Comparing Children's Fears in Alabama: An Investigation Using Post-9/11 and Post-Invasion of Iraq Data

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Abstract

This study was designed to investigate the fears of children and adolescents in Alabama in the aftermath of 9/11 and after the initial invasion of Iraq in 2003. The American Fear Survey Schedule for Children (FSSC-AM; Burnham, 1995, 2005) was utilized to measure the fears of youth in Grades 2-12.

Introduction

Children and adolescents in Alabama are directly exposed to traumatic events at school (e.g., guns, fights, threatening situations), in communities (e.g., tornadoes, hurricanes, drive-by shootings, homes destroyed by fire, disappearance of Natalee Holloway in Aruba), and with family members (e.g., arguments, illness, divorce, death). Youth in Alabama are also indirectly exposed to various media accounts of national and global trauma. For example, over the past ten years, national media coverage has included footage of the bombing of the Alfred Murrah Federal Building in Oklahoma City, the Columbine High School shootings, 9/11, the invasion of Iraq, the Asian tsunami, and Hurricane Katrina. Even though the latter events were not close in vicinity to children and adolescents in Alabama, with the exception of Hurricane Katrina, studies have shown that media exposure to traumatic events can be distressful, even at a distance

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(Ronen, 2002; Shaw, 2003; Terr et al., 1999), and may lead to post-traumatic stress disorder (PTSD) symptoms (Pfefferbaum et al., 1999; Terr et al.). To examine the claims of Pfefferbaum et al., Ronen, Shaw, and Terr et al., fears of Alabama children and adolescents were investigated in the aftermath of two distant, yet, traumatic events (i.e., 9/11 and the invasion of Iraq). Post-9/11 and post-invasion of Iraq fear results are reported and compared to a previous Alabama study using the same fear instrument.

Developmental Reactions of Children and Adolescents to War and Terrorism

Because of developmental stages of growth, children and adolescents react differently to terrorism and war than adults. For example, young children respond to trauma based on "their immediate environment, namely their parents" while older children pay more attention to "external events" in their environment (Ronen, 2002, p. 92). Shaw (2003) explained that "children's psychological responses…" are similar to adult responses "with one exception: the children's responses are mediated through a developing organism continuing to mature physically, cognitively, emotionally, and socially, and who is usually living within a family system" (p. 238). From a social-cognitive theoretical frame, Joshi and O'Donnell (2003) offered reactions of children and adolescents that explain the developmental differences that exist.

Children 6 Years and Younger

Young children have the "most vague and somatic responses to terror, which may mask the magnitude of their distress" (Joshi & O'Donnell, 2003, p. 276). The authors noted that young children are particularly vulnerable because they do not have "well-integrated and developed cognitive, social, and emotional selves" and are not apt at taking on another person's perspective (i.e., they may think that a tragic event, such as 9/11, was their fault). Children who are 6 years old and younger are often confused and overwhelmed by information from the media and do not understand the permanency of death. Signs of distress for this age group include sleeping disturbances, clinging, worrying, anxiety, and the fear that something bad will happen (Joshi & O'Donnell).

Children at 7-11 Years

Because of cognitive maturity, 7-11 year olds can see from another person's perspective. However, children in this age group continue to be "very concrete in their thinking, making many traumatic experiences difficult for them to accurately and fully comprehend" (Joshi & O'Donnell, 2003, p. 277). Children are often "fearful, confused, and anxious following trauma… [and] regressive behaviors can occur" (Joshi & O'Donnell, p. 277). Distress can develop through various physical symptoms (e.g., stomachaches, headaches) and school-related problems (e.g., school refusal, lack of concentration, defiance, aggression, hyperactivity) (Joshi & O'Donnell). Other problems include: "fear of being alone, feelings of responsibility and guilt, safety concerns, and preoccupation with danger" (Joshi & O'Donnell, p. 277). Because the 7-11 year old will observe parental responses, especially during a crisis, the authors emphasized that

parents must "be honest …about their fears and concerns, and to stress their abilities to cope with the situation" (p. 277).

