programs. In G. Melton & F. Barry (Eds.), *Protecting children from abuse and neglect: Foundations for a new national strategy* (pp. 304-352). New York, NY: Guilford Press.
- Garnezy, N. (1985). Stress-resistant children: The search for protective factors. In J. Stevenson (Ed.), *Recent research in developmental psychopathology, Journal of Child Psychology and Psychiatry* (Book Suppl. No. 4, pp. 213-233). Oxford, UK: Pergamon Press.
- Gelkopf, M., & Berger, R. (2009). A school-based, teacher-mediated prevention program (ERASE-Stress) for reducing terror-related traumatic reactions in Israeli youth: A quasi-randomized controlled trial. *Journal of Child Psychology and Psychiatry*, 50, 962-971. doi:10.1111/j.1469-7610.2008.02021.x
- Gelkopf, M., Ryan, P., Cotton, S. J., & Berger, R. (2008). The impact of "training the trainers" course for helping tsunami-survivor children on Sri Lankan disaster volunteer workers. *International Journal of Stress Management*, 15, 117-135. doi:10.1037/1072-5245.15.2.117
- Gershoff, E. T., & Aber, J. L. (2004). Editors' introduction: Assessing the impact of September 11th, 2001, on children, youth, and parents: Methodological challenges to research on terrorism and other nonnormative events. *Applied Developmental Science*, 8, 106-110. doi:10.1207/s1532480xads0803\_1
- Gil-Rivas, V., Silver, R. C., Holman, E. A., McIntosh, D. N., & Poulin, M. (2007). Parental response and adolescent adjustment to the September 11, 2001 terrorist attacks. *Journal of Traumatic Stress*, 20, 1063-1068. doi:10.1002/jts.20277
- Goldberg, S. (1993). Violence at a distance: Thinking about the nuclear threat. In L. Leavitt & N. Fox (Eds.), *The psychological effects of war and violence on children* (pp. 231-242). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Granleese, J., Turner, I., & Trew, K. (1989). Teachers' and boys' and girls' perceptions of competence in the primary school: The importance of physical competence. *British Journal of Educational Psychology*, 59, 31-37. doi:10.1111/j.2044-8279.1989.tb03073.x
- Greenbaum, C. W., Erlich, C., & Toubiana, Y. H. (1993). Settler children and the Gulf War. In L. Leavitt & N. Fox (Eds.), *The psychological effects of war and violence on children* (pp. 109-130). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Gurwitch, R. H., Pfefferbaum, B., & Leftwich, M. J. T. (2002). The impact of terrorism on children: Considerations for a new era. *Journal of Trauma Practice*, 1(3-4), 101-124. doi:10.1300/J189v01n03\_06
- Hagan, J. F. (2005). Psychosocial implications of disaster or terrorism on children: A guide for the pediatrician. *Pediatrics*, 116, 787-795. doi:10.1542/peds.2005-1498
- Halpern-Felsher, B. L., & Millstein, S. G. (2002). The effects of terrorism on teens' perceptions of dying: The new world is riskier than ever. *Journal of Adolescent Health*, 30, 308-311. doi:10.1016/S1054-139X(02)00358-0
- Hamama-Raz, Y., Solomon, Z., Cohen, A., & Laufer, A. (2008). PTSD symptoms, forgiveness, and revenge among Israeli Palestinian and Jewish adolescents. *Journal of Traumatic Stress*, 21(6), 521-529. doi:10.1002/jts.20376
- Hamiel, D., Wolmer, L., Spirman, S., & Laor, N. (2013). Comprehensive child-oriented preventive resilience program in Israel based on lessons learned from communities exposed to war, terrorism and disaster. *Child & Youth Care Forum*, 42, 261-274. doi:10.1007/s10566-013-9200-7
- Harrison, K., & Cantor, J. (1999). Tales from the screen: Enduring fright reactions to scary media. *Media Psychology*, 1, 97-116. doi:10.1207/s1532785xmep0102\_1
- Hayes, B. C., & McAllister, I. (2009). Education as a mechanism for conflict resolution in Northern Ireland. *Oxford Review of Education*, 35, 437-450. doi:10.1080/03054980902957796
- Henrich, C. C., & Shahar, G. (2013). Effects of exposure to rocket attacks on adolescent distress and violence: A 4-year longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52, 619-627. doi:10.1016/j.jaac.2013.02.016
- Henry, D. B., Tolan, P. H., & Gorman-Smith, D. (2004). Have there been lasting effects associated with the September 11, 2001, terrorist attacks among inner-city parents and children? *Professional Psychology: Research and Practice*, 35, 542-547. doi:10.1037/0735-7028.35.5.542
- Hicks, M. H-R., Dardagan, H., Serdán, G. G., Bagnall, P. M., Sloboda, J. A., & Spagat, M. (2009). The weapons that kill civilians—Deaths of children and noncombatants in Iraq, 2003-2008. *The New England Journal of Medicine*, 360, 1585-1588. doi:10.1056/NEJMp0807240

