Psychological Effects of War and Terrorism on Children

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Introduction

The history of humans is a history of intergroup conflict, whether it be between tribes, city–states, kingdoms, or nations. It is estimated that 2 million children have been killed due to war-related injuries, 4 million have been disabled, 1 million orphaned, and 12 million dislocated from their homes (UNICEF, 1996). The Durant’s (1968) after writing The History of Civilization concluded that “war is one of the constants in history” and that “in the last 3,421 years of recorded history only 268 have seen no war.” Population explosions, the breaking up of the colonial empires, the rise of nationalism, tribalism, and religious fundamentalism have spurred people to define boundaries more exclusively with subsequent conflicts with neighbors. As low intensity regional conflicts replaced the global conflicts between nationalized armies of the world, the victims of war have gradually encompassed a greater proportion of the civilian population.

War and terrorism are man perpetrated acts of violence, that vary along a number of dimensions such as the diversity of the war-related traumatic stressors, the zone of impact (single site or multiple sites), frequency and duration of exposure (single or multiple events) and their effects on family, social and community infrastructure as well as life sustaining variables such as access to food, water, shelter, and protection from disease. The impact of war-related stressors may occur as the direct result of physical and visual impact, media exposure, or through the various forms of interpersonal experiences — the wounding and killing of loved ones, the brutal rape and torturing of innocent victims, malnutrition, starvation, disease and emotional contagion, and social disruption and the loss of peer related experiences, routinized family, school and community life. In some instances children may be kidnapped and forced to participate as child warriors in violent acts under the threat of losing their own lives.
On children as to how they are different from adults

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. The child is still struggling with issues of separation and individuation, evolving definitions of the self and others, and the consolidation of adaptive mechanisms for coping with both internal and external stressors. The derivative effects of exposure to war-related stressors on the developing child are far-ranging and affect the elaboration and consolidation of personality structures, identity formation, adaptive and coping mechanisms, internalized standards of right and wrong, intrinsic mechanisms for modulating aggressive impulses, the habitual mode of relating to others in addition to having enduring neurobiology consequences.

Firstly, children often do not fully realize the enormity of the situation. For example during an air-raid on London by Germany during the 2nd World War, a child shepherded by her mother to a surface shelter, was reading a story book in shelter while bombing is taking place outside. In another incident, an unexploded bomb lay in the neighbourhood garden, and the children were advised to keep away from it. However they often became unmindful of it, whenever they returned to their games. And when it lay there for a few days they started challenging its presence or associated danger.

Children develop a lot of misconceptions about war. Many of the words which we take for granted are not obvious for children. To many children, ‘Home’ is a place to which all children are determined to return. ‘War’ signifies the period of time for which children have to be separated from their parents. Words like ‘army’ ‘navy’ and ‘air force’ may mean strange countries to which their fathers go.

When a child gets frightened during a war, it is generally fear induced from parents, mostly mother. They add air raids and alarm sirens to their list of primal
fears like policemen, wild animals, or natural calamities like earthquakes and thunder.

The young child lacks the cognitive capacities available to the adult. His/her theories are ego-centric. They are rarely able to talk about their traumatic experiences. Unable to transform their internal conflicts and feelings into words, they are expressed in repetitive re-enactments, intrusive visual images, trauma specific fears aggressive and regressive activities, and other behavioural states.

A number of authors have noted that older children are more vulnerable than younger children to the psychological effects of war (Bloch, Silber, & Perry, 1956; Green et al., 1991). The younger child’s psychological response resonates with the parental response as they have less cognitive capacity to independently evaluate the dangers. Vizek-Vidovi et al. (2000) compared younger children (grades 2–5) with an older group (grades 6–8) in Croatia, and found that the older children manifested more depressive and anxiety reactions.

Children who are in general not exposed to war, i.e. if they are not born in war-like conditions, they find it more difficult to cope up in war-like situations and exhibit Post Traumatic Stress Disorder for very long periods of time. While the ones born in war-torn areas grow mentally tough and aggressive.

