Insights, Images, and Inspiration: How Children Make Meaning of Terrorism

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1. Learning Objectives
   Identify major findings of research on children’s responses to mass trauma caused by terrorism.
   Identify how children express their understandings of terrorism.
   Identify ways that adults can support children’s understanding of terrorist acts.

2. Children react to terrorism.
   Post 9/11 50-80 % of parents studied reported at least one emotional or behavioral reaction in their child as a result of terrorism (Schlenger et al., 2002 Stein et al., 2004).
   Israeli children with chronic exposure exhibit development effects such as insecurity, safety concerns, and dread (Shaw, 2003).

3. So, what do we think we know?

4. And what does it mean for our practice?
   Before we can consider insights from prior research, we must consider
   Definitional issues
   Disciplinary approaches
   Measures
   Constraints

5. Terrorism is a complicated research topic.
   We are limited by a surprise attack.
   This attack was unprecedented in US, so there was no real a priori research.
   Reliance on retrospective accounts.
   There are no widely accepted definitions.

6. How do researchers define children’s exposure?
   Proximity
   Could smell the fires and/or chemical from the WTC collapse;
   Heard sirens from rescue vehicles going to/at the WTC;
   Saw the fires from WTC;
   Was in the cloud of smoke and dust from the WTC collapse;
   Heard or felt the impact of the planes hitting the WTC;
   Heard or felt the WTC tower collapse (Bannon et al., 2009)
   Experiencing one or more of the following: seeing people jumping out of the towers, seeing dead bodies, seeing injured people, witnessing the towers collapsing.” (Chemtob, et al. 2008)

   Residence and School Enrollment
   they lived in Lower Manhattan
whether they were students in the two schools closest to the site (Chemtob et al., 2010)

Concerns
- worry on 9/11 about safety
- worry on 9/11 about safety of loved ones
- whether they knew anyone killed in the attack
- whether their parents were having trouble meeting responsibilities post 9/11 (Chemtob et al., 2010)

(Hoven et al. (2002) working with NYC Schools & CDC):

Direct exposure, count of nine potential experiences with the event (e.g., seeing the planes crash into the towers or the towers fall down, having to leave where they were for safety concerns, breathing the smoke after the event)

Media exposure, average of three items asking how much the adolescents reported learning about the event from (a) TV; (b) newspapers, radio, or magazines; or (c) the Internet

Family exposure, a count of three ways family members may have been affected (e.g., someone in their family escaped the WTC unharmed, someone in their family was killed in the attack)

Oklahoma City Study (Pfefferbaum et al., 1999)
- direct exposure, such as immediate personal physical proximity and danger
- indirect exposure, such as witnessing the events on television
- family exposure: family members killed or injured
- other forms of exposure (events led to parent’s job loss or a residential move)

7. How do researchers measure children's reactions? Who are they studying?
Participants, methodologies, and measures vary across within disciplines
Psychiatry examples
- WTC Questionnaire given to schoolchildren (Hoven et al., 2002, as cited in Comer et al., 2010)
- Studies of life disruption
- Post Traumatic Stress Disorder Reaction Index – Child Revision
- Parents as respondents (Fairbrother, Stuber, Galea, Fleischman, & Pfefferbaum, 2003)

9. Parental influences
More parental conflict = greater trauma; After one year for indirectly exposed kids, more parental support = less trauma (Gil-Rivas et al., 2004; 2007)
Maternal worry leads to more fear for pre-teens (Hock, Hart, Kang, & Lutz, 2004).
Maternal PTSD leads to greater risk for behavioral problems, emotionally reactive behavior, and somatic complaints in preschool children (Nomura & Chemtob, 2009), especially if combined with depression (Chemtob et al., 2010).

"Children’s parents are likely to play a substantial role in moderating how children respond to terrorism, and in few other types of traumatic events are the potential threat to both parent and child so similar. Further research examining how parent-child dyads and family units respond to and are affected by terrorism will begin to
build an evidence base that will allow more informed recommendations to parents about how to help their child cope with terrorism” (Stein et al., 2004).

10. Media exposure: Amount is directly correlated to...
   amount of fear and sense of revenge       (Beauchesne et al., 2002)
   sociopolitical attitudes toward immigrants, Muslims, current events even when one
   parent was not born in the US
   greater social mistrust (Gershoff et al., 2010; Aber et al., 2004)
   more PTSD symptoms among adolescents in NYC (Aber et al., 2004)

11. Other Exposure
   Life disruption and economic hardship may also be traumatizing to kids who
   themselves are not directly exposed to attacks (Comer et al., 2010)

12. Symptoms likely to be present after exposure to trauma
   Young children:
   experience social anxiety disorder (Hoven et al., 2004)
   Young boys more likely to have behavior problems than girls when mother has
depression and PTSD post 9/11 (Nomura & Chemtob, 2009)
   Directly exposed boys in general more likely to have behavioral problems and
   internalization of feelings post 9/11 (Bannon et al., 2009)
   fear, unsafe feelings (Beauchesne et al., 2002)
   sadness (Beauchesne et al., 2002)
   revenge (Beauchesne et al., 2002)

   Adolescents:
   Greater social mistrust (Aber et al., 2004)
   Greater feelings of vulnerability soon after attack (Halpern-Felsher & Millstein,
   2002)
   5- to 19- fold increase in incidence of substance abuse in adolescents directly
   correlated to amount of exposure to WTC attacks, including witnessing event
   and life disruption after (Chemtob et al., 2008)
   an increase in smoking in adolescents with PTSD symptoms (Wu et al., 2006)

Preexisting conditions
   Mental health problems leading to more distress after 9/11 (Gil-Rivas et al.,
   2007)
   Preschool children with prior trauma exposure had an increase in behavioral
   problems post-witnessing WTC attacks in person, while non-previously exposed
   kids did not (Chemtob et al., 2008)

13. Major conclusions for practice
   Direct exposure is not the only factor that may traumatize children.
   Parent response to trauma affects children, especially maternal PTSD and
   depression.
   Preexisting conditions are important.
   Prior trauma can aggravate experience.
   Effects on young children and adolescents are different.

14. Studies of directly exposed children on 9/11 focus on those affected by the World
   Trade Center destruction, not the children near Shanksville, PA or the Pentagon
15. Our Flight 93 Research Team wanted to know . . .
   What do children themselves tell us?
   What happened to children living near Shanksville?
   What about those who visited or heard about the Flight 93 crash site?

16. A little about our research . . . We study artifacts left or sent by children and teens.
   The National Park Service archives these tributes.

1. Comment cards left by young visitors

2. Letters addressed to the passengers and crew, their families, the first responders, or the volunteers.
3. Art with and without words
References


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