- Hickson, J., & Kriegler, S. (1991). Childshock: The effects of apartheid on the mental health of South Africa's children. *International Journal for the Advancement of Counselling, 14*, 141-154. doi:10.1007/BF00117733
- Hiroshima-Shi Nagasaki-Shi Gembaku Saigaishi Hensh-U linkai. (1981). *Hiroshima and Nagasaki: The physical, medical, and social effects of the atomic bombings*. New York, NY: Basic Books.
- Hobfoll, S. E., Watson, P., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., ... Ursano, R. J. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry: Interpersonal and Biological Processes, 70*, 283-315. doi:10.1521/psyc.2007.70.4.283
- Hoffman, B. (1998). *Inside terrorism*. New York, NY: Columbia University Press.
- Hoven, C. W., Duarte, C. S., Lucas, C. P., Wu, P., Mandell, D. J., Goodwin, R. D., ... Susser, E. (2005). Psychopathology among New York City public school children 6 months after September 11. *Archives of General Psychiatry, 62*, 545-551. doi:10.1001/archpsyc.62.5.545
- Hoven, C. W., Duarte, C. S., Wu, P., Erickson, E. A., Musa, G. J., & Mandell, D. J. (2004). Exposure to trauma and separation anxiety in children after the WTC attack. *Applied Developmental Science, 8*, 172-183. doi:10.1207/s1532480xads0804\_1
- Jenkins, J. P. (n.d.). Terrorism. In *Encyclopedia Britannica online*. Retrieved from <http://www.britannica.com/topic/terrorism>
- Joseph, S., Cairns, E., & McCollam, P. (1993). Political violence, coping, and depressive symptomatology in Northern Irish children. *Personality and Individual Differences, 15*, 471-473. doi:10.1016/0191-8869(93)90076-F
- Joshi, P. T., & O'Donnell, D. A. (2003). Consequences of child exposure to war and terrorism. *Clinical Child and Family Psychology Review, 6*(4), 275-292. doi:10.1023/B:CCFP.0000006294.88201.68
- Klingman, A., Sagi, A., & Raviv, A. (1993). The effect of war on Israeli children. In L. Leavitt & N. Fox (Eds.), *The psychological effects of war and violence on children* (pp. 75-92). New York, NY: Lawrence Erlbaum Associates.
- La Greca, A. M., Sevin, S., & Sevin, E. (2001). *Helping America cope: A guide for parents and children in the aftermath of the September 11th national disaster*. Miami, FL: Sevendippity.
- Laufer, A., & Solomon, Z. (2006). Post-traumatic symptoms and post-traumatic growth among Israeli youth exposed to terror incidents. *Journal of Social and Clinical Psychology, 25*(4), 429-447. doi:10.1521/jscp.2006.25.4.429
- Leibbrandt, M., Woolard, I., Finn, A., & Argent, J. (2010). Trends in South African income distribution and poverty since the fall of apartheid. *OECD Social, Employment and Migration Working Papers, 101*, 1815-199X. doi:10.1787/1815199x
- Livingstone, A., & Haslam, S. A. (2008). The importance of social identity content in a setting of chronic social conflict: Understanding intergroup relations in Northern Ireland. *British Journal of Social Psychology, 47*, 1-21. doi:10.1348/014466607X200419
- Lorenc, L., & Branthwaite, A. (1986). Evaluations of political violence by English and Northern Irish schoolchildren. *British Journal of Social Psychology, 25*, 349-352. doi:10.1111/j.2044-8309.1986.tb00751.x
- Lubit, R., & Eth, S. (2003). Children, disasters, and the September 11th World Trade Center attack. In R. Ursano & A. Norwood (Eds.), *Trauma and disaster responses and management* (pp. 63-95). Arlington, VA: American Psychiatric Publishing.
- Marais, H. (2011). *South Africa pushed to the limit: The political economy of change*. Claremont, South Africa: UCT Press. Retrieved from [http://sds.ukzn.ac.za/files/Marais\\_Mar\\_%202011.PDF](http://sds.ukzn.ac.za/files/Marais_Mar_%202011.PDF)
- Martin, G. (2006). *Understanding terrorism: Challenges, perspectives, and issues*. New York, NY: Sage.
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. *Annual Review of Psychology, 63*, 227-257. doi:10.1146/annurev-psych-120710-100356
- McAuley, J. W. (2004). Peace and progress? Political and social change among young loyalists in Northern Ireland. *Journal of Social Issues, 60*, 541-562. doi:10.1111/j.0022-4537.2004.00371.x
- McDermott, M., Duffy, M., & McGuinness, D. (2004). Addressing the psychological needs of children and young people in the aftermath of the Omagh bomb. *Child Care in Practice, 10*, 141-154. doi:10.1080/13575270410001693367

- McGrath, A., & Wilson, R. (1985, September). *Factors which influence the prevalence and variation of psychological problems in children in Northern Ireland*. Paper presented to the Annual Conference of the Developmental Section of the British Psychological Society, Port Ballintrae, Northern Ireland.
- McLoughlin, G. J., & Gurevitz, M. (2013). The Corporation for Public Broadcasting: Federal funding and issues. *Journal of Current Issues in Media and Telecommunications*, 5, 405-414.
- McWhirter, L. (1982). Northern Irish children's conceptions of violent crime. *The Howard Journal of Criminal Justice*, 21, 167-177. doi:10.1111/j.1468-2311.1982.tb00462.x
- McWhirter, L. (1984). *Is getting caught in a riot more stressful for children than seeing a scary film or moving to a new school?* Paper presented at the annual conference of the Northern Irish Branch of the BPS, Port Ballintrae, Northern Ireland.
- McWhirter, L., Young, V., & Majury, J. (1983). Belfast children's awareness of violent death. *British Journal of Social Psychology*, 22, 81-92. doi:10.1111/j.2044-8309.1983.tb00570.x
- Merrilees, C. E., Cairns, E., Goeke-Morey, M. C., Schermerhorn, A. C., Shirlow, P., & Cummings, E. M. (2011). Associations between mothers' experience with the troubles in Northern Ireland and mothers' and children's psychological functioning: The moderating role of social identity. *Journal of Community Psychology*, 39, 60-75. doi:10.1002/jcop.20417
- Merrilees, C. E., Cairns, E., Taylor, L. K., Goeke-Morey, M. C., Shirlow, P., & Cummings, E. M. (2013). Social identity and youth aggressive and delinquent behaviors in a context of political violence. *Political Psychology*, 34, 695-711. doi:10.1111/pops.12030
- Mikulincer, M., Shaver, P. R., & Horesh, N. (2006). Attachment bases of emotion regulation and posttraumatic adjustment. In D. Snyder, J. Simpson, & J. Hughes (Eds.), *Emotion regulation in couples and families: Pathways to dysfunction and health* (pp. 77-99). Washington, DC: American Psychological Association. doi:10.1037/11468-004
- Muldoon, O. T. (2004). Children of the Troubles: The impact of political violence in Northern Ireland. *Journal of Social Issues*, 60, 453-468. doi:10.1111/j.0022-4537.2004.00366.x
- Muldoon, O. T., & Trew, K. (2000). Children's experience and adjustment to political conflict in Northern Ireland. *Peace and Conflict: Journal of Peace Psychology*, 6, 157-176. doi:10.1207/S15327949PAC0602\_4
- Muldoon, O. T., Trew, K., & Kilpatrick, R. (2000). The legacy of the Troubles on the young people's psychological and social development and their school life. *Youth & Society*, 32, 6-28. doi:10.1177/0044118X00032001002
- Murray, M., & Clifford, S. (1988). Anxiety and aspects of health behavior among adolescents in Northern Ireland. *Adolescence*, 23, 661-666.
- Neumann, P. R. (2013). Options and strategies for countering online radicalization in the United States. *Studies in Conflict & Terrorism*, 36, 431-459. doi:10.1080/1057610X.2013.784568
- Neumark, Y. D., Rahav, G., Teichman, M., & Hasin, D. (2001). Alcohol drinking patterns among Jewish and Arab men and women in Israel. *Journal of Studies on Alcohol*, 62, 443-447. doi:10.15288/jsa.2001.62.443
- Nguyen-Gillham, V., Giacaman, R., Naser, G., & Boyce, W. (2008). Normalising the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. *Health and Social Care in the Community*, 16(3), 291-298. doi:10.1111/j.1365-2524.2008.00767.x
- Norris, F. H., & Stevens, S. P. (2007). Community resilience and the principles of mass trauma intervention. *Psychiatry: Interpersonal and Biological Processes*, 70(4), 320-328. doi:10.1521/psyc.2007.70.4.320
- Otto, M. W., Henin, A., Hirshfeld-Becker, D. R., Pollack, M. H., Biederman, J., & Rosenbaum, J. F. (2007). Post-traumatic stress disorder symptoms following media exposure to tragic events: Impact of 9/11 on children at risk for anxiety disorders. *Journal of Anxiety Disorders*, 21, 888-902. doi:10.1016/j.janxdis.2006.10.008
- Pfeffer, C. R., Altemus, M., Heo, M., & Jiang, H. (2007). Salivary cortisol and psychopathology in children bereaved by the September 11, 2001 terror attacks. *Biological Psychiatry*, 61, 957-965. doi:10.1016/j.biopsych.2006.07.037
- Pfefferbaum, B., Nixon, S. J., Tivis, R. D., Doughty, D. E., Pynoos, R. S., Gurwitch, R. H., & Foy, D. W. (2001). Television exposure in children after a terrorist incident. *Psychiatry*, 64, 202-211. doi:10.1521/psyc.64.3.202.18462
- Pfefferbaum, B., Nixon, S. J., Tucker, P. M., Tivis, R. D., Moore, V. L., Gurwitch, R. H., ... Geis, H. K. (1999). Post-traumatic stress responses in bereaved children after the Oklahoma City bombing. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38, 1372-1379. doi:10.1097/00004583-199911000-00011



