

Supporting Children Experiencing War and Terrorism

Symposium Session at the
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Purpose of Symposium

The ISPA International Crisis Response Network (ICRN) committee has arranged this symposium session to provide information to school psychologists around the world regarding support for children experiencing war and terrorism. This symposium will include ideas and insights from colleagues around the world, including information learned from Northern Ireland, Croatia, Serbia, Kosovo, Israel, and the United States of America.

Outline of Symposium

Presenters Each Address 2 Questions

1. Describe the types of concerns or consequences that experiences on War or Terrorism seem to have on children in their countries.
2. Provide a brief overview of response/support activities to assist these children in their countries

1. Describe the impact that war and/or terrorism seems to have on children in your country

Although war ended in 1995, Croatia still carries negative consequences of a 5 years war period.

The most tragic of all consequences of war is death and wounding of children. During the war period, 303 children were registered as killed and 1280 as wounded. 35 children have been registered as imprisoned or missing.

Most casualties were in the age groups 11 to 14 and 15 to 17 years. The majority of war related injuries were inflicted by heavy and light artillery weapons, shrapnel bombs and rocket fire.

In future, prevention of injuries is another important consideration, especially with regard to safety programs, including mine and weapons removal efforts.

There are almost 5,000 children whose parents were killed in defense of the country or as civil victims.

Displaced and refugee children are in especially difficult psychological and material position.

During the war, there was a stress caused by displacement, and after the war, there is a stress caused by return.

Most frequent symptoms observed by psychologists, were:

Bodily manifestations: appetite disturbance, nightmares, sleeping disturbance, difficulties in falling asleep, sweating, breathing, heart, stomach and allergy problems, tics, stereotyped movements, speaking difficulties, enuresis.

Behavior: Withdrawal, aggression, weakening of contact with family members, spitefulness, hyperactivity, self-inflicted injuries.

Emotions: separation fears, despondency, general fearfulness, fear of certain objects and situations, weeping, anger toward family.

Memory and thinking: Concentration difficulties.

Symptoms depend on age: younger children have more separation fears, older (adolescents) show more aggression and spite.

Croatia

2. Provide an overview of the responses and support activities that are in place to assist children who have /experienced war and/or terrorism in your country

The Government of Croatia has elaborated the National Programme of Action for Children.

The NPA preparation process started in 1996, it specifically aimed at involving all levels of society, by extending the network of collaborating parties to towns, all ministries, local capacities, NGOs, existing expertise and organizational structures such as State Institute for Protection of Family, Motherhood and Youth and the Parliament Sub-Committee for Child Rights.

National Programme of Action is very ambitious, but still far from realization. UNICEF Croatia Office stated in THE SITUATION ANALYSIS OF CHILDREN AND WOMAN IN THE REPUBLIC OF CROATIA 1998: It is questionable that Croatia will be able to realize all of these objectives by the year of 2005. The actualization of this programme will certainly require the joint collaboration of all state bodies and institutions as well as non-governmental organizations.

In the post-war times, which means harsh economic climate and reduced financial resources, it has been difficult for the Ministry of Education to practice reforms necessary to build a modern educational system responsive to changing realities.

With the school psychology system it is even harder than during the war: although there is a great need for that, all schools do not have an employed psychologist and all children in need for psychological help do not have the access to it.

Some NGOs (Society for Psychological Assistance is one of them) try to cover «an empty space», UNICEF and similar organizations supported some programs which aim was to provide psychological help to children in need, but there is still a lot to be done.

Abstract

Israel has had it's share of wars and terror for many years. Right now we are dealing with the second "Intifada" and the constant threat on the residents of the northern border. We will discuss the impact of living under constant threat and witnessing morbid events on children and youth. We'll also introduce a new working model for the school psychologist implemented successfully in the affected areas in our country.

1. Describe the impact that war and /or terrorism seems to have on children in your country.

The impact of living under the conditions mentioned above varies according to the **objective** and **subjective** level of threat and exposure.

We have some children who exhibit full-blown PTSD (unfortunately this part is still growing).

