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Psychological Effects of War and Violence on Children

Fuaad Mohammed Freh*

Department of Psychology, University of Anbar, College of Education, Iraq

Introduction

Between 1945 and 1992, there were more than 149 major wars, killing more than 23 million people. Children have, of course, always been caught up in warfare. They usually have little choice but to experience, at minimum, the same horrors as their parents- as casualties or even combatants. Recent developments in warfare have significantly heightened the dangers for children. It is, during the last decade, that 2 million children have been killed; 4-5 million have been disabled, more than 1 million orphaned or separated from their parents, and 12 million dislocated from their home [1].

War and terrorism, are man perpetrated acts of violence, have emotionally and psychologically affected generations of children and young people for the rest of their lives. A study has estimated that one out of three children who live in war zones could be vulnerable to develop some form of PTSD, psychopathological symptoms, and lower psychosocial functioning levels during their life time, which points to the volatile and violent environment they are living in [2]. 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 [3].

Reactions of Children

Exposure to war trauma and terror has clearly been found to cause high levels of stress among children which has been associated with the development of a wide range of psychological problems [4]. However, it is impossible for children to go through upheavals of this kind without showing their effect in difficult behavior and in variations from normality. Infantile nature has certain means at its disposal to deal with shocks, deprivations and upsets in life. Studies found that, 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 some 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. 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.

How is Children Coping with Post-War Trauma?

Healthy coping with little or no reaction

Despite exposure to a spectrum of horrific atrocities not all exposed children exhibit long-term health problem and some children are able to adapt with only minimal symptomatology. One suggestion is that variation in resilience- the likelihood of problems developing is related to psycho-social coping factors. Folkman et al. proposed that people employ various defenses and coping strategies against stressors to protect their psychological and emotional well-being [5]. Broadly, 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/her to a cause and to find meaning in the experience. Other factors include the degree of social, community, and family cohesiveness and perceived social, 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

Studies referred that although children demonstrated few psychological reactions in response to their experience of being in a bombing, this was altered with increased proximity of the zone of impact, and the intensity and lethality of exposure [6]. Eighty-seven percent of those children exposed to chemical attack weapons showed psychological symptoms and high traumatic event level several months after the attack [7]. The majority of children exposed to the ongoing stressors of war will experience significant psychological morbidity.

Dyregrov, et al. interviewed a group of 94 Iraqi children who were exposed to the bombing of the Al-Ameriyah shelter on February 13th, 1991 [8]. This was one of the most extreme attacks targeting Iraqi civilians. Around 80% of the 94 children were found to have developed PTSD symptoms. The majority of them also experienced indications of depression and remained anxious and afraid of losing other members of their family. Also, Razoki et al. noted that 14% of Iraqi school children exposed to major war-related stressors met the criteria for current probable PTSD with full and partial PTSD [9]. Thabet and Vostanis surveyed Palestinian children 6–11 years and found that 73% reported PTSD symptoms of at least mild intensity and 41% reported severe PTSD reactions [10].

Long Term Effects

There is a paucity of studies looking at the long-term psychological consequences and mental health following traumatic situations. Thabet and Vostanis found that the 40% of children in the Gaza strip who had been initially met criteria for current probable PTSD decreased about 10% in PTSD symptoms one year later with the onset of the peace process [11]. 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, loss and separation from loved ones, malnutrition, and illness [12].

A study surveyed a sample of school-age children four years after the war found that most of the children continued to live in impoverished communities, in which the compromised social infrastructure

***Corresponding author:** Fuaad Mohammed Freh, Department of Psychology, University of Anbar, College of Education, Iraq, Tel.: 009647830485026; E-mail: fuaadfreh@yahoo.com

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represented an ongoing stressor manifested by dangerous and unhealthy conditions such as overcrowded conditions, unsafe playgrounds without access to sports fields. The vast majority of children felt unsafe in the streets, experienced school problems, and was frequently ill. Nevertheless, the children were seen as adopting somehow healthy strategies to cope with stressful events in their lives [13].

In the same vein, 43% of Lebanese children were found to continue to manifest posttraumatic stress symptoms even 10 years after their experience of being in war-related traumatic events [14]. The biological impact of war-related traumas is directly related to the severity of the experience, 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 [15].

Despite the evidence in research that exposure to war and violence can lead to high levels of stress and the development of PTSD symptoms, psychological studies have not sufficiently studied the effects of the experience on mental health among children in the Middle East countries, e.g., Iraq. The widespread experience of potentially traumatic events in Iraq has had a major impact on, health and well-being, included long-term physical and psychological harm to its children and adults alike. According to the WHO, more than half a million children in Iraq might be in need of clinical assistance, including psychotherapy. Moreover, there are approximately 5.7 million Iraqi children studying at primary and secondary schools; it has been speculated that at least 10% of them are in dire need of psychotherapy as a result of experiencing highly dangerous (potential trauma inducing) events [16].

A fundamental question is whether such events inevitably lead to deterioration in mental health or whether some forms of resilience and coping emerge. For example, a hopeful conceptualization is that children may develop resilience and adapt in one way or another to stressful events because of the continual exposure to such events, through a form of "psychological immunization" [17]. However, such a simple view is questionable.

Conclusion

The growing threat of terrorism worldwide in the late 1990s and the early years of the second millennium have heightened the health professional's awareness of disasters as a potentially important determinant of population health and suggest a pressing need both to identify key areas of consensus in post-disaster research and to highlight areas that require additional studies [18]. As a result, a substantial body of literature after wars e.g. war in Iraq and Afghanistan [19] and terrorist attacks, e.g., September 11, 2001 in New York City [20] were conducted. These studies had a profound influence on the empirical work of PTSD. However, much of this work sought to understand the psychological sequelae of exposure to dangerous events among persons who had fought in or been the victims of war and violent conflict.

The study suggested that the psychological effects of war and violence on children depend on a range of factors such as 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 well-being 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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