- Pfefferbaum, B., Seale, T. W., Brandt, E. N., Pfefferbaum, R. L., Doughty, D. E., & Rainwater, S. M. (2003). Media exposure in children one hundred miles from a terrorist bombing. *Annals of Clinical Psychiatry, 15*, 1-8. doi:10.1023/A:1023293824492
- Pfefferbaum, B., Seale, T. W., McDonald, N. B., Brandt, E. N., Rainwater, S. M., Maynard, B. T., ... Miller, P. D. (2000). Post-traumatic stress two years after the Oklahoma City bombing in youths geographically distant from the explosion. *Psychiatry: Interpersonal and Biological Processes, 63*, 358-370. doi:10.1521/00332747.2000.11024929
- Pfefferbaum, B., Weems, C. F., Scott, B. G., Nitiéma, P., Noffsinger, M. A., Pfefferbaum, R. L., ... Chakraborty, A. (2013). Research methods in child disaster studies: A review of studies generated by the September 11, 2001, terrorist attacks; the 2004 Indian Ocean tsunami; and Hurricane Katrina. *Child & Youth Care Forum, 42*, 285-337. doi:10.1007/s10566-013-9211-4
- Phillips, D., Featherman, D. L., & Liu, J. (2004). Children as an evocative influence on adults' reactions to terrorism. *Applied Developmental Science, 8*, 195-210. doi:10.1207/s1532480xads0804\_3
- Phillips, D., Prince, S., & Schiebelhut, L. (2004). Elementary school children's responses 3 months after the September 11 terrorist attacks: A study in Washington, DC. *American Journal of Orthopsychiatry, 74*, 509-528. doi:10.1037/0002-9432.74.4.509
- Punamäki, R., Palosaari, E., Diab, M., Peltonen, K., & Qouta, S. R. (2015). Trajectories of post-traumatic stress symptoms (PTSS) after major war among Palestinian children: Trauma, family- and child-related predictors. *Journal of Affective Disorders, 172*, 133-140. doi:10.1016/j.jad.2014.09.021
- Qouta, S. R., Palosaari, E., Diab, M., & Punamäki, R. (2012). Intervention effectiveness among war-affected children: A cluster randomized controlled trial on improving mental health. *Journal of Traumatic Stress, 25*(3), 288-298. doi:10.1002/jts.21707
- Rahav, G., Taichman, M., Rosenblum, Y., & Bar-Hamburger, R. (2002). *The use of psychoactive substances among civilians in Israel 2001: Fifth epidemiological study*. Jerusalem, Israel: Israeli Anti-Drug Authority Publishers.
- Raviv, A. (1993). The use of hotline and media interventions in Israel during the Gulf War. In L. Leavitt & N. Fox (Eds.), *The psychological effects of war and violence on children* (pp. 319-338). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Rogers, F. (n.d.). *Tragic events*. Retrieved from <http://www.fredrogers.org/parents/special-challenges/tragic-events.php>
- Roper v. Simmons, 543 U.S. 551 (2005).
- Rosen, C. S., & Cohen, M. (2010). Subgroups of New York City children at high risk of PTSD after the September 11 attacks: A signal detection analysis. *Psychiatric Services, 61*, 64-69. doi:10.1176/ps.2010.61.1.64
- Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry, 147*, 598-611. doi:10.1192/bjp.147.6.598
- Saylor, C. F., Cowart, B. L., Lipovsky, J. A., Jackson, C., & Finch, A. J. (2003). Media exposure to September 11: Elementary school students' experiences and post-traumatic symptoms. *American Behavioral Scientist, 46*, 1622-1642. doi:10.1177/0002764203254619
- Schiff, M. (2006). Living in the shadow of terrorism: Psychological distress and alcohol use among religious and non-religious adolescents in Jerusalem. *Social Science & Medicine, 62*, 2301-2312. doi:10.1016/j.socscimed.2005.10.016
- Schiff, M., Zweig, H. H., Benbenishty, R., & Hasin, D. S. (2007). Exposure to terrorism and Israeli youths' cigarette, alcohol, and cannabis use. *American Journal of Public Health, 97*, 1852-1858. doi:10.2105/AJPH.2006.090514
- Schlenger, W. E., Caddell, J. M., Ebert, L., Jordan, B. K., Rourke, K. M., Wilson, D., ... Kulka, R. A. (2002). Psychological reactions to terrorist attacks: Findings from the National Study of Americans' Reactions to September 11. *JAMA, 288*, 581-588. doi:10.1001/jama.288.5.581
- Schmid, A. P., & Jongman, A. J. (1988). *Political terrorism: A new guide to actors, authors, concepts, data bases, theories, and literature*. New Brunswick, NJ: Transaction Books.
- Schuster, M. A., Stein, B. D., Jaycox, L. H., Collins, R. L., Marshall, G. N., Elliott, M. N., ... Berry, S. H. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine, 345*, 1507-1512. doi:10.1056/NEJM200111153452024
- Slone, M., Kaminer, D., & Durrheim, K. (2000). The contributions of political life events to psychological distress among South African adolescents. *Political Psychology, 21*, 465-487. doi:10.1111/0162-895X.00199