The Categorization of Psychological Changes based on Causes

1. Displacement and Separation from close ones

War results in a lot of people to become refugees away from their original place of residence. Often children get separated from their parents in the process for various reasons like their father going to serve in the army, death of parent in war, or just evacuation from an area as a part of war-time emergency. In England during the Second World War, children were often billeted to foster parents. The change in living
standards whether for the better or worse was in many cases not welcome.

Separation uproots the very first emotional attachments of a child. From studies it has been found that children are more moved by the absence/loss of their mother than their father. For example in case of Beryl, four years old, she sat at the spot where her mother left her for several days, refused to eat, speak or play, and had to be moved around like an automaton.

If the parent dies, the child often fails to grasp the significance of death properly. Their attitude to the happening, as long as they do not perceive death is completely a matter of emotion.

The psychological effect of separation is different at different ages:

1) An infant less than 0.5 years old is dependent on the mother only for physiological needs. It is yet to recognize the parent. If they are provided the same, and their needs are tended to even after separation, they do not refuse it.

2) Towards the end of the 1st year, the mother becomes the instrument of satisfaction for the child, who enjoys her company and dislikes to be left alone. A separation at this time can make them unfriendly or withdrawn from the outer world. Restlessness during sleep has been noticed in such cases. The child gradually accepts a mother substitute (if available) on the basis of physiological needs.

3) At the age of 2, a child longs for its mother, becomes aware of the presence of other members in the family whom it often looks upon as rivals. Separation from mother at this stage can be very violent. The craving for its mother may over-ride all bodily sensations. Some refuse to eat and sleep, or be handled by strangers. They often cling to a remembrance (like some toy) of the time when his/her mother was with her.

In case of reunion with mother, the child often fails to
recognize her more because of the disappointment caused by her and for leaving the child’s longing for her unfulfilled. But the refusal to recognize is not consciously driven.

4) At 3 years and onwards, the child generally starts identifying him/her self with the parent of the same sex. The acts that the child learns are dependent on reward and punishment. Often the child has feelings of jealousy or anger towards their parents, when punished. For anyone who offends them, they childishly wish that the person goes never to return.

However a separation at this point results in confirmation of these negative feelings. The child gets frightened by their absence, and suffer from a deep sense of guilt. They act particularly good and obey all orders religiously wishing that their parents would return.

2. Witness death and destruction

It is not uncommon in countries like Iraq and Afghanistan for children to witness a lot of death and destruction from modern day instruments of war. Seeing death in front of one’s eyes at an early age especially if it is of a close one or a parent, can be traumatic. Weller, Fristad, and Bowes (1991) in their study of 38 children of 5–12 years found that 37% met diagnostic criteria for major depressive disorder and 61% experienced suicidal ideation 3 months after the death of a parent.

Elizur and Kaffman (1982, 1983) followed 25 children 2–10 years of age, 3.5 years after the death of their fathers in war, and found that over half demonstrated overdependent behavior, temper tantrums, and fears, and that 40% manifested pathological bereavement (i.e., symptomatology of such severity as to handicap the child in his everyday life in the family, school, and in his peer relationships). They found that the severity of the bereavement reaction was influenced by the quality of the relationship with the father prior to his death, the
ability of the mother to share her grief with the child and the availability of extended family. There is an emerging literature that suggests that the psychological impact of parental death is predominantly mediated by the availability of extended family support systems and the child’s relationship with the remaining parent (Breier et al., 1988). These factors are difficult to measure during time of war.

50% of Cambodian war refugee children were diagnosed of PTSD. After a 3-year follow up 48% still exhibited PTSD. Other diagnostic categories include adjustment disorders, separation anxiety disorder, somatoform disorders, major depressive disorder and dysthymia.

3. Severe Injury and/or Starvation due to War

War results in many dangerous cases of children who are badly injured. Amputation of limbs, loss of eyesight, or starvation and disease over long periods have a devastating effect on the psyche of the young children, who survive this ordeal.