Children 12 Years and Older

By age 12 and beyond, youth are capable of abstract thinking. "With the capacity for abstract thought comes increased focus on religion, morality, and ethics, which can impact a teenager's understanding of, and response to, acts of war and terrorism" (Joshi & O'Donnell, 2003, p. 277). In comparison to the younger children, the older youth are more likely to hold feelings and emotions inside. Thus, the propensity for "developing depressed feelings" can emerge (p. 277). According to Joshi and O'Donnell, distress can be observed in a variety of ways. Examples vary from withdrawing from family and friends, pretending that everything is fine, being irritable, defiant, or revengeful. The authors noted that teenagers "who feel particularly alienated and/or disenfranchised due to these trauma-related processes may be especially susceptible to the influence of terrorist organizations" (Joshi & O'Donnell, p. 277).

Variables to Consider

Several variables may impact children's reactions to trauma. For example, several studies have examined parental responses to trauma. Shaw (2003) noted a positive correlation between parental anxiety and children's anxiety, showing that increased parental anxiety increases the probability of anxiety in children. Ronen (2002) in a similar pattern of thinking, stated that "children's responses cannot be considered as autonomous responses of their own, but rather as reflections of the reactions of surrounding adults" (p. 90). Stuber et al. (2002) stressed that parental inability to cope after a trauma increases the risk for symptoms in children. Other variables such as geographic proximity, the amount of time passed since the trauma, and psychopathology are also important to consider. Ronen (2002) and Shaw (2003) maintained that close proximity increased the likelihood for symptoms to manifest and for a severe response to occur. Other studies have shown that stress-related symptoms, including PTSD, can occur for people that are a safe distance from the trauma (Terr et al., 1999). The first two years following a tragedy are considered the most challenging post-trauma years (Joshi & O'Connell, 2003; Schuster, 2001). In addition, psychopathology prior to the event can be a factor in post-trauma cases. Pine and Cohen (2002) postulated that the "level of exposure, evidence of psychopathology before trauma exposure, and disruption in social support networks consistently emerge as strong predictors of psychopathology following exposure to trauma" (p. 519).

Numerous studies have shown a relationship between media exposure to trauma and PTSD symptoms (Duggal, Berezkin, & John, 2002; Pfefferbaum et al., 1999; Saylor, Cowart, Lipovsky, Jackson, & Finch, 2003; Schlenger et al., 2002). After 9/11, Saylor et al. elaborated on the overwhelming influence of media by stating that of the "hundreds of thousands or even millions of psychological casualties," many were solely exposed "through the media" (p. 1623). Saylor et al. also added that PTSD symptoms typically increased with "greater exposure to negative media images, such as death, injury, destruction" (p. 1636). The hours of television

coverage observed post-9/11 were also "significantly associated" with PTSD symptoms (Schlenger et al., p. 586).

Research Purpose and Hypotheses

The study was designed to measure fears of children and adolescents in Grades 2-12 after two distant traumas occurred (i.e., 9/11 and the invasion of Iraq). Four research questions guided the study. They were: (1) Will the top ten fears for girls and boys reflect the influence of 9/11 and the invasion of Iraq?, (2) Will the top fears for specific age groups (i.e., 7-10, 11-14, 15-18) reflect the influence of 9/11 and the invasion of Iraq?, (3) Will there be significant age and gender differences between post-9/11 and post-invasion of Iraq studies?, and (4) Will there be significant fear score differences between post-invasion participants who had relatives serving in the military and post-invasion participants who did not have relatives serving in the military?

Method

Participants

Two samples of students from the same elementary, middle, and high schools were used in 2001 (i.e., post-9/11) and 2003 (i.e., post-invasion of Iraq). The post- 9/11 sample included 122 participants (i.e., 68 girls, 52 boys, and 2 who did not specify either gender). Ages ranged from 7-18 in Grades 2-12. The setting was a small city in Alabama with a population of approximately 40,000. Ethnic background included: 89 Caucasians, 27 African Americans, 1 American Indian, and 5 who did not specify ethnicity.