Most of the children are engaged in avoidance behavior while having "only" a partial syndrome, yet we can identify signs of habituation. A very small minority bears no effect at all.

2. Provide an overview of the responses and support activities that are in place to assist children who have experienced war and/or terrorism in your country

School psychologists (S.P.) in Israel are the highly professional figures in the school's "Emergency Intervention Team" they are engaged in various kinds of intervention and treatments on behalf of the affected children.

Starting from the preparatory phase, they talk with teachers, parents and children about the expected normal v.s abnormal reactions to terror and discuss coping resources with them.

They conduct Psychological Debriefing and carry out other kinds of interventions right after the event to help ventilation of thoughts and feelings and promote getting back to normal.

Rehabilitation activities at the third phase help integration of the physically and psychologically highly affected children in their original environment.

In many urban and rural municipalities, a new model of multi-professional intervention team is implemented, in which the S.P. collaborates with the therapeutic, administrative and technical figures who are taking part in the intervention process following an agreed procedure.

1. Describe the impact that war and /or terrorism seems to have on children in your country

The war in Kosova ended when international troops entered to Kosova to end the almost 2-year war and political repression that lasted for more than 10 years.

Since 1992/3 most adolescents in Kosova did not attend schooling in the public buildings.

The war in Kosovo left around 7,200 orphans and children without one parent with around 10000 victims and devastation in material as well as in psychological aspect.

A study done by Centres for Disease Control and Prevention in Atlanta, USA, September 1999 and follow-up study in May 2000 estimate the prevalence of Posttraumatic Stress Disorder to be 25% are very high percentage for a population and region where there were after the war only approximately 25 psychiatrists and 5 clinical psychologists.

The most frequent symptoms observed in children from 5 –18 are:
Concentration problems, separation anxiety, enuresis, hyperactivity, nightmares, various somatizations especially from older adolescents, generalized anxiety, behavioral problems associated with alcohol and substance abuse etc.

2. Provide an overview of the responses and support activities that are in place to assist children who have experienced war in your country

Immediately, more than 400 international aid agencies operated in Kosova of which some dealt with traumatic symptoms mainly through different games and activities due to large number of youth in Kosova (it is estimated that around 60% of population is below age 24).

The intervention programs in children were of three forms:

- a) direct interventions to children
- b) training teachers and other professionals to deal with traumatized children and symptoms
- c) and few training parents to deal with children

These programs mainly lasted for two years since most of the organizations have not developed any proper strategy for the sustainability of these programs (**few organizations have been able to reach sustainability through local capacities**)

One of my main conclusions working from more than three years in a country after the war is that the crises interventions are necessary however these interventions should have a developmental approach towards the problem and towards the general developments (political, funding etc).

Exit strategy is important as much as beginning since it was not rare when cases that were dealt by some programs left pending since most of the public services do not have enough capacities to deal with these cases. At the moment there are not even 30% of the interventions for children.

1. Describe the types of concerns or consequences that experience on War and Terrorism seem to have on children in your country

Signs of strain between the republics of the former Socialist Federal Republic of Yugoslavia began in 1990, followed by the breaking of the Federation in 1991. Although fighting did not spread to Serbia and Montenegro, (presently named Federal Republic of Yugoslavia or FRY) some 200,000 people fled from war torn zones to the Serbia and Montenegro. One third of them were children, the remaining were women and elderly.

The UN Security Council imposed progressive sanctions on the Federal Republic of Yugoslavia from 1992 to 1995 and FRY membership of international bodies was not recognized, resulting in deep poverty.

It is estimated that about 40% of the children refugees have been exposed to serious war stressors before reaching FRY. The refugee status further involved a series of chronic, cumulative stressors and pressures on the lives of those children.

The local population of the children had not been exposed directly to the fighting (until 1999). Yet, they suffered considerably from indirect consequences of armed conflicts in the neighborhood. Many children were stressed by what they have heard from the children refugees.

In spring 1999, NATO forces began air strikes against FRY. The bombing lasted 78 consecutive days. The whole population was exposed to intense daily bombing that resulted in massive traumatization of all the population, including the children. Personal data indicate that as many as 96% suffered from PTSD symptoms at the end of the bombing in June 1999.