There are very few exclusive studies on the psychological effects of injury, but it has been noted that a lot of its effects depend on the post war treatment. In countries like Iraq and many African countries, the war injured people continue to lead a devastated life. If they are not absolutely handicapped, many look upon their lives as a waste as they grow up and do not hesitate to join the terrorist groups. They themselves fail to show respect to lives of other humans, and have no respect for their own lives either, which makes them even more dangerous.

In areas like Japan (after the atomic bomb destruction), where sufficient post war support is provided, although the children show symptoms of PTSD for long, they gradually merge themselves with the main stream. They take their handicaps if any into their stride. However even among such children, especially if they are older, suicidal tendencies have been noted.
4. Children Involved in War

Criminal violence has its beginning in the abuse, neglect, loss of parents, and exposure to violence in early childhood resulting in disruptions in attachments. Those with disrupted attachments fail to reach pro-social maturity interpersonally, in affect regulation and self-control, and in moral development. They may not understand human reciprocity. Relationships are superficial. They may have little or no empathy or remorse. To them the world is not safe and they must always be on the offensive in order to be safe. Generations of war and violence in the Middle East and Africa continues to produce more terrorists. Children are not safe after they become orphaned. They are exposed to violence daily during times of open conflict and always have the fear of a new attack. The effect of this environment on everyone, especially young children can be psychologically devastating. They need someone to take them in and take care of them. If a terrorist organization, like a gang, takes advantage of that vulnerability, they have recruited new, loyal members for their group.

More than 100,000 children have been abducted, tortured and sexually abused before being recruited to fight in Africa's long-running civil wars in the past three years, a report revealed. Teenage boys and girls forced to join militias are being subjected to psychological torture so that they can be indoctrinated. The Democratic Republic of Congo has more than 30,000 child soldiers fighting in militias and acting as bodyguards for government army commanders. Girls are also kidnapped and gang-raped by soldiers using them as entertainment and rewards for bravery.

Some cases of children serving in war and effects on their psyche have been given below:-

- Ernesto was captured by the guerrillas and was forced into military training. When the government overpowered the
militants, he became a prisoner of war, where he was again tortured. Later after rescue, he graphically described his experiences, and how at one point, he refused to participate in training at the militant camp and was threatened with death. He described a repetitive dream of being watched by the guerrillas who kill him and he sees his own funeral.

- Martin aged 13 was abducted by the notorious Lord's Resistance Army (LRA), which has fought an 18-year guerrilla war against the Ugandan government. "Early on, when my brothers and I were captured, the LRA explained to us that all five brothers couldn't serve in the LRA because we would not perform well," he said. "So they tied up my two younger brothers and invited us to watch. Then they beat them with sticks until two of them died. They told us it would give us strength to fight. My youngest brother was nine years old."

- Militias and government troops in Sudan have also used children to fight their internal conflicts. The coalition said children as young as 14 had been recruited into the government militias of the Local Defence Forces, in Rwanda, even though the Rwandan government denies using children as soldiers.

- In Mozambique, Firinice, a 6 year old boy, was accosted by the bandidos at a river near his home. He was forced to lead them to his home where he was made to set fire to his family hut. His parents who were fleeing were killed and decapitated in front of him. All his older siblings were killed. For many weeks he was virtually mute, unresponsive and emotionally frozen, complying with whatever was expected from him.

- Napolean Adok, who was recruited as a child soldier with the rebel Sudan People's Liberation Army (SPLA) to fight in southern Sudan's 21-year war against the government, said: "In long-running civil wars, groups run out of manpower. All the adult men get killed. No wonder they need children. In Sudan,
there are no street children even though the country is so poor. On the pretext of reforming them, the government recruits them as child soldiers." He added : "For child soldiers, something that looked like a toy became a killing machine. Even after a war ends, former child soldiers remain a social landmine. They cannot fit into society and often end up joining some other militia."

