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Children's Responses to Terrorism

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When helping children manage the effects of a disaster, such as the acts of terrorism that occurred on September 11, it is important to keep a few things in mind.

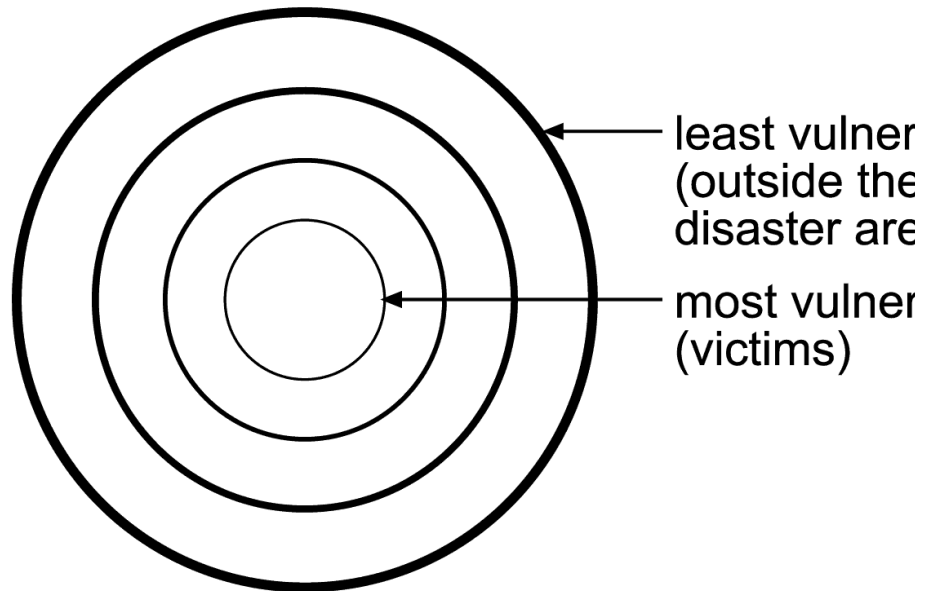
1. In a disaster setting, the vast majority of persons—both children and adults—function well after the disaster and are capable of doing so again, given temporary assistance and support. In the aftermath of various types of disasters, such as hurricanes and acts of terrorism, most people are relatively okay within a week or so, that some may need a few weeks to get back, and that approximately only 5% do not function well again without some type of intervention. It is not useful to draw conclusions about people—such as, "they're falling apart" or "they're disintegrating"—based solely on seeing them in highly stressful circumstances. Responses may well be normal responses to stress. All of us—adults and especially children—are much more resilient than we get credit for.
2. Even though we can make predictions about how children of different ages are likely to respond to a disaster, there will be great variations among them. Like any prediction, it applies to the group and may or may not apply to the *individual*.

Three important considerations when predicting how children will respond to the terrorist attacks that the United States suffered are: (1) physical proximity to the disaster, (2) psychological proximity to the disaster, and (3) the child's age. The first two concerns refer to "circles of vulnerability," that is, the closer to the center circle the child is, the more likely she or he will suffer the effects of the disaster.

Four Circles of Physical Vulnerability

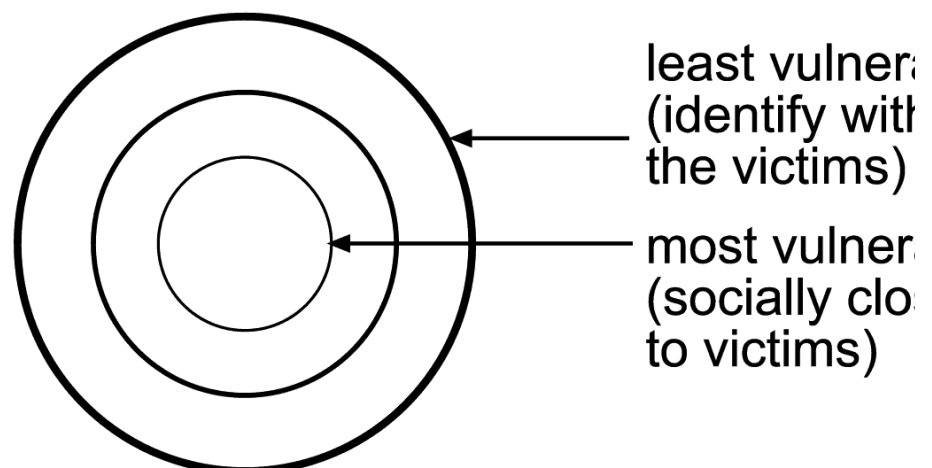
1. Children in the first, most inner, circle are victims—they experienced direct exposure to the disaster and are the most vulnerable.
2. Children in the second circle are witnesses who had a near miss experience. Children in this circle are less vulnerable than those in the first circle, but are still quite vulnerable.
3. Children in the third circle are those within hearing, feeling, smelling, etc. of the disaster, but who did not witness it. They are less vulnerable than those children in either of the other two circles.
4. Children in the fourth circle are outside the disaster area, in distant neighborhoods or communities—potentially the whole nation. Typically, these children are the least vulnerable. It is difficult to assess, however, what circle children who witness the disaster on television, hear about them on radio, or read about them in newspapers occupy. While it seems logical to place those children in this fourth circle, children who are quite sensitive are more likely to occupy one of the other circles, that is, be more

