The Youngest Victims: Children and Youth Affected by War

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Manuel T. started his life in the war zone of El Salvador during the period of violent political repression that dominated events there in the 1970s.[1] The war grew out of local conditions – a leftist uprising against the political elite who governed ruthlessly on behalf of the small group of families who owned most of the land and held the country's wealth. The war continued as long as it did because of global politics; El Salvador had become a pawn in the Cold War, with the United States supporting the government and the Soviet Union backing the rebels. Growing up in a war zone infected every aspect of Manuel's life, with many long-term consequences. Manuel's father went to prison for a murder that grew out of his role in a death squad. With his father gone and the family's financial status desperate, his mother "abandoned" him to seek work in the United States. After Manuel's grandfather was murdered in front of him, his mother returned to get him and bring him to the United States. There he moved into the dark world of the MS-13 gang, and was eventually deported back to El Salvador, where the war was over but the combatants continued to fight as "security forces" and "gangs" (most notably MS-13). The rest of Manuel's story is a tale of brutality, murder, and sexual assault that has resulted in him receiving a death sentence. It's hard to know what Manuel would have become had he grown up in peace. We do know that growing up in a war zone poisoned him psychologically.

In 1989, the United Nation's Convention on the Rights of the Child declared, "[state parties] shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict" (p. 11). In addition to attempting to secure the welfare of children in armed conflict, the Convention went on to ban the recruitment and deployment of children during war. Despite the vast majority of sovereign nations signing and ratifying this agreement, this treaty, unfortunately, has not prevented children and youth from witnessing, becoming victims of, or participating in political, ethnic, religious, and cultural violence across the past three decades. For example, it is estimated tens of thousands of children serve in armed militant groups, with an additional 2 million children killed and 6 million becoming

permanently disfigured as a result of modern warfare (Grusovin, Makome, Nayak, Nicolai, & Verhey, 2009).

In recognition of the abuses and tragedies that befall the nearly 250 million children currently living in countries affected by armed conflict (UNICEF, 2016), this chapter summarizes the direct developmental and psychological consequences of exposure to warfare and political violence. We also emphasize the indirect implications of growing up in a culture of violence and fear – including indirect traumatization and socially toxic messaging that often coincide with modern warfare.

Because warfare permeates so many contexts within a community or country, one of the theories most commonly used to explain the impact of political violence on childhood development is Urie Bronfenbrenner's (1979) social-ecological theory (Cummings, Merrilees, Taylor, & Mondi, 2017). The social-ecological theory states that the dynamic and reciprocal environments that a person experiences shape human development (Bronfenbrenner & Morris, 1998). This begins with individuals' own biology and personal characteristics and their microsystems (direct environments in which a child lives and interacts). In instances of political violence, it is easy to see how microsystems may be disrupted or endanger a child's well-being. For example, fighting may destroy the home or community spaces that children previously frequented, daily life may become strained as caregivers deal with their own traumas, and normal routines such as going to school or the grocery store may no longer be considered safe or may be restricted by parents (Qouta, Punamäki, & El-Sarraj, 2008). Furthermore, children's mesosystems (connections of microsystems), may be disrupted in times of crises. Teachers, neighbors, or relatives may be closer, or lived with, in refugee camps. Areas like religious buildings may start to serve different purposes, such as becoming shelters offering food and schooling. In addition, children's personal characteristics may buffer or worsen the impact of trauma. Beyond gender and age – discussed later in this chapter – children with higher levels of self-agency, acculturation skills, or "hardiness/resilience" may not suffer the same psychological impacts as a result of political violence exposure compared to children who do not possess such attributes (Masten & Narayan, 2012).

Moving beyond microsystems, there is still a possibility of psychological or traumatic consequences even if children do not directly experience environments that are impacted by political violence or warfare. Children's immediate environments are disrupted by secondary stressors, such as poverty, displacement, or familial strain, that negatively impact daily functioning. For example, if caregivers' workplaces become disrupted or lost, children's home life may be negatively impacted, which in turn is correlated with more internalizing symptoms and post-traumatic stress symptoms (PTSS; Comer et al., 2010). Thus, children may experience psychological or traumatic consequences through indirect exposure to violence associated with war or armed conflict.