- Soen, D. (2002). School violence and its prevention in Israel. *International Education Journal*, 3, 188-205.
- Solomon, Z., & Laufer, A. (2005). Israeli youth cope with terror: Vulnerability and resilience. In M. Ungar (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. 229-245). Thousand Oaks, CA: Sage.
- Spilerman, S., & Stecklov, G. (2009). Societal responses to terrorist attacks. *Annual Review of Sociology*, 35, 167-189. doi:10.1146/annurev-soc-070308-120001
- Stein, B. D., Elliott, M. N., Jaycox, L. H., Collins, R. L., Berry, S. H., Klein, D. J., & Schuster, M. A. (2004). A national longitudinal study of the psychological consequences of the September 11, 2001 terrorist attacks: Reactions, impairment, and help-seeking. *Psychiatry: Interpersonal and Biological Processes*, 67, 105-117. doi:10.1521/psyc.67.2.105.35964
- Stringer, M., & Cairns, E. (1983). Catholic and Protestant young people's ratings of stereotyped Protestant and Catholic faces. *British Journal of Social Psychology*, 22, 241-246. doi:10.1111/j.2044-8309.1983.tb00588.x
- Stuber, J., Fairbrother, G., Galea, S., Pfefferbaum, B., Wilson-Genderson, M., & Vlahov, D. (2002). Determinants of counseling for children in Manhattan after the September 11 attacks. *Psychiatric Services*, 53, 815-822. doi:10.1176/appi.ps.53.7.815
- Sullivan, H. S. (1966). *Conceptions of modern psychiatry*. New York, NY: W.W. Norton & Company.
- Super, G. (2013). *Governing through crime in South Africa: The politics of race and class in neoliberalizing regimes*. Surrey, UK: Ashgate Publishing.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Post-traumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, 9, 455-471. doi:10.1007/BF02103658
- Terr, L. C., Bloch, D. A., Michel, B. A., Shi, H., Reinhardt, J. A., & Metayer, S. (1999). Children's symptoms in the wake of *Challenger*: A field study of distant-traumatic effects and an outline of related conditions. *American Journal of Psychiatry*, 156, 1536-1544. doi:10.1176/ajp.156.10.1536
- Trew, K. (2004). Children and socio-cultural divisions in Northern Ireland. *Journal of Social Issues*, 60, 507-522. doi:10.1111/j.0022-4537.2004.00369.x
- UNICEF. (2013). Patterns in conflict: Civilians are now the target. *Information: Impact of armed conflict on children*. Retrieved from <http://www.unicef.org/graca/patterns.htm>
- United Nations Assistance Mission in Afghanistan. (2013). *Afghanistan. Mid-year report 2013: Protection of civilians in armed conflict*. Kabul, Afghanistan: Author. Retrieved from <http://unama.unmissions.org/LinkClick.aspx?fileticket=EZoxNuqDtps%3d&tabid=12254&language=en-US>
- United Nations, General Assembly art. 44/25. *Convention on the Rights of the Child*. (1989).
- Vlahov, D., Galea, S., Ahern, J., Resnick, H., Boscarino, J. A., Gold, J., ... Kilpatrick, D. (2004). Consumption of cigarettes, alcohol, and marijuana among New York City residents six months after the September 11 terrorist attacks. *The American Journal of Drug and Alcohol Abuse*, 30, 385-407. doi:10.1081/ADA-120037384
- Vlahov, D., Galea, S., Resnick, H., Ahern, J., Boscarino, J. A., Bucuvalas, M., ... Kilpatrick, D. (2002). Increased use of cigarettes, alcohol, and marijuana among Manhattan, New York, residents after the September 11th terrorist attacks. *American Journal of Epidemiology*, 155, 988-996. doi:10.1093/aje/155.11.988
- Werner, E. E. (2001). *Through the eyes of innocents: Children witness World War II*. New York, NY: Basic Books.
- Whalen, C. K., Henker, B., King, P. S., Jamner, L. D., & Levine, L. (2004). Adolescents react to the events of September 11, 2001: Focused versus ambient impact. *Journal of Abnormal Child Psychology*, 32, 1-11. doi:10.1023/B:JACP.0000007576.94501.a0
- Whyte, J. (1983). Everyday life for 11 and 12 year olds in a troubled area of Belfast. Do the Troubles intrude? In J. Haribson (Ed.), *Children of the Troubles* (pp. 98-108). Belfast, Northern Ireland: Stranmillis College.
- Wills, T. A., Yaeger, A. M., & Sandy, J. M. (2003). Buffering effect of religiosity for adolescent substance use. *Psychology of Addictive Behaviors*, 17, 24-31. doi:10.1037/0893-164X.17.1.24
- Wilson, A. C., Lengua, L. J., Meltzoff, A. N., & Smith, K. A. (2010). Parenting and temperament prior to September 11, 2001, and parenting specific to 9/11 as predictors of children's post-traumatic stress symptoms following 9/11. *Journal of Clinical Child & Adolescent Psychology*, 39, 445-459. doi:10.1080/15374416.2010.486317