vulnerable to the disaster.



Three Circles of Psychological/Social Vulnerability

1. Children in the first, most inner, circle are those socially close to people who experienced the disaster, such as members of their family, friends, and others whom they have a close personal relationship. These children are the most vulnerable.
2. Children in the second circle are those who know the victims as acquaintance friends not considered "close." These children are less vulnerable than those in the first circle, but they are still quite vulnerable.
3. Children in the third circle are those who identify with the victims: they may see themselves as similar to the victims in age, or perhaps identify as citizens of the same country. Although less vulnerable than children in the other two circles, these children are still vulnerable to the effects of the disaster.



Responses Associated with Different Ages

Children Birth to 5

To the extent that the young child's world is no longer predictable and stable, and adults no longer dependable, she or he will suffer a variety of emotional consequences. The extent to which the family is disrupted—which includes the degree to which the parents are shocked or excessively distraught—is a good predictor of how upset the child will be. Young children do not have the cognitive ability to understand clearly what is happening to them: the predictable routines of their lives are disrupted, and they cannot make sense of it. In addition, the people they turn to for explanations and protection may not be available at all if they have been injured or killed, or may be so emotionally upset themselves that they cannot comfort the child adequately.

Very young children may become irritable, cry or whimper more than usual, or want to be cuddled more. They may regress to earlier behaviors, such as bedwetting, thumb-sucking, fear of the dark, fear of being alone. They may ask for assistance with activities already mastered, such as, tying their shoes, feeding, and dressing. Also, anxiety or fear may appear as an inability to sleep or an inability to sleep without a light, night terrors, irritability, aggressiveness, sadness, speech difficulties, and eating problems.

These symptoms may appear immediately or after several days; regardless, usually they are brief and soon disappear. If they persist, a serious problem may be developing, and professional help should be sought.

Children 6-11

Children in this age group have an increasing awareness of the danger around them, of themselves ("Can a terrorist come to our home?") and their family ("Will a bomb kill Dads?"). Searching for a sense of order and rule, they experience chaos and unpredictability. Although most children in this age range have the cognitive ability to understand natural and technological disasters, for most their cognitive ability is not developed sufficiently to understand disasters of human design, such as terrorism. Their imaginations are sufficiently developed, however, to suffer from imaginary fears unrelated to the disaster.

The predominant reactions are fear and anxiety. Regressive behaviors may appear, such as bedwetting, nightmares, fear of sleeping alone, or fear of darkness. Somatic complaints such as headaches, stomach aches, and nausea are likely, as are irritability and depression.

In addition, problems may be associated with going to school, such as refusing to go, acting out in interactions in school, such as fighting or withdrawing, and academics, such as losing concentration or performing poorly.

As with the younger children, these symptoms may appear immediately or after several days and soon disappear. If they persist for more than a few weeks, however, a serious problem may be developing, and professional help should be sought.

Adolescence 12-19 years

Preadolescent and adolescent children are characterized by their independence, self-motivation, and experimentation. They have a great need to appear competent, especially to their friends and family. Disasters of human design, including terrorism, may trigger a loss of confidence in adults: the world may be perceived as dangerous and unpredictable because the adults who are supposed to take care of things appear incapable.

Signs of anxiety and fear may be both internal and external. Problems of an internal nature include depression and sadness, thoughts of suicide, and confusion. Problems of an external nature include

nature include withdrawal and isolation, stealing, fighting, and a disruption in commun with friends. Problems with school work and peer relationships may occur. Finally, so complaints, such as headaches and stomachaches, may occur.