The post-invasion sample included 82 participants (i.e., 42 girls, 34 boys, and 6 who did not specify either gender). Ages ranged from 7-18 in Grades 2-12. Ethnic background included: 43 Caucasians, 21 African Americans, 2 Hispanic Americans, 1 American Indian, and 15 who did not specify ethnicity. Of the post-war participants, 33% had a relative involved in the invasion of Iraq.

Instrument

The American Fear Survey Schedule for Children (FSSC-AM) is an adapted version of the Australian Fear Survey Schedule for Children and Adolescents-II (FSSC-II) (Gullone & King, 1992, 1993). Burnham (1995) adapted the Australian FSSC-II for use in the United States and named the survey the FSSC-AM. Burnham (1995, 2005) added 20 contemporary fears items to the FSSC-AM (e.g., terrorist attacks, having to fight in a war, drive-by shootings) to reflect fears of today's youth. The FSSC-AM is a 98-item self-report fear survey which is typically administered in the classroom.

The FSSC-II has been reported to have sound score validity and good reliability (Gullone & King, 1992, 1993). Gullone and King (1992) reported a Cronbach's alpha of .96, with one week test-retest reliability at .90, with good convergent, divergent and construct validity. Burnham (in press) reported the Cronbach alpha reliability for the FSSC-AM to be estimated at .97.

Procedure

After Institutional Review Board (IRB) approval from the investigator's university, permission was sought from the director of guidance and the school system involved. Informed consents were given to students in Grades 2-12. With written parental approval, permission was granted to participate in the study. Data were collected in the same three elementary, middle, and high schools in November 2001, two months after 9/11 and in April 2003, two months after the initial invasion of Iraq.

Directions on the FSSC-AM were read aloud to all students. The entire survey was read aloud to Grades 2 and 3, while Grades 4-12 responded independently. Students were asked to respond to the fear items by marking either *"not scared, scared, or very scared*." Questions raised during the survey administration were answered. Scoring procedures for the FSSC-AM were as follows. The fear intensity score was obtained by summing all fear endorsements. The "*very scared"* responses were summed to calculate the fear prevalence score. The most common were the top ten fears with the highest "*very scared"* percentage endorsements.

Results

Most Common Fears

The most common fears of girls and boys were considered in 2001 (i.e., post-9/11) and 2003 (i.e., post-invasion of Iraq). Similarities and differences between the studies were examined (see Table 1). Girls and boys in 2001 and 2003 shared common fears related to nuclear war, death, and being hurt. "Terrorist attacks" were chosen as a top fear by girls in 2001 and 2003 and by boys in 2003. Unique fears for each gender are marked with an asterisk in Table 1. For example, post-9/11 girls uniquely chose "nuclear war," "being threatened with a gun," "our country being invaded by an enemy," and "having to fight in a war."

Table 2 compared the most common fears for age groups 7-10, 11-14, and 15-18 in 2001 and 2003. Similarities between the three age groups were found when compared. For example, in 2001 and 2003, the 7-10 year olds chose "murderers," "terrorist attacks," "AIDS," "being threatened with a gun," and "someone in my family dying." Unique fears for the three age groups are marked with an asterisk in Table 2. For example, the 7-10 year olds uniquely chose common fears with terror-war connotations (i.e., in 2001 a top fear was "my country being invaded by enemies," while the 15-18 year old students chose "nuclear war," terrorist attacks," and "having to fight in a war" as top fears in 2001 and 2003).

Age and Gender Differences

The 2001 overall sample fear intensity score was 163.34 (*SD* = 32.24) and the 2003 overall sample fear intensity score was 164.59 (*SD* = 33.78) (see Table 3). There were no significant differences between the years. Fear intensity and fear prevalence means for gender and age groups are given in Table 3.