- Child soldiers have been used to fight wars in Sri Lanka, Indonesia and Pakistan. In the Middle East, Palestinian groups have accepted children as suicide bombers. The United States was also criticised by the coalition for detaining 16 and 17-year-olds in Guantanamo Bay as "enemy combatants".

Reactions of children

It is impossible for children to go through upheavals of this kind without showing their effect in difficult behaviour and in variations from normality. Infantile nature has certain means at its disposal to deal with shocks, deprivations and upsets in life.

Outlet in speech is often delayed and after months had elapsed since the occurrence of some gruesome devastating incident that has been witnessed by the child. Such incidents include death of parents as well. The children who lost their fathers in air raids never mentioned anything of their experience for many months. Their mothers were convinced that they had forgotten all about it. Then after a year, two of them at least told the complete story with no details left out. The child begins to talk about the incident when the feelings which were aroused by it have been dealt with in some other manner

Children often imitate whatever they see in their play, with toy houses being bombed by marbles. There was a lot of excitement among the children while involved in such games. In case of a boy who for long refused to accept his
father’s death, it got reflected in his games. In his war games, the inhabitants of
the bombed houses were always saved in time. Since the denial was never
completely successful, the play had to be repeated incessantly – it became
compulsive.

Often children clung on possessively to something that they managed to
save at the time of separation.

Strange behaviour, sometimes destructive often related to regression
(returning to infantile modes of behaviour) is seen in slightly older children. Early
education involves socializing by gaining control over the selfish instincts. It had
its own rewards which lost their value on separation at this stage. They find no
reason to be good, unselfish or clean. There were many other associated effects
such as bed wetting, thumb sucking, greed and aggression.

In some children, abnormal withdrawal from the world has been noted. Some become emotionless like an automaton. Some emotional outbreaks of
hysterical type have also been reported. However, in general, sooner or later the
child returns to good relations with the outer world. The recovery time depends on
a lot of factors like extent of damage, treatment in post-traumatic period, the
coping capabilities of the child which is further dependent on the age of the child.

War-related traumas vary enormously in their intensity, from exposure to
brutal death and witnessing of explosive-violent acts, to the derivative effects of
war such as displacement, relocation, sickness, loss of loved ones, and starvation.
Among those children exposed to war-related stressors for a longer period, it is
generally estimated that the prevalence of posttraumatic stress symptomatology
varies from 10 to 90%, manifested by anxiety disorders such as posttraumatic
stress disorder and other psychiatric morbidities including depression, disruptive
behaviors, and somatic symptoms (Allwood, Bell-Dolan, & Husain, 2002;
Goldstein, Wampler, & Wise, 1997; Hadi & Llabre, 1998; Thabet & Vostanis,
1999).

Also in some cases, a child exposed to a lot of death and destruction at an
early age can have a heart that can be scarred no further. They become indifferent
to the sufferings of others. For example, Fernando, 15 years of age, had participated in a number of attacks killing several people, after he was captured by the guerrillas. After he was captured, he exhibited little remorse or regret for killing people and expressed his wish to be a soldier.

**Duration of Psychological Reactions of Children**

- **Excellent coping with little or no reaction**

  Despite exposure to a spectrum of horrific atrocities some children are able to adapt with only minimal symptomatology. Some of the protective factors that have been identified are the following: the child’s capacity to recognize and avoid dangers, the child’s ability to use adults for caretaking activities, the child’s capacity to manage anxiety, the child’s ability to devote him/herself to a cause and to find meaning in the experience (Lustig et al., 2002). Other factors include the degree of social, community, and family cohesiveness and support systems, as well as shared values and beliefs systems with children and those around them. Temperamental and biological factors modulating stress response have been mentioned but little is known of their specific protective value.