As with children in other age groups, most of the symptoms are fleeting and may pass several days. If parents or teachers notice that they persist, however, they should res quickly. A serious problem may be developing, and professional help should be soug

A recent article by Greenwald and Rubin (1999) in the journal *Research on Social Work Prac* "Assessment of Posttraumatic Symptoms in Children: Development and Preliminary Validatic Child Scales"—presents a list of common symptoms of post-traumatic stress disorder that pa in their children. While the presence of one or even a small group of behaviors is not cause fc of them are observed, it may be prudent to seek professional consultation. The following beh validated for children between the ages of 8 through 13.

Difficulty concentrating	Gets in trouble	Mood swings
Worries	Thinks of bad memories	Fearful
Spaces out	Withdrawn	Feels too guilt
Nervous	Anxious	Startles easily
Irrational fears	Irritable	Repeats the same
Quick temper	Clings to adults	or activity
Argues	Avoids former interests	Secretive
Fights	Does not care anymore	Bossy with pee
Difficulty sleeping	Sad or depressed	Nightmares or bad c
Hyperalert	Stomachaches	Feels picked o
Headaches		

Websites that may be of interest and use:

- American Academy of Child and Adolescent Psychiatry, www.aacap.org/publications/factsfam/grief.htm
- American Psychological Association, <http://helping.apa.org/daily/terrorism.html>
- American Red Cross, www.redcross.org/
- Disaster News Network, www.disasternews.net/index.php
- Federal Emergency Management Agency, www.fema.gov/
- Kansas State University Cooperative Extension Service, www.ag.uiuc.edu/~disaster/facts/famdist.html

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The following is an excerpt from "Coping with Terrorism," from the American Psycholc Association (<http://helping.apa.org/daily/terrorism.html>), developed by Rona M. FieLDF Margolin.

What You May Experience Following a Terrorist Attack

People who have experienced or witnessed a terrorist attack may go into a state of acute stre You may feel one or all of these symptoms:

- Recurring thoughts of the incident
- Becoming afraid of everything, not leaving the house, or isolating yourself

- Stopping usual functioning, no longer maintaining daily routines
- Survivor guilt—"Why did I survive? I should have done something more."
- Tremendous sense of loss
- Reluctance to express your feelings, losing a sense of control over your life

Coping with the Trauma

9. Tips for helping children cope:

- Encourage children to say how they are feeling about the event.
- Ask children what they have seen, heard or experienced. Assure children that their parents care of them and will continue to help them deal with anything that makes them feel a
- Help children recognize when they have shown courage in meeting a new scary situation accomplished a goal despite hardship or barriers. Instill a sense of empowerment.
- Let children know that institutions of democracy are still in place and our government also be helpful for adults to realize this.)
- Know that it is possible for children to experience vicariously the traumatization from an attack (e.g. watching TV coverage, overhearing adult conversations).

The following information is from the National Association of School Psychologists, www.nasponline.org

For Immediate Release from the National Association of School Psychologists

Helping Children Cope With Tuesday's Acts of Terrorism

Tips for Parents and Teachers

Tuesday's tragic acts of terrorism are unprecedented in the American experience. Children, like all people, may be confused or frightened by the news and will look to adults for information and how to react. Parents and school personnel can help children cope first and foremost by establishing a sense of safety and security. As the nation learns more about what happened and why, adults can help children work through their emotions and perhaps even use the process as a learning experience.

All Adults Should:

1. **Model calm and control.** Children take their emotional cues from the significant adults in their lives. Avoid appearing anxious or frightened.
2. **Reassure children that they are safe** and so are the other important adults in their lives. Explain that these buildings were targeted for their symbolism and that schools, neighborhoods, and regular office buildings are not at risk.
3. **Remind them that trustworthy people are in charge.** Explain that the government, emergency workers, police, firemen, doctors, and even the military are helping people who are hurt and are working to ensure that no further tragedies occur.
4. **Let children know that it is okay to feel upset.** Explain that all feelings are okay.

tragedy like this occurs. Let children talk about their feelings and help put them into perspective. Even anger is okay, but children may need help and patience from adults assist them in expressing these feelings appropriately.

5. **Observe children's emotional state.** Depending on their age, children may not express their concerns verbally. Changes in behavior, appetite, and sleep patterns can also indicate a child's level of grief, anxiety or discomfort. Children will express their emotions differently. There is no right or wrong way to feel or express grief.

6. **Tell children the truth.** Don't try to pretend the event has not occurred or that it is not serious. Children are smart. They will be more worried if they think you are too afraid to tell them what is happening.

7. **Stick to the facts.** Don't embellish or speculate about what has happened and what will happen. Don't dwell on the scale or scope of the tragedy, particularly with young children.