## Commentary

# Towards a More Holistic Approach to Helping Children Affected by Terrorism and Political Violence

**Kathleen Kostelny**  
Columbia Group for Children in Adversity

**Michael Wessells**  
Columbia University

**G**arbarino and colleagues have provided a compelling picture of children in the United States, South Africa, Northern Ireland, Palestine, and Israel and the traumatic, philosophical and spiritual impacts of terrorism. In this commentary we want to focus on children who live in less developed contexts beyond the case of Palestine. For hundreds of thousands of children worldwide, terrorist attacks—including Boko Haram’s odious abduction of young girls in Nigeria, ISIS bombing of the homes of children in Syria and Iraq, and Taliban attacks on girls on their way to school in Afghanistan and Pakistan—are unfortunately part of their everyday life. Although terrorist attacks create a highly dangerous environment for children, they are not the sole problem. Typically, the social environments where terrorism occurs are rife with wider risks such as sexual violence, being forced to flee one’s home, family separation, trafficking, recruitment into armed forces, and being deprived of education (Boothby, Strang, & Wessells, 2006).

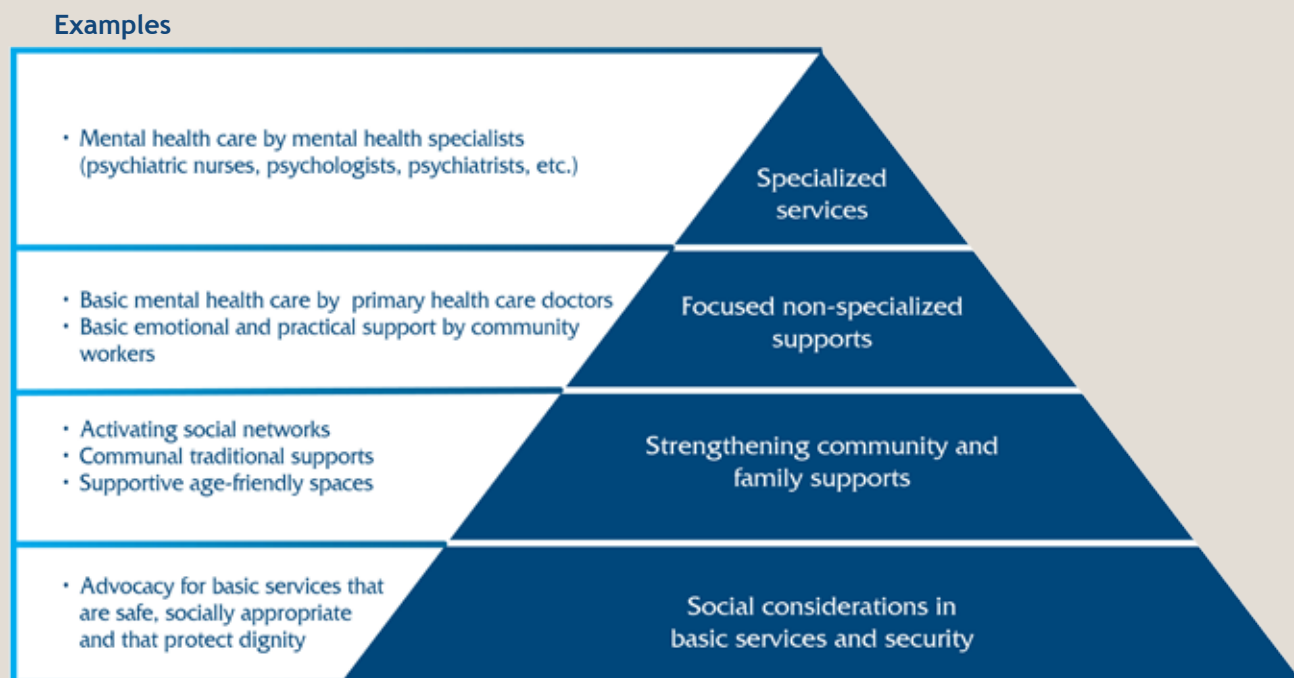
Many Western psychologists tend to see post-traumatic stress disorder (PTSD) or trauma as the primary impact of terrorism on children. However, social impacts are often the main source of distress for children in areas where terrorism is currently occurring. Having worked in zones of terrorism and armed conflict for many years, we have learned that the impacts on children are much more diverse and are often social in nature rather than individual problems. Often off the radar of western researchers, practitioners, and policy makers are a host of psychosocial impacts on children, including stigma, family separation, social exclusion, and the disruption of their support networks of peers, family, and community (Miller & Rasco, 2004; Wessells, 2006).

That the fundamental problem lies in children’s social environments has powerful implications for interventions to support children affected by terrorism, especially in developing countries such as Syria, Iraq, Afghanistan, Pakistan, and Nigeria where more than 60% of all terrorist attacks and 80% of all deaths from terrorist activities occurred in 2013 (Institute for Economics & Peace,

2014). Being relatively collectivist in orientation and having social environments that present a welter of risks to children, intervention strategies need to balance improving children’s social environments with providing individual supports. As the socio-historic and cultural contexts may be radically different from those of western countries, intervention strategies also need to be contextualized and draw on positive cultural strengths whenever possible (Inter-Agency Standing Committee, 2007; Wessells, 2009).

More holistic supports are indicated by the first global, consensus guidelines on how to organize mental health and psychosocial supports in large scale emergencies. Developed by the Inter-Agency Standing Committee (2007) at the recommendation of 27 humanitarian agencies including UNICEF, WHO, and the International Federation of the Red Cross, the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* call for four levels of support arranged in the form of a pyramid. The base (first level) of the pyramid consists of the security and services that help to meet basic needs for food, water,

**Figure 1. Guidelines on Mental Health and Psychosocial Support in Humanitarian Emergencies**



Inter-Agency Standing Committee. (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: Author.

shelter, and health care in ways that promote dignity and well-being. The second level of the pyramid, needed by a smaller percent of the population, includes family and community supports such as reuniting separated children with their families or providing emergency educational supports that provide safety and help normalize children’s situations. The third level consists of focused, non-specialized supports, such as legal, economic supports, and psychological first aid for survivors of sexual violence. At the top of the pyramid, the fourth level, are the specialized mental health services needed by the smallest percentage of affected children. A key to making this system of supports effective is to develop effective referrals across levels. For example, a child who is attending school (level 2) but is badly over-

whelmed and dysfunctional should be referred for specialized supports (level 4). Conversely, children who are receiving specialized mental health supports (level 4) but who suffer chronic hunger (level 1) should be referred for food assistance. No single actor or agency can provide the full spectrum of supports—what is needed is a coordinated, inter-agency effort.