A 2 (gender) x 2 (year) x 3 (age group) factorial analysis of variance (ANOVA) was used to further examine gender, age group, and year differences. The independent variables were gender, year, and age group. The dependent variable was the fear intensity score. The test was performed using .005 level of significance. There were no interactions. There were significant main effects for gender and age group. The gender main effect was $F(1,183) = 50.61$, $p = .000$, $?^2 = .22$. The fear intensity mean for the girls was 181.21 ($SD = 28.16$) and the fear intensity mean for the boys was 150.92 ($SD = 30.22$). Girls reported a significantly higher level of fear than the boys. The main effect for age group, $F(2,183) = 9.60$, $p = .000$, $?^2 = .10$ was significant. The main effect for year was not significant, $F(1, 183) = .14$, $?^2 = .01$. Tukey's HSD was completed as a follow-up analysis to examine differences between age group pairs. Significant differences were found between the youngest and oldest age groups (i.e., 7-10 and 15-18), $p = .05$. The means and the standard deviations for age groups, 7-10 years, 11-14 years, and 15-18 years were: 181.56 ($SD = 31.38$), 168.39 ($SD = 31.19$), 158.53 ($SD = 31.31$), respectively. The level of fear reported by the youngest age children was significantly higher than for the oldest students in the study.

Post-invasion participants with a relative serving in the military in Iraq ($M = 167.88$, $SD = 30.76$) were compared to post-invasion participants who did not have a relative serving in the military in Iraq ($M = 170.25$, $SD = 35.34$). The t test was shown to be nonsignificant, $t(76) = 1.73$, $p = .193$ and failed to support that participants with relatives fighting in the war had significantly higher fear levels.

Discussion

Most Common Fears

Most common fears have often been reported in fear studies (Burnham, 1995, 2005, in press; Gullone & King, 1992, 1993; Ollendick, 1983). In this study, most common fears were examined and compared for suggestions related to the 9/11 terrorist attacks and the invasion of Iraq. The 2001 and 2003 data revealed similarities to previous studies found in the literature (Burnham, 1995, 2005, in press; Gullone & King, 1992). For example, such fears as "myself dying," "AIDS," "not being able to breathe," "murderers," which were endorsed in 2001 and 2003 have often emerged as top fears over the past decade.

Despite the commonalties found between 2001 and 2003 and previous studies, there was evidence of new, highly ranked post-terrorist and post-invasion fears. Thus, the impact of 9/11 and the fighting in Iraq on the boys and girls participating in this study was observed. For example, in 2001 girls offered several top fear items that related directly to the terrorist attacks (i.e., "terrorist attacks," "murderers," "nuclear war," and "our country being invaded by enemies"). The latter fears were stable in 2003, although several trauma-related fears dropped in rank between 2001 and 2003 (i.e., "terrorist attacks" moved to the 6th rank, "murderers" to the 8th, and "our country being invaded by enemies" to 18th).

Unexpected changes were also found in 2003. For example, "shootings" and "terrorist attacks" were still prevalent, however "having to fight in a war" was not a top fear for girls in 2003, even though fighting had begun in Iraq. In 2003, the boys revealed several unanticipated

trauma-related responses. In 2001, they ranked "nuclear war" as the highest fear, but after the invasion of Iraq, this fear dropped in rank to the 6th highest fear in 2003. Even more unexpectedly, the boys in 2003 ranked "having to fight in a war" lower than in 2001. With the assumption that older adolescents would be thinking of war, this was not predicted.

When age groups in 2001 and 2003 were compared, only the 7-10 year olds ranked "our country being invaded by enemies" as a top ten fear. However, across the age groups, prominent terror-related fears emerged as most common fears (i.e., "nuclear war," "terrorist attacks," and "having to fight in a war"), thus it can be postulated that 9/11 and the fighting in Iraq also influenced the participants across the three age levels. The overall ranking of "terrorist attacks" was lower in 2003 for all three age groups. This finding suggests as Joshi and O'Donnell (2003) and Schuster et al. (2001) posited that the first two years after a tragedy are the most difficult. Nonetheless, "terrorist attacks" remained a top ten fear in each age group category in 2003.

To compare how fears have changed in Alabama over time, fear data from Burnham (1995) were examined and compared to data from 2001 and 2003, utilizing the same fear instrument. In 1995, the top ten most common fears for girls were: "AIDS," "not being able to breathe," "being kidnapped," "being threatened with a gun," "being hit by a car or truck," "myself dying," "drive-by shootings," "murderers," and "being raped." Although girls in 2001 and 2003 (see Table 1) had similar fears to what was found in 1995, numerous terror and war-related fears distinguished themselves as top ranked fears in the latter studies. Such fears as "nuclear war," "terrorist attacks," and having to fight in a war" were endorsed in 2001 and 2003, while only "nuclear war" was a top ten fear in 1995. The boys in 2001 and 2003 also endorsed a higher number of terror and war-related fears than in 1995.