International isolation and sanctions, as well as war and postponement of economic transition, have contributed to the increasing poverty of Yugoslav families, yet the under-funded and crumbling social services are unable to respond to their needs.

2. Provide a brief overview of response /support activities to assist these children in your country

In early nineties there was very few assistance offered to the children due to the international sanctions and stigma attached to the then ruling government.

The situation improved in the second part of the decade yet the priority was given to the needs of the refugees. The needs of the local population are still largely neglected.

Intense psychological traumatising caused by NATO bombing was not addressed immediately due largely to the position of the government that denied any need for provision of psychological assistance, thus trying to push bravery and stamina among the population.

A large majority of children in the country and especially adolescents would greatly profit from professional large-scale psychosocial assistance.

1. Describe the types of concerns or consequences that experiences of War or Terrorism seem to have on children in their countries.

In the UK, war and terrorism have impinged on our children in different ways. The concerns and consequences are as many and various as they are for children traumatised by any means.

The difference in trauma caused by war and terrorism is perhaps in:

- the sense that those affected can make of their experiences
- the difference in the community support available to them
- the greater influence of politics on sense-making, choice of coping mechanisms and services and support available to them
- the complexity of trauma reactions in which people may have experienced several single incidents within a context of on-going stress and trauma due to both conflict & deprivation.

The specific nature of the way that the war and terrorism impinges on children's lives also creates many differences, even in the same community or region. Whether the source of the conflict is external, pulling the community together against a common enemy, or internal creating internal divisions and mistrust is also highly relevant to the consequences.

The different experiences of war and trauma are now examined:

- A. The Civil Unrest in Northern Ireland** has been part of the culture for over 300 years but intensified from 1969 for 30 years, with particular intensity in the 1970's, to the uneasy peace of the present.
- B. The Impact of Civil Unrest in Ireland in England and on army bases in Germany.** This has mainly been in the form of bombings, for example in London, Manchester, Birmingham, Brighton and other towns. In the 1970s and 80's the fear of bombings in London and large cities was particularly apparent.
- C. The impact of the attack on New York, 11th September 2001.** This obviously had a direct impact on the British children whose parents died, were injured or at risk.
- D. The impact of External Wars and Peace Keeping missions involving UK military personnel –** e.g. Falklands, Gulf War, Balkans, Sierra Leone, Afghanistan. The most obvious direct impact is on children of parents in the armed forces sent to these areas. If there are no deaths, the tension in families may go unrecognised.
- E. War and terrorism in countries abroad which have strong links with immigrant communities in the UK.** The anxieties and grief of families would be the same as for any family faced with loss of homeland and relatives with the additional complications of helplessness and guilt because they are far away.
- F. Children of refugees and asylum seekers.** Such children have to deal with the trauma of their escape and arrival in a strange and often unwelcoming new community.

UK

2. Provide a brief overview of response/support activities to assist these children in their countries

The UK does not have a centralised, co-ordinated strategic system for responding to children involved in trauma caused by war and terrorism. Provision for children in the Health Services, in line with general Mental Health services for young people, is still limited and under- resourced, even in Northern Ireland where needs might be expected to be high.

Since the major UK disasters of the late 1980's, a few Psychologists and Educationalists have tried to raise the issue of trauma and young people in our respective Services. Children suffering trauma symptoms may be referred by their General Practitioners to local general services or to one of a few specialist trauma clinics, though there may be a waiting list of several months. This year, a Centre for Trauma and Transformation has been established in Omagh, Northern Ireland as the first national specialist resource in the Province.

Given this situation and the fact that trauma reactions may be sub-clinical in nature, there has also been a move to raise awareness about how children can be supported through self and family help or through local community mechanisms such as schools. There has been a recent growth in voluntary organisations offering bereavement and trauma services to children and young people. Access to disadvantaged children and severely traumatised children such as refugees and asylum seekers is however often limited unless deliberate outreach is undertaken.