An example of both the impact of terrorism and holistic psychosocial supports that include the first three levels of the intervention pyramid comes from Sierra Leone (Kostelny, 2004). During the brutal conflict that ended in 2002, the Revolutionary United Front committed terrorist acts such as attacking civilian villages, amputating people’s arms and legs, and abducting over ten thousand children to serve as com-

batants, spies, and porters. Girls as young as seven were abducted from their families, continuously raped, beaten, tortured, deprived of food, and forcibly fed drugs during years of captivity. After a peace accord was reached, the girls were released to go back to their communities. Upon returning, they were stigmatized as spiritually contaminated because they had been sexually violated on sacred land. Because local people believed the girls would bring communal misfortune such as failure of their crops, the girls were ostracized, seen as unmarriageable, and not allowed to “eat off the same plate” as other people.

A ChildFund intervention—Sealing the Past Facing the Future—sought to reduce stress and enable psychosocial recovery for the girls, change negative attitudes



toward them, and enable livelihoods (Kostelny, 2004). Using local beliefs and practices to strengthen and heal girls, natural helpers from the community mentored the young women. Next, traditional healers from the community performed a cleansing ritual that washed away their impurities in the river. After a celebration with drumming and singing, the girls were wrapped in white cloth and welcomed back into the community as pure. Additionally, a community committee sensitized the community on the effects of sexual violence at monthly community meetings, drew up bylaws to protect abducted girls from physical and verbal abuse, and monitored enforcement. To address their economic needs, the girls received a loan and earned money through activities such as tailoring and soap making. The largest effects were increased social acceptance of the girls, reduced stress, and increased respect from the community.

To support children affected by terrorism, we will need to work in a holistic manner that improves children's social environments and builds on local cultural strengths. Such a contextualized way of working will provide better supports even as it challenges our western ways of working in developed contexts.

## References

- Boothby, N., Strang, A., & Wessells, M. (Eds.). (2006). *A world turned upside down: Social ecologies of children and war*. Westport, CT: Kumarian Press.
- Institute for Economics & Peace. (2014). *Global terrorism index 2014: Measuring and understanding the impact of terrorism*. Sydney, Australia: Author. Retrieved from <http://economicsandpeace.org/wp-content/uploads/2015/06/Global-Terrorism-Index-Report-2014.pdf>
- Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva, Switzerland: Author. Retrieved from <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings-0/content/iasc-guidelines-mental-health>
- Kostelny, K. (2004). What about the girls? [Special issue]. *Cornell International Law Journal*, 37(3), 505-512.
- Miller, K., & Rasco, L. (Eds.). (2004). *From clinic to community: Ecological approaches to refugee mental health*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Wessells, M. (2006). *Child soldiers: From violence to protection*. Cambridge, MA: Harvard University Press.
- Wessells, M. (2009). Do no harm: Toward contextually appropriate psychosocial support in international emergencies. *American Psychologist*, 64(8), 842-854. doi:10.1037/0003-066X.64.8.842

# Children and Political Violence

## Progress on the Pathways of Risk, Resilience, and Peace

**Ann S. Masten**

University of Minnesota Twin Cities

**O**n a staggering global scale, children and youth are caught up in political conflict as victims of politically motivated violence, voluntary or forced combatants and terrorists, refugees fleeing to safety, and targets of social media campaigns to radicalize and foment terror. While definitions of terror and terrorism remain controversial, there is little disagreement that millions of young people worldwide are directly or indirectly affected by political violence and armed conflict. Acts of terror often are embedded in prolonged conflicts that destroy the basic needs of children, their families and communities for safety, health, well-being, and development. Acts of terror are designed to propagate fear on a massive scale, with consequences that can reverberate through many of the ecological and biological systems that foster and protect human development. Globalization and the rise of social media have amplified the reach of terrorism.

In a global climate saturated with political violence, it is imperative that developmental scientists engage in conducting and disseminating high-quality research on the

causes and consequences of terror and war and effective interventions to mitigate risk and to promote and protect child well-being (Masten, 2014a, 2014b). It is vital that the best evidence from accumulating science on children in conflict and war be communicated effectively and utilized to guide policy and practice to reduce harm and promote peace (Masten, 2014a, 2014b; Narayan & Masten, 2012).

Research on children affected by political violence and armed conflict has expanded rapidly in recent years and improved in quality, despite the many challenges of conducting studies with survivors and refugees (Masten, Narayan, Silverman, & Osofsky, 2015). As Garbarino and colleagues note in this *Social Policy Report* on children and terrorism, interest in the effects of war on children emerged dramatically during World War II and the post-war efforts to help millions of children affected by this devastating conflict. Early anecdotal reports and studies conveyed the hazards for children and also their resilience (Garmezy 1983; Werner, 2000), but the quantity and quality of the early research was limited. Tremendous progress is documented in this report as well as other recent reviews of the research (Eisenberg & Silver, 2011; Masten et

al., 2015; Masten & Narayan, 2012; Tol, Song, & Jordans, 2013).

Progress is striking with respect to research in diverse cultures, longitudinal data, methodological advances, and multiple levels of analysis. Effects of terror attacks and conflict have been studied in diverse regions of the world, from Beslan to Belfast and Afghanistan to Sierra Leone. Studies have followed young people over time to document different response trajectories in the context of acute and chronic conflict-related trauma (e.g., Betancourt, McBain, Newnham, & Brennan, 2013; Cummings et al., 2012; Punamäki, Palosaari, Diab, Peltonen, & Qouta, 2015). The interplay of multiple systems is increasingly considered, with evidence that community-level violence cascades into proximal systems of youth, such as schools and families, exacerbating youth violence (e.g., Boxer et al., 2013). There is growing attention to the biological embedding of terror experiences, presumably through epigenetic processes (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014; Yehuda & Bierer, 2009). Research also is increasing on youth who voluntarily engage in terrorism or war (Barber, 2009) and the role of media in spreading the impact of terror (Masten et al., 2015).