Secondhand trauma may be passed down through generations. A caregiver's exposure to political violence in the past has been shown to negatively impact children's mental health, even when the conflict has been long resolved. Examples of the transmission of trauma from one generation to the next, commonly referred to as intergenerational trauma, can been seen throughout history in the descendants of Holocaust survivors (Danieli, 1998), American Indians (Brave Heart & DeBruyn, 1998), and combat veterans (see review by Dekel & Goldblatt, 2008). Various mechanisms have been proposed to explain this phenomenon, ranging from psychodynamic perspectives that emphasize children's unconscious absorption of repressed and unresolved parental traumas (e.g., Rowland-Klein & Dunlop, 1998), to biological explanations that focus on genetically based predispositions or vulnerabilities created from neurological change stemming from traumatic exposure (Yehuda, 1999). Other theories focus on the family system itself, suggesting that family dynamics and familial dysfunction are the root of difficulties experienced by children of trauma survivors (Rosenheck & Fontana, 1998). For example, children may develop maladaptive thinking and/or behaviors as a direct result of exposure to parents' psychopathology, such as when children view parents' hypervigilance and then subsequently come to perceive the world as dangerous, leading to the development of anxiety, or children may develop maladaptive thinking and behaviors through dysfunctional relationships with their parents, not from their parents' trauma-related psychopathology directly (Schwartz, Dohrenwend, & Levav, 1994). For example, a parent with a history of trauma may struggle with being emotionally responsive to a child's needs, which can lead to problems such as emotional dysregulation.

Additionally, violent images or depictions of conflict can desensitize children to violence or create secondhand trauma or anxiety (Joshi & O'Donnell, 2003). On a macro level, the environment of a country, which includes culture, laws, and social norms, is also disrupted during warfare. These macrosystems can shift to become distrustful or suspicious of outsiders or perceived enemies of the state, leading to new security laws that might restrict the freedom or the movement of families, and communities and states may be formed, destroyed, or devastated. Changing landscapes may confuse young children and fundamentally alter life as they have known it.

A direct implication of this ecological perspective is the fact that rarely if ever does a single influence determine the course of a child's life, for better or for worse. Whether these influences are negative – "risk factors" – or positive – "developmental assets" – it is extremely rare that a single influence is decisive. Rather, it is the accumulation of risk factors and the counterbalancing by developmental assets that determines whether an environment will lead to social toxicity or robustness. Thus, the goal of this chapter is to provide a broad overview of the impact of warfare and political violence on children who directly experience conflict, as well as the indirect impact of growing up in cultures that experience fighting but where children do not directly witness the violence. We end with suggestions for policy

makers and practitioners on how to promote healthy development for youth who may be particularly vulnerable to the impacts of warfare.

DIRECT EFFECTS OF WARFARE AND POLITICAL VIOLENCE

Modern diplomacy has shifted armed conflict from occurring between territories or countries to now taking place within a country (Marshall & Elzinga-Marshall, 2017). This means children from all over the world have witnessed or been affected by warfare and political violence not at their borders but within divided communities. Fortunately, after a disaster (such as exposure to systematic or random political violence), between 60 percent and 80 percent of children are likely to recover naturally and emerge without major psychopathology or violent lifestyles (e.g., Hoven et al., 2005; Thabet & Thabet, 2015). For example, during the thirty-year conflict between Protestants/Separatists and Catholics/Loyalists in Northern Ireland, Northern Irish children did not significantly differ from European children in terms of depression (Cairns, 1996), anxiety (McWhirter, 1984), or self-esteem (Granleese, Turner, & Trew, 1989), despite being exposed to the worst violence in Europe at the time. In the United States, using a nationally representative sample, parents reported just over a third of children showed trouble concentrating, sleep problems, irritability, or avoidance of the topic or of distressing thoughts immediately after the September 11 terrorist attacks (Schuster et al., 2001), with 22 percent of New York City schoolchildren seeking mental health counseling in the months following the attack (Stuber et al., 2002).