The ranking of terror-related fear items in 1995 was also compared to the studies in 2001 and 2003. In 1995, "nuclear war" was the only terror-related fear ranked in the top ten, while "having to fight in a war" ranked 14th, and "terrorist attacks" ranked as the 27th highest fear. The dramatic changes in rank for the terror-related fears in 2001 and 2003 (see Tables 1 and 2), strongly suggested the influence of 9/11 and likely the invasion, as well.

Normative fear studies have overwhelmingly found gender differences in fears (Burnham, 2005, in press; Burnham & Gullone, 1997; Gullone & King, 1993; Ollendick, 1983), with girls reporting more fears than boys. Girls in this study followed the trend. They were more fearful than boys after 9/11 and the invasion of Iraq. Fear studies have also reported age differences, with fear decreases as children get older (Burnham, 1995, 2005, in press; Burnham & Gullone, 1997; Gullone & King, 1992, 1993). This inclination was also observed. Based on the results, the youngest children in Alabama (ages 7-10) were the most fearful followed by a decline in middle childhood (ages 11-14), and a steeper decline for the oldest students (ages 15-18). Changes in fear intensity scores, as well as age and gender differences were expected between years 2001 and 2003. However, the nonsignificant differences between the years and for the students with and without relatives serving in the military were insightful. At the time of the invasion, it was hypothesized that the participants with relatives serving in the military would be more fearful than the other participants. Although this assumption was not upheld, this study should be replicated because of two limitations. The limitations were that data were collected during the early invasion of Iraq and the sample was from one geographic location in Alabama, thus limiting generalizability. With over 1.5 million children with relatives on active duty

(Lamberg, 2004), evaluating whether or not fears have changed with the prolonged fighting and the rising death toll, is indicated.

Implications for Counselors

This study brought several things to light. Similar to Joshi and O'Donnell's (2003) conclusions, the youngest children in Alabama were the most "fearful, confused, and anxious" after 9/11 and the Iraqi invasion (p. 277). The older children, with more abstract cognitive skills and refined coping skills, appeared to be less frightened. A trend, similar to Owen (1998) also emerged in this study. Owen discussed that the youngest children endorsed fears that were almost identical to the adolescents. Owen stated, "In our increasingly more violent society, it may be that young children are prematurely encountering an array of fears for which they are neither cognitively nor emotionally prepared…" ¶ 16). Parallel to Owen, the youngest children in Alabama endorsed realistic fears (e.g., nuclear war, drive-by shootings, terrorist attacks) suggesting that young children in Alabama are thinking in terms of societal and global concerns at a younger age than expected. This study also reiterated that 9/11 impacted children who lived far away from New York City and Washington, D.C. The data also serve as a reminder that television and parental responses can contribute to anxiety and possible PTSD symptoms (Pfefferbaum et al., 1999) among youth. Based on this study, in can be surmised that youth in Alabama were not sheltered from the influences of terrorism or the invasion of Iraq.

This study looked at two traumatic events. Future studies should include such traumas as Hurricane Ivan or Hurricane Katrina that were closer in proximity to youth in Alabama. The impact of Katrina would be especially revealing because Alabama youth not only experienced the national television coverage of the devastation of Hurricane Katrina, similarly to 9/11 and the Iraq invasion, but many youth had direct involvement with Hurricane Katrina victims (i.e., visiting shelters, donating food and clothing, volunteering, attending school with displaced youth from Mississippi and Louisiana).