The evidence on effective interventions for children and youth exposed to political violence and the trauma of terror attacks is also growing, although studies remain limited in relation to the urgency of the need for data (Masten et al., 2015). These include randomized controlled trials, often with cognitive-behavioral or narrative exposure components and group activities, and stress-inoculation training for school children in conflict zones. Nonetheless, there clearly is a need for more evidence on effective ways to prepare children, families, schools, communities, and emergency responders or systems for possible mass-trauma events.

Preventing terror and lowering the risks for political violence also are critical. There is a growing movement focused on peace-building and applying developmental science to the goals of reducing intergroup conflict and promoting peace (see Leckman, Panter-Brick, & Salah, 2014). How do we build the capacity for peace in children and sustain their lasting potential to alter their future societies?

Resilience is a dominant theme in the accumulating evidence on how children fare in the context of terror and war, as highlighted by Garbarino and colleagues and numerous others (Masten et al., 2015). Evidence implicates familiar protective processes for children experiencing political violence, underscoring the importance of support from families and communities for youth resilience, while also emphasizing cultural variations in protective processes.

Important gaps remain in our knowledge on development in relation to terror, including limited evidence on neurobiological processes, cultural influences, strategic preparedness, peace-building interventions, and the roles of social media in mitigating or enhancing risk for trauma or engagement in terror activities. Nonetheless, there is considerable progress reflected in the expanding science on risk and resilience of children exposed to mass-terror events, war, and similar large-scale traumatic experiences (e.g., natural and technological disasters). That progress provides a strong foundation to guide policy and practice. We are learning more about the biological, social, cultural, and interactional processes that prepare and protect children as well as the conditions associated with greater risk for harm. The take-home messages summarized by Garbarino and colleagues are highly congruent with guidelines recurring across multiple studies and reviews (see Masten et al., 2015, Table 18). The consistency of findings and conclusions in this literature suggest that developmental scientists, even as they carry out additional and better research, have an important body of knowledge to share with parents, educators, policy makers, first responders, and all those charged with ensuring the safety and resilience of children.

## References

- Barber, B. K. (Ed.). (2009). *Adolescents and war: How youth deal with political violence*. New York, NY: Oxford University Press.
- Betancourt, R. S., McBain, R., Newnham, E. A., & Brennan, R. T. (2013). Trajectories of internalizing problems in war-affected Sierra Leonean youth: Examining conflict and post-conflict factors. *Child Development, 84*, 455-470. doi:10.1111/j.1467-8624.2012.01861.x
- Boxer, P., Huesmann, L. R., Dubrow, E. F., Landau, S. F., Gvisman, S. D., Shikaki, K., & Ginges, J. (2013). Exposure to violence across the social ecosystem and the development of aggression: A test of ecological theory in the Israeli-Palestinian conflict. *Child Development, 84*, 163-177. doi:10.1111/j.1467-8624.2012.01848.x
- Cummings, E. M., Merrilees, C. E., Schermerhorn, A. C., Goeke-Morey, M. C., Shirlow, P., & Cairns, E. (2012). Political violence and child adjustment: Longitudinal tests of sectarian antisocial behavior, family conflict, and insecurity as explanatory pathways. *Child Development, 83*, 461-468. doi:10.1111/j.1467-8624.2011.01720.x
- Eisenberg, N., & Silver, R. C. (2011). Growing up in the shadow of terrorism: Youth in America after 9/11. *American Psychologist, 66*, 468-481. doi:10.1037/a0024619
- Garnezy, N. (1983). Stressors of childhood. In N. Garnezy & M. Rutter (Eds.), *Stress, coping, and development* (pp. 43-84). New York, NY: McGraw Hill.
- Leckman, J. F., Panter-Brick, C., & Salah, R. (2014). *Pathways to peace: The transformative power of children and families*. Cambridge, MA: MIT Press.
- Masten, A. S. (2014a). Global perspectives on resilience in children and youth. *Child Development, 85*, 6-20. doi:10.1111/cdev.12205

- Masten, A. S. (2014b). Promoting the capacity for peace in early childhood: Perspectives from research on resilience in children and families. In J. Leckman, C. Panter-Brick, & R. Salah (Eds.), *Pathways to peace: The transformative power of families and child development* (pp. 251-271). Cambridge, MA: MIT Press.
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war and terrorism: Pathways of risk and resilience. *Annual Review of Psychology, 63*, 227-257. doi:10.1146/annurev-psych-120710-100356
- Masten, A. S., Narayan, A. J., Silverman, W. K., & Osofsky, J. D. (2015). Children in war and disaster. In R. Lerner (Ed.), M. Bornstein & T. Leventhal (vol. Eds.), *Handbook of child psychology and developmental science. Vol. 4. Ecological settings and processes in developmental systems* (7th ed., pp. 704-745). New York, NY: Wiley.
- Narayan, A. J., & Masten, A. S. (2012). Children and adolescents in disasters, war, and terrorism: Developmental pathways to psychopathology and resilience. In C. Widom (Ed.), *Trauma, psychopathology, and violence* (pp. 131-158). New York, NY: Oxford University Press.
- Punamäki, R., Palosaari, E., Diab, M., Peltonen, K., & Qouta, S. R. (2015). Trajectories of posttraumatic stress symptoms (PTSS) after major war among Palestinian children: Trauma, family- and child-related predictors. *Journal of Affective Disorders, 172*, 133-140. doi:10.1016/j.jad.2014.09.021
- Southwick, S. M., Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology, 5*, 25338. doi:10.3402/ejpt.v5.25338
- Tol, W. A., Song, S., & Jordans, M. J. D. (2013). Annual research review: Resilience and mental health in children and adolescents living in areas of armed conflict—a systematic review of findings in low- and middle-income countries. *Journal of Child Psychology and Psychiatry, 54*, 445-460. doi:10.1111/jcpp.12053
- Werner, E. E. (2000). *Through the eyes of innocents: Children witness World War II*. Boulder, CO: Westview Press.
- Yehuda, R., & Bierer, L. M. (2009). The relevance of epigenetics to PTSD: Implications for the DSM-V. *Journal of Traumatic Stress, 22*, 427-434. doi:10.1002/jts.20448



## About the Authors

**James Garbarino, PhD** holds the Maude C. Clarke Chair in Humanistic Psychology and was founding Director of the Center for the Human Rights of Children at Loyola University Chicago. Previously he held the Elizabeth Lee Vincent Chair in Human Development at Cornell University and was President of the Erikson Institute for Advanced Study in Child Development. His research has focused on the development of children facing adverse and traumatic circumstances, such as abuse, war, community violence, and poverty. His most recent book is *Listening to Killers: Lessons Learned from My 20 Years as a Psychological Expert Witness in Murder Cases* (University of California Press, 2015).