Decades of developmental research related to stress and internalizing symptoms have shown the children most likely to suffer serious and long-term mental health, behavioral, or emotional problems from their encounters with traumatic events are the 20 percent of children who experience those events and are emotionally vulnerable, who have accumulated risk factors, or who have been directly impacted from events such as personal injury or the injury or death of a loved one (Joshi & O'Donnell, 2003; Sameroff, Bartko, Baldwin, Baldwin, & Seifer, 1998). Children who come from families with high levels of family conflict, divorce, or parental depression or stress during instances of political violence are more likely to report post-traumatic stress symptoms (PTSS) following the attack. For example, parental distress, including children who witnessed their parents crying or reported impaired communication with parents, is one of the most consistent predictors of later PTSS in children following exposure to political violence (Chemtob et al., 2010; Fairbrother, Stuber, Galea, Fleischman, & Pfefferbaum, 2003; Gil-Rivas, Silver, Holman, McIntosh, & Poulin, 2007; Hagan, 2005; Otto et al., 2007; Stuber et al., 2002; Wilson, Lengua, Meltzoff, & Smith, 2010). This is consistent with social-ecological theory, which states children's immediate environments, such as a stable home life and normal routines, are the most influential and important contexts in shaping healthy developmental outcomes.

Children are aware of and terrified by terror attacks and armed conflict just as adults are. However, the individual risk factors associated with children who develop acute or long-term psychopathological symptoms as a result of exposure to traumatic events have shown mixed results. On one hand, research has suggested that children under the age of twelve, who depend on support systems that nurture and shape their daily lives but lack the cognitive resources to make sense of political or cultural violence, are especially susceptible to the effects of trauma (Cummings et al., 2011). For example, short-term effects following exposure to trauma within younger children typically include trouble sleeping, separation anxiety or clinging behavior, or trouble concentrating, although these are likely to dissipate over time (Cummings et al., 2017; Joshi & O'Donnell, 2003). For school-aged children, traumatic symptoms as a result of political violence exposure may manifest as regressive behaviors such as fear of being alone, aggression or hyperarousal, trouble concentrating, or anxiety (Gurwitch, Pfefferbaum, & Leftwich, 2002). On the other hand, research examining cognitive development and understanding of political violence suggests older youth, who understand the realities of armed conflict, may have more difficulties blocking out intrusive thoughts (Masten & Narayan, 2012). Older children's advanced autonomy, cognitive maturity, and responsibilities may mean they feel compelled to participate in violence, and with reduced parental monitoring they may be more exposed to traumatic violent events, which in turn correlates with developing PTSS (Barber, 2008; Macksoud & Aber, 1996). Youth may display externalizing behaviors such as aggression, risk-taking, or substance use (Schiff & Fang, 2014; Schiff et al., 2012). Additionally, older children who participate in armed conflict may be met with greater family and community distrust and stigmatization. Such marginalization was associated with increase depressive and internalizing symptoms (Betancourt et al., 2010).

Similar to findings regarding age and exposure, there is also inconsistent evidence regarding gender and PTSS, with males often being exposed to more violence but females reporting higher levels of traumatic symptoms (APA, 2017). While the literature has shown that girls are more likely to report higher levels of fear following an attack or an instance of violence than boys, when using more indirect measures of fear (like unconscious projections onto a picture), boys report higher levels of fear, and more severe PTSS (Greenbaum, Erlich, & Toubiana, 1993; Laufer & Solomon, 2006) suggesting that fear in boys is more internalized.

Overall, more research is needed so as to fully understand how the exposure to armed conflict impacts youth. Critics have argued that models that assume a direct relationship between exposure to war-related violence and later mental health problems are too narrow in their focus and have failed to capture the complex, overlapping pathways that determine how organized violence disrupts or shapes a child's life (Miller & Rasmussen, 2010). It is unclear how variables within political violence (such as the type, duration, frequency of exposure, and proximity to events) mediate the development of social, emotional, cognitive, and psychological issues

among children who are exposed to armed conflict (Barber, 2008, 2013; Cairns, 1996; Cummings et al., 2017; Dubow, Huesmann, & Boxer, 2009). Variability in the methodologies and instruments used to measure symptoms (Betancourt et al., 2012) secondary to political violence further complicates the synthesis of evidence.