Counselors need to be equipped to assist youth when tragic events occur in the future. Table 4 offers some websites that can be helpful to counselors, teachers, and parents. Overall, in relation to traumas and disasters, counselors should be cognizant of the vulnerability of young children. As advocates for children, school counselors are positioned to be proactive and vocal in suggesting that media coverage in the aftermath of traumas should be limited for school-aged children and adolescents. Communicating to parents and guardians about the vulnerability and advising parents/guardians to limit television coverage is paramount. Shen and Sink (2002) offered ten recommendations for school counselors after disasters occur. Shen and Sink's suggestions, intended for classroom guidance and other school counseling interventions, are helpful. The recommendations include: "(1) encourage open communication, (2) use open questions to clarify children's thoughts and feelings, (3) provide relevant and truthful information about the disaster, (4) decrease confusion by exploring the societal responses to the disaster, (5) allow students the opportunities to mourn the loss of significant others and pets, (6) provide children opportunities to mourn the loss of toys, collections, and familiar environments, (7) encourage the positive side of humanity, (8) increase awareness of the potential, negative

aftereffects of severe disasters, (9) assist children to prepare for personal safety plans, and (10) identify those children who need additional intervention" (pp. 325-326).

Without a doubt, media coverage renders images of horror and anguish that may be especially harmful to young children. Counselors who are mindful of the developmental stages of youth and expected post-trauma reactions will be better prepared to consult, assist parents and school faculty, and so forth, during and after disasters. Finally, recalling what was learned from 9/11 is consequential. As a shocked, spellbound nation, the United States was forcefully impacted by television and other media forms, which in turn drastically and negatively impacted school-aged youth. This costly lesson is a reminder that in the midst of a disaster, trauma, or tragedy, children and adolescents need attention and reassurance from family members and that many youth will need support from counselors at school and in the community.

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Table 1
Top 10 Most Common Fears in 2001 (n=122) and 2003 (n=82)

2001	% of Respondents Endorsing the Fear Items	2003	% of Respondents Endorsing the Fear Items
Girls in 2001 (in rank order)		Girls in 2003 (in rank order)	
1. Being raped	78.3	1. AIDS	78.6
2. AIDS	72.1	2. Not being able to breathe	71.4
3. Terrorist attacks	70.6	3. Being kidnapped *	71.4
4. Murderers	69.1	4. Being raped	70.4
5. Nuclear war *	69.1	5. Drive-by shootings *	64.3
6. Being threatened with a gun*	66.2	6. Terrorist attacks	64.3
7. Not being able to breathe	66.2	7. Myself dying	64.3
8. Myself dying	63.2	8. Murderers	64.3
9. Our country being invaded by enemies *	61.8	9. Getting pregnant *	63.0
10. Having to fight in a war *	60.3	10. Being hit by a car or truck *	61.9
18. Shootings	51.5	12. Shootings	59.5
		14. Nuclear war *	57.9
		18. Our country being invaded by enemies*	52.4
Boys in 2001 (in rank order)		Boys in 2003 (in rank order)	
1. Nuclear war	46.2	1. Not being able to breathe	55.9
2. AIDS	46.2	2. AIDS	52.9
3. Being threatened with a gun*	44.2	3. Myself dying *	47.1
4. Not being able to breathe	44.2	4. Someone in my family dying	44.1
5. Someone in my family dying	42. 3	5. Taking dangerous/bad drugs*	44.1
6. Being raped *	39.4	6. Nuclear war	43.3
7. Being kidnapped	37.3	7. Being hit by a car or truck	38.2
8. Falling from high places *	35.3	8. Being kidnapped	38.2
9. Being hit by a car or truck	34.0	9. Terrorist attacks *	35.3
10. My girlfriend getting pregnant *	33.3	10. Getting a serious illness*	35.3
13. Having to fight in a war	28.8	15. Having to fight in a war	29.4
14. Terrorist attacks	28.8	18. Shootings	26.5

Note. The asterisk denotes uniquely chosen items across gender for 2001 and 2003.