**Amy Governale, MA** is a doctoral student in the Developmental Psychology program at Loyola University Chicago. Her research interests include community resources that promote positive youth development among low-income, ethnically diverse youth and adolescents. Currently, she is interested in youth activities and community-level factors that prevent summer learning loss.

**Patrick Henry, MA** is a doctoral student in the Developmental Psychology program at Loyola University Chicago. His research focus is on examining academic achievement as a manifestation of resilience among low-income, Black older children and adolescents. More specifically, he seeks to uncover means of fostering academic achievement among these youth.

**Danielle Nesi, MA** is a doctoral student in the Developmental Psychology program at Loyola University Chicago. Her research interests include juvenile justice and forensic psychology. In particular, Danielle is interested in risk and resiliency in children and adolescents and early interventions to promote positive outcomes for youth at-risk for delinquency.

**Kathleen Kostelny, PhD** is a senior researcher at the Columbia Group for Children in Adversity, focusing on child protection and children's psychosocial well-being in armed conflicts and disasters. Her research includes an ethnographic study of child protection harms and protective factors in Somalia, the effectiveness of child centered spaces on young children's well-being in internally displaced person camps in northern Uganda following armed conflict, and the impact of the Israeli military attacks and blockade on the education system in Gaza. She is currently lead researcher for a multi-stage action research program in Kenya, involving national and international humanitarian organizations and the Kenyan government on strengthening community based child protection mechanisms. She consults with humanitarian organizations and UN agencies, helping develop child protection programming and policy in emergency and post-conflict contexts including Afghanistan, Timor Leste, Sierra Leone, India, Indonesia, and Sri Lanka.

**Michael Wessells, PhD** is Professor at Columbia University in the Program on Forced Migration and Health. A long time psychosocial and child protection practitioner, he is former Co-Chair of the Interagency Standing Committee Task Force on Mental Health and Psychosocial Support in Emergency Settings. He has conducted extensive research on the holistic impacts of war, political violence, and terrorism on children, and he is author of *Child soldiers: From violence to protection*. Currently, he is lead researcher on inter-agency, multi-country research on community driven interventions for strengthening linkages of community-based child protection mechanisms with government led aspects of national child protection systems. He regularly advises UN agencies, governments, and donors on issues of child protection and psychosocial support, including in communities and schools. Throughout Africa and Asia he helps to develop community-based, culturally grounded programs that assist people affected by armed conflict and natural disasters.

**Ann S. Masten, PhD** is Regents Professor and Irving B. Harris Professor of Child Development at the University of Minnesota. Her research focuses on understanding processes that promote competence and prevent problems in human development, with a focus on adaptive processes and resilience in the context of high cumulative risk, adversity, and trauma. She directs the Project Competence research on risk and resilience, including studies of children and youth exposed to homelessness, war, natural disasters, migration, and other common stressors. She is Past-President of the Society for Research in Child Development and currently serves on the Board of Children, Youth and Families for the U.S. National Academies, where she also co-chairs the international Forum on Investing in Young Children Globally. In 2014, she received the Bronfenbrenner Award for Lifetime Contributions to Developmental Psychology in the Service of Science and Society from the American Psychological Association. Her book, *Ordinary Magic: Resilience in Development*, was published in 2014 by Guilford Press and she teaches a MOOC through Coursera on *Resilience in Children Exposed to Trauma, Disaster and War: Global Perspectives*.

*Social Policy Report* is a quarterly publication of the Society for Research in Child Development. The *Report* provides a forum for scholarly reviews and discussions of developmental research and its implications for the policies affecting children. Copyright of the articles published in the *SPR* is maintained by SRCD. Statements appearing in the *SPR* are the views of the author(s) and do not imply endorsement by the Editors or by SRCD.

### **Purpose**

*Social Policy Report* (ISSN 1075-7031) is published four times a year by the Society for Research in Child Development. Its purpose is twofold: (1) to provide policymakers with objective reviews of research findings on topics of current national interest, and (2) to inform the SRCD membership about current policy issues relating to children and about the state of relevant research.

---

### **Content**

The *Report* provides a forum for scholarly reviews and discussions of developmental research and its implications for policies affecting children. The Society recognizes that few policy issues are noncontroversial, that authors may well have a “point of view,” but the *Report* is not intended to be a vehicle for authors to advocate particular positions on issues. Presentations should be balanced, accurate, and inclusive. The publication nonetheless includes the disclaimer that the views expressed do not necessarily reflect those of the Society or the editors.

---

### **Procedures for Submission and Manuscript Preparation**

Articles originate from a variety of sources. Some are solicited, but authors interested in submitting a manuscript are urged to propose timely topics to the lead editor (slodom@unc.edu). Manuscripts vary in length ranging from 20 to 30 pages of double-spaced text (approximately 8,000 to 14,000 words) plus references. Authors are asked to submit manuscripts electronically, if possible, but hard copy may be submitted with disk. Manuscripts should adhere to APA style and include text, references, and a brief biographical statement limited to the author’s current position and special activities related to the topic.

Reviews are typically obtained from academic or policy specialists with relevant expertise and different perspectives. Authors then make revisions based on these reviews and the editors’ queries, working closely with the editors to arrive at the final form for publication.

The Committee on Policy & Communications, which founded the *Social Policy Report*, serves as an advisory body to all activities related to its publication.