Children’s Responses to Terrorism

by: Lawrence B. Rosenfeld
Department of Communication Studies
University of North Carolina at Chapel Hill September 14, 2001

When helping children manage the effects of a disaster, such as the acts of terrorism that occurred 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 prior to the disaster and are capable of doing so again, given temporary assistance and support as the aftermath of various types of disasters, such as hurricanes and acts of terrorism, indicates that most people are relatively okay within a week or so, that some may need a few weeks 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 "they’re disintegrating”—based solely on seeing them in highly stressful circumstances. Children’s Responses to Terrorism responses may well be normal responses to stress. All of us—adults and especially children—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 (2) the child’s age. The first two concerns relate 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. They 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 either of the other two circles.

4. Children in the fourth circle are outside the disaster area, in distant neighborhoods, communities—potentially the whole nation. Typically, these children are least vulnerable. It is difficult to assess, however, what circle children who witnessed the attacks that the United States suffered are: (1) physical proximity to the disaster, (2) psychological proximity to the disaster, and (2) the child’s age. The first two concerns relate 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. They 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 either of the other two circles.

4. Children in the fourth circle are outside the disaster area, in distant neighborhoods, communities—potentially the whole nation. Typically, these children are least vulnerable. It is difficult to assess, however, what circle children who witnessed the 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 relate 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. They 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 either of the other two circles.

4. Children in the fourth circle are outside the disaster area, in distant neighborhoods, communities—potentially the whole nation. Typically, these children are least vulnerable. It is difficult to assess, however, what circle children who witnessed the 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 relate 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. They 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 either of the other two circles.

4. Children in the fourth circle are outside the disaster area, in distant neighborhoods, communities—potentially the whole nation. Typically, these children are least vulnerable. It is difficult to assess, however, what circle children who witnessed the 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 relate 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. They 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 either of the other two circles.

4. Children in the fourth circle are outside the disaster area, in distant neighborhoods, communities—potentially the whole nation. Typically, these children are least vulnerable. It is difficult to assess, however, what circle children who witnessed the 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 relate 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. They 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 either of the other two circles.

4. Children in the fourth circle are outside the disaster area, in distant neighborhoods, communities—potentially the whole nation. Typically, these children are least vulnerable. It is difficult to assess, however, what circle children who witnessed the 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 relate 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.
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 acquaintances or as 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 America. Although less vulnerable than children in the other two circles, these children are 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 are 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 anxious 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, thumbsucking, 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 up 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 initial 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, themselves (“Can a terrorist come to our home?”) and their family (“Will a bomb kill D?”). Searching for a sense of order and rule, they experience chaos and unpredictability. 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, 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 friends and family. Disasters of human design, including terrorism, may trigger a loss 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
nature include withdrawal and isolation, stealing, fighting, and a disruption in commun
with friends. Problems with school work and peer relationships may occur. Finally, som
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 respond quickly. A serious problem may be developing, and professional help should be sought.

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

<table>
<thead>
<tr>
<th>Difficulty concentrating</th>
<th>Gets in trouble</th>
<th>Mood swings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worries</td>
<td>Thinks of bad memories</td>
<td>Fearful</td>
</tr>
<tr>
<td>Spaces out</td>
<td>Withdrawn</td>
<td>Feels too guilty</td>
</tr>
<tr>
<td>Nervous</td>
<td>Anxious</td>
<td>Startles easily</td>
</tr>
<tr>
<td>Irrational fears</td>
<td>Irritable</td>
<td>Repeats the same</td>
</tr>
<tr>
<td>Quick temper</td>
<td>Clings to adults</td>
<td>or activity</td>
</tr>
<tr>
<td>Argues</td>
<td>Avoids former interests</td>
<td>Secretive</td>
</tr>
<tr>
<td>Fights</td>
<td>Does not care anymore</td>
<td>Bossy with peers</td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td>Sad or depressed</td>
<td>Nightmares or bad dreams</td>
</tr>
<tr>
<td>Hyperalert</td>
<td>Stomachaches</td>
<td>Feels picked on</td>
</tr>
<tr>
<td>Headaches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Websites that may be of interest and use:

- American Red Cross, [www.redcross.org/](http://www.redcross.org/)
- Disaster News Network, [www.disasternews.net/index.php](http://www.disasternews.net/index.php)
- Kansas State University Cooperative Extension Service, [www.ag.uiuc.edu/~disaster/facts/famdist.html](http://www.ag.uiuc.edu/~disaster/facts/famdist.html)

The following is an excerpt from "Coping with Terrorism," developed by Rona M. Field and Joe Margolin, from the American Psychological Association ([http://helping.apa.org/daily/terrorism.html](http://helping.apa.org/daily/terrorism.html)).

What You May Experience Following a Terrorist Attack

People who have experienced or witnessed a terrorist attack may go into a state of acute stress. 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
Children's Responses to Terrorism

- 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 are taking 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 and 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 is intact. (It can also be helpful for adults to realize this.)
- Know that it is possible for children to experience vicariously the traumatization from the terrorist 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 many people, may be confused or frightened by the news and will look to adults for information and guidance on 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, fireman, 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 might 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 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 what 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 making 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 an 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 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, 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 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 ask.

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. It may be a good time to take your children to church or the synagogue, write a poem, or draw 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 making 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, not to have tests or major 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 in school and at home.

5. Have teachers provide information directly to their students, not during the public address announcements.

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

7. Be aware of students who may have recently experienced a personal tragedy or have 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 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, 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](http://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 all 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**