Table 2

Top 10 Most Common Fears for Age Groups in 2001 and 2003

2001	% Fear Endorsement (Ages 7–10)	% Fear Endorsement (Ages 11-14)	% Fear Endorsement (Ages 15-18)
1. Myself dying	84.0	1. Being raped 73.5	1. AIDS 67.4
2. Murderers	84.0	2. Not being able to breathe 60.0	2. Nuclear war 54.3
3. Being kidnapped	80.0	3. Nuclear war 56.0	3. Being raped 54.3
4. Nuclear war *	80.0	4. Being threatened with a gun 54.0	4. Not being able to breathe 50.0
5. Being threatened with a gun	76.0	5. Murderers * 52.0	5. Being threatened with a gun* 47.8
6. Terrorist attacks	72.0	6. AIDS 52.0	6. Terrorist attacks 45.7
7. Someone in my family dying	72.0	7. Taking dangerous/bad drugs * 50..0	7. Someone in my family dying 43.5
8. Our country being invaded by enemies*	72.0	8. Terrorist attacks 50.0	8. Myself dying 43.5
9. AIDS	68.0	9. Drive-by shootings * 50.0	9. Having to fight in a war 42.2
10. A burglar breaking into our house*	68.0	10. Being kidnapped 49.0	10. My getting pregnant or getting girlfriend pregnant * 41.3
16 Having to fight in a war	64.0	18. Having to fight in a war 42.0	13 Our country being invaded by enemies 37.0

2003	% Fear Endorsement (Ages 7–10)	% Fear Endorsement (Ages 11-14)	% Fear Endorsement (Ages 15-18)
1. Not being able to breathe*	94.1	1. Not being able to breathe 70.0	1. AIDS 63.6
2. Being hit by a car or truck*	94.1	2. Being kidnapped 66.7	2. Nuclear war 51.5
3. AIDS	88.2	3. AIDS 60.0	3. Being raped 51.5
4. Myself dying	88.2	4. Being raped 57.1	4. Myself dying 45.5
5. Murderers	82.4	5. Being threatened w/ a gun 56.7	5. Not being able to breathe 45.5
6. Someone in my family dying	76.5	6. Nuclear war 56.7	6. Terrorist attacks 45.5
7. Being threatened with a gun	70.6	7. Terrorist attacks 53.3	7. Pregnancy 42.4
8. Being kidnapped	70.6	8. Shootings * 53.3	8. Having to fight in a war 39.4
9. Drive-by shootings *	64.7	9. Myself dying * 53.3	9. Being kidnapped * 39.4
Terrorist attacks	64.7	10. Someone in family dying * 53.3	10 Someone in my family dying 39.4
Going to jail *	64.7		
My parents separating/getting divorced *	64.7		
Tornadoes/hurricanes*	64.7		
		18. Our country being invaded by enemies 46.7	15. Our country being invaded by enemies 30.3

Table 3

Fear Intensity and Fear Prevalence for 2001 (n=122) and 2003 (n=82)

Fear Intensity and Fear Prevalence	2001		Fear Intensity and Fear Prevalence	2003	
Fear Intensity Scores (2001)	M	SD	Fear Intensity Scores (2003)	M	SD
Overall Score	163.34	32.24		164.58	33.78
Girls	176.26	28.10		177.09	30.02
Boys	145.94	29.29		149.35	31.78
7-10 years	181.56	31..38		182.76	30.75
11-14 years	163.60	31.06		167.97	30.77
15-18 years	153.35	30.50		151.97	33.52
Fear Prevalence Scores (2001)	M	SD	Fear Prevalence Scores (2003)	M	SD
Overall Score	19.33	14.47		19.62	14.51
Girls	24.65	13.96		24.62	13.92
Boys	11.96	11.77		13.65	13.76
7-10 years	28.16	15.73		29.94	14.78
11-14 years	19.22	13.27		20.00	12.88
15-18 years	14.74	13.19		14.03	13.32

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Table 4

Websites

Topic:	Author or Sponsor:	Website Link:
Helping Children Cope with Disaster	The Federal Emergency Management Agency (FEMA) and the American Red Cross	http://www.fema.gov/rrr/children.shtm
Disaster: Helping Children Cope	National Association of School Psychologists	http://naspcenter.org/safe_schools/coping.html
Helping Children and Adolescents Cope with Violence and Disaster	National Institute of Mental Health (NIMH)	http://www.nimh.nih.gov/publicat/violence.cfm
Crisis Fact Sheet	American Counseling Association	http://www.counseling.org/Content/NavigationMenu/RESOURCES/HELPINGCHILDRENCOPEWITHTRAUMA/Crisis_Fact_Sheet.htm