8. **Keep your explanations developmentally appropriate.** **Early elementary school children** need brief, simple information that should be balanced with reassurances that the daily structures of their lives will not change. **Upper elementary and early middle school children** will be more vocal in asking questions about whether they truly are safe and if anything is being done at their school. They may need assistance separating reality from fantasy. **Middle school and high school students** will have strong and varying opinions about the causes of violence in schools and society. They will share concrete suggestions about how to make school safer and how to prevent tragedies in society. They will be more committed to doing something to help the victims and affected community. **For all children, encourage them to verbalize their thoughts and feelings. Be a good listener!**

What Parents Can Do

1. **Focus on your children over the next day or so.** Tell them you love them and everything will be okay. Try to help them understand what has happened, keeping in mind their developmental level.

2. **Make time to talk with your children.** Remember if you do not talk to your children about this incident someone else will. Take some time and determine what you wish to say.

3. **Stay close to your children.** Your physical presence will reassure them and give you the opportunity to monitor their reaction. Many children will want actual physical contact. Give them hugs. Let them sit close to you, and make sure to take extra time at bedtime to cuddle to reassure them that they are loved and safe.

4. **Limit the amount of your child's television viewing of these events.** If they must watch with them for a brief time; then turn the set off. Don't sit mesmerized re-watching the same events over and over again.

5. **Maintain a "normal" routine.** To the extent possible stick to your family's normal routine for dinner, homework, chores, bedtime, etc., **but don't be inflexible.** Children may have a hard time concentrating on schoolwork or falling asleep at night.

6. **Spend extra time reading or playing quiet games with your children before bedtime.** These activities are calming, foster a sense of closeness and security, and reinforce a sense of normalcy. Spend more time tucking them in. Let them sleep with a light on if they are afraid.

7. **Safeguard your children's physical health.** Stress can take a physical toll on children as well as adults. Make sure your children get appropriate sleep, exercise and nutrition.

8. **Consider praying or thinking hopeful thoughts for the victims and their families.** This may be a good time to take your children to church or the synagogue, write a poem, or a picture to help your child express their feelings and feel that they are somehow supporting the victims and their families.

9. **Find out what resources your school has in place to help children cope.** Most schools are likely to be open and often are a good place for children to regain a sense of normalcy. Being with their friends and teachers can help. Schools should also have a plan for mental health counseling available to children and adults who need it.

What Schools Can Do

1. **Assure children that they are safe** and that schools are well prepared to take care of children at all times.

2. **Maintain structure and stability within the schools.** It would be best, however, to avoid major tests or projects within the next few days.

3. **Have a plan for the first few days back at school.** Include school psychologists, counselors and crisis team members in planning the school's response.

4. **Provide teachers and parents with information** about what to say and do for children at school and at home.

5. **Have teachers provide information directly to their students,** not during the principal's address announcements.

6. **Have school psychologists and counselors available** to talk to students and staff who may need or want extra support.

7. **Be aware of students who may have recently experienced a personal tragedy** and have a personal connection to victims or their families. **Even a child who has been to the Pentagon or the World Trade Center may feel a personal loss.** Provide these students with extra support and leniency if necessary.

8. **Know what community resources are available** for children who may need extra counseling. School psychologists can be very helpful in directing families to the right community resources.

9. **Allow time for age appropriate classroom discussion and activities.** Do not expect teachers to provide all of the answers. They should ask questions and guide the discussion but not dominate it. Other activities can include art and writing projects, play acting, and physical games.

10. **Be careful not to stereotype people or countries that might be home to the terrorists.** Children can easily generalize negative statements and develop prejudice.

11. **Refer children who exhibit extreme anxiety, fear or anger to mental health counselors** in the school. Inform their parents.

12. **Provide an outlet for students' desire to help.** Consider making get well cards or sending letters to the families and survivors of the tragedy, or writing thank you letters to doctors, nurses, and other health care professionals as well as emergency rescue workers, firefighters and police.

13. **Monitor or restrict viewing** of this horrendous event as well as the aftermath.

For information on helping children and youth with this crisis, contact NASP at (301) 657-0270. NASP's website at www.nasponline.org

NASP represents 22,000 school psychologists and related professionals throughout the United States and abroad. NASP's mission is to promote educationally and psychologically healthy environments for children and youth by implementing research-based, effective programs that prevent problems, enhance independence and promote optimal learning. This is accomplished through state-of-the-art retraining, advocacy, ongoing program evaluation, and caring professional service.

National Association of School Psychologists, 4340 East West Highway, Suite 402, Bethesda, MD 20814, (301) 657-0270, Fax (301) 657-0275

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