Teachers and schools have become much more aware of the needs of children after trauma, but this still largely depends on the skills and interest of individuals. The situation in schools across the country is very varied. Some Education Authorities have developed policies for dealing with Critical Incidents in general but these may not be activated for individual trauma or incidents not directly related to school.

Some well co-ordinated systems have been developed in some areas by Educational Psychologists and Advisors with a particular interest and expertise in school Crisis Management. In such areas, an informed response is more likely to be activated as soon as an incident is notified. Action will be taken to support everyone involved in the incident to mobilise coping before symptoms and problems develop. Pre-incident training and emergency planning may also be provided to schools and teachers.

Teacher Unions in Northern Ireland have been at the forefront of raising awareness about trauma response and, as a spin-off to work in schools after the Omagh terrorist bomb in 1998, a booklet of guidelines was produced for every school in the Province and Republic.

This has stimulated further planning and training in many schools. A Professional Teachers Association was also one of the first to include information for schools on its web-site following the attacks of 11th September.

1. Describe the types of concerns or consequences that experiences on War or Terrorism seem to have on children in your country

On September 11, 2001, three hijacked airliners were flown into three buildings in the United States. A fourth plane crashed short of its intended target. The citizens of the United States were aware of terrorist threats in Europe, Israel, Middle East, but most felt they were safe from such attacks. Prior attacks on American territory include the Murrah Federal Building in Oklahoma City on April 19, 1995 (168 died; 19 children) and the World Trade Center on February 26, 1993 (6 died and 1,040 injured).

The effects on children were not only in the immediate vicinity of the attacked but throughout the United States. Over 10,000 orphans were left, 3,263 casualties (initial estimates were over 10,000), and four school buildings destroyed or severely damaged.

The primary fear of being attacked was soon followed about potential anthrax and smallpox releases. Anthrax was found in the U.S. Postal system, and several died from exposure.

Children now live in some state of fear and concern about that the future has to offer as we approach the first anniversary. The media has reported that over 11% to 19% of the children in New York City have symptoms of Post Traumatic Stress Disorder. As the first anniversary approaches, more focus has been on the effects of the attacks on children.

Other child concerns are: Further attacks, Biological or nuclear release; Concern for basic safety for others and family; Impact on learning; Multitude of symptoms of PTSD, e. g. nightmares, fears of going out, emotional lability; Anxiety and worry about their future; Grief and concern about all the children who were killed in the attacks; and Anger and some intolerance toward others.

2. Provide a brief overview of response/support activities to assist these children in your country.

Little focus was on children for several months. Now schools, mental health agencies, mental health professionals are working near the crash sites to help children cope more effectively.

Teams of counselors/therapists, using a wide variety of techniques and skills, are trying to help children cope better. A lack of trained professionals, a lack of research, a lack of proven intervention techniques has slowed the response toward children. Most of the interventions have been focused in New York City and Washington, D. C., little has been done for children and families elsewhere.

Information on responding to trauma and crisis was provided in a wide variety of modalities, including television, radio, newspapers and organizational web sites. The NASP (National Association of School Psychologists) web site had over 5 million hits in one week.

ISPA CRN members helped translate materials for this web site. The American Red Cross, Federal Emergency Management Agency (FEMA), National Organization for Victim Assistance, crisis response teams from across America came to assist.

Much still needs to be accomplished. Programs in schools, businesses, and communities around the sites of the attacks are ongoing. Preparation of the first anniversary is starting.

Symposium Discussion

Comments!!! Questions??? Discussion...

Additional literature related to this presentation is available from NASP at www.nasponline.org
Including a 800+ page volume...

Brock, S. E., Lazarus, P. J., & Jimerson S. R. (Eds.) (2002). Best Practices in School Crisis Prevention and Intervention. Bethesda, MD: National Association of School Psychologists.

Section I, Introduction: From Theory to Practice

Section II, Primary Prevention: Preventing and Preparing for Crisis Events

Section III, Secondary Prevention: The Immediate Response to Crisis Events

Section IV, Secondary Prevention: Responding to Specific Crises

Section V, Tertiary Prevention: Long Term Treatment of Traumatized Individuals

Section VI, Special Issues in Crisis Prevention and Response

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