- **Acute emotional and Behavioural Effects**

  Bodman (1941) noted that although children in the London community demonstrated few psychological reactions to bombing, this was altered with increased proximity to the zone of impact, and the intensity and lethality of exposure. Sixty-one percent of those children in a hospital hit by a bomb showed psychological symptoms several weeks after the bombing. The majority of children exposed to the ongoing stressors of war will experience significant psychological morbidity.
Saigh (1991a, 1991b) noted that 33% of Lebanese adolescents exposed to major war-related stressors met diagnostic criteria for PTSD. Thabet and Vostanis (1999) surveyed Palestinian children 6–11 years and found that 73% reported PTSD symptoms of at least mild intensity and 41% reported severe PTSD reactions.

Fifty-six percent of the children exposed to war in Croatia were described as needing mental health assistance (Barath, 2002). Nader, Pynoos, Fairbanks, Al Ajeel, and Al-Asfour (1993) found that 70% of Kuwati children reported moderate to severe posttraumatic stress symptoms after the gulf war. Hadi and Llabre (1998) found that 62% of 8–12-year-old children reported mild PTSD after the Iraqi invasion of Kuwait and 27% reported moderate to severe levels of PTSD. There was a positive correlation between the severity of posttraumatic stress symptoms and depressive symptoms. The authors compared intellectual assessments of many of these children before and after the Iraqi invasion and found no significant changes in cognitive functioning.

- Long term effects

There are few studies of the long-term psychological effects of children being exposed to traumatic situations. Thabet and Vostanis (1999) noted that the 40% of children in the Gaza strip who had been initially diagnosed with PTSD decreased to 10% one year later with the onset of the peace process. Although a child’s initial exposure to war-related trauma may have been relatively circumscribed in time and space, there are a spectrum of secondary stressors in the aftermath of war, which continue to impact on the child and his family (i.e., economic–social disruption, separation from loved ones, malnutrition, and illness).

Barath (2002) surveyed a sample of school-age children in Sarajevo 4 years after the war and found that most of the children continued to live in impoverished communities in which the compromised social infrastructure represented an ongoing stressor manifested by dangerous
and unhealthy conditions such as overcrowded conditions, unsafe playgrounds without access to sports fields. The great majority of children felt unsafe in the streets, experienced school problems, and were frequently ill. Nevertheless, the children were seen as using healthy strategies in coping with the stressful events in their lives. Macksoud and Aber (1996) reported 43% of Lebanese children continued to manifest posttraumatic stress symptoms 10 years after exposure to war-related traumas. The biological impact of war-related traumas is directly related to the intensity, duration, and the impact of the stressors on bodily integrity, the stress response system and/or its interference with life sustaining support systems. It is known that exposure to intense acute and chronic stressors during the developmental years has enduring neurobiological effects vis-a-vis the stress response and neurotransmitter systems with subsequent increased risk of anxiety and mood disorders, aggressive dyscontrol problems, hypoimmune dysfunction, medical morbidity, structural changes in the CNS, and early death (DeBellis, Baum, et al., 1999; DeBellis, Keshavan, et al., 1999; Heim, Meinschmidt, & Nemeroff, 2003; McEwen, 1998). UNICEF (1996) noted that many more children die from starvation, sickness, and stress of flight than from the immediate effects of violence. In Africa it is reported that children die 20 times more frequently from lack of medical services and starvation than physical injuries from war.

**Conclusion**

As can be seen from the study the psychological effects of war and terrorism on children, the impact on the young mind depends on a range of factors, depending on the pre-war scenario, atrocities to which the child is subjected during the war, and post-war conditions. The collection of data from war-like situations for further research is difficult. Thus there are a number of research questions that deserve further elucidation in delineating the effects of trauma and its mediators on the
psychological wellbeing of children, such as the variation of psychological response to trauma with age and cognitive development; the relationship between specific trauma exposure and psychological consequences; whether there is a commonality of psychological responses to trauma exposure regardless of the specific trauma manifested by a spectrum of internalizing and externalizing behaviors; role of predisaster, peridisaster, and postdisaster variable and their relative valence in predicting acute and chronic posttraumatic stress symptomatology and other psychiatric morbidities to name to few.

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