INDIRECT EFFECTS AND SOCIALLY TOXIC MESSAGES

Beyond directly witnessing violence, children can also internalize the cultural messaging surrounding armed political conflicts can also affect psychological and behavioral outcomes. For example, children who view political hardship as ideologically or spiritually meaningful may show resilience against some of the negative effects of violence exposure (Wright, Masten, & Narayan, 2012). This coping strategy was shown to protect against the development of internalizing problems among Israeli youth (Punamäki, 1996), and the youth who joined the African National Congress Youth League (aka the "Young Lions") in South Africa during the apartheid era. Joining this political movement, which fought to bring democracy through strikes and walkouts, seemed to buffer the impact of the government's violence against people of color (Slone, Kaminer, & Durrheim, 2002).

The worst situation for youth seems to be when they are given information about the threat in such a way that both their fears and their inability for action increase. Children who internalize the event and use it as a basis for peace or social justice show empowerment rather than pessimism while children with a sense of fear and a feeling of helplessness after learning of the threat of violence seem to have worse outcomes (Punamäki, Qouta, & El-Sarraj, 2001). This is particularly concerning regarding media or internet exposure that children may access with little to none adult supervision. Research following the Oklahoma City bombing found that the majority of television watched was related to the bombing, and children who watched more television coverage of the attack reported more distressing thoughts and PTSS (Pfefferbaum et al., 2001). Because of the growing ubiquity of social media and the Internet to spread not just violent images but also messages of hate or discrimination, more research is needed into how youth internalize the potentially socially toxic messages that proliferate during times of armed conflict.

Social toxicity refers to the extent to which the social environment is psychologically poisonous. A socially toxic environment contains serious threats to the development of identity, competence, moral reasoning, trust, hope, and the other features of personality and ideology that are the building blocks for success in school, family, work, and the community. What social and cultural poisons are psychologically equivalent to lead and smoke in the air, PCBs in the water, and pesticides in the food chain? We can see social toxicity in the values, practices, and institutions that breed feelings of racism and misogyny, fear about the world, feelings of rejection by adults inside and outside the family, exposure to traumatic images and experiences, absence of adult supervision, and/or inadequate exposure to positive adult role

models. These feelings and experiences arise from being embedded in a shallow materialist culture, being surrounded with negative and degrading media messages, and being deprived of relationships with sources that provide role models of character within a school, the neighborhood, and the larger community. Here we consider elements of social toxicity (i.e., misogyny and sexualization or exploitation) that are especially relevant to the well-being and development of young children in situations of warfare and political violence.

Misogyny

The messages that young boys and young girls receive about their inherent worth, value, and abilities are staggeringly different. Across the world, misogyny is demonstrated in clear differences between selective abortions, school graduation rates, the frequency of forced marriages, physical and sexual violence, and power differentials in gender roles between male and female children. Although the United States has reached "gender parity" (i.e., girls and boys have equal literacy and school attendance rates), that is not to say that children in the United States are not exposed to misogynist messages. Indeed, 50 percent of respondents in a representative survey of US adults endorsed the statement "women are not qualified to hold high-power positions in companies or government" (Pew Research Center, 2015).

Refugee children who come to a classroom as a result of fleeing war or other humanitarian crises may be from cultures that devalue girls' education and autonomy. Female students may be at greater risk to experience psychological distress that disrupts academic or social functioning when crises occur in the immediate community. Studies of both domestic and international disasters have found that on average, female gender is a significant predictor of developing PTSS in children (Furr, Comer, Edmunds, & Kendall, 2010). Even in studies of exposure to disasters and political violence in the United States, elementary school-aged girls are more likely to report being upset (Lengua, Long, Smith, & Meltzoff, 2005), despite reporting higher levels of social support from parents following traumatic events (Vernberg La Greca, Silverman, & Prinstein, 1996).

Why would girls show more symptoms of trauma even after receiving parental support? On one hand, genetics or hormone levels might impact girls' level of anxiety, depression, or internalizing symptoms (Tolin & Foa, 2006; Yehuda, 1999). On the other hand, this may be partly related to differences in parenting and behavioral expectations that reinforce messages for girls to be more sensitive or anxious than boys. For example, parents who repeatedly ask their girls about their feelings might increase their children's rumination and prevent them from returning to normal routines. Studies conducted during the two-decades-long conflict between British Loyalist Protestants and independence-seeking Catholics in Northern Ireland (also called "The Troubles") demonstrated just this effect: girls were more likely to report internalizing symptoms of anxiety or fearfulness whereas

boys were more likely to report externalizing problems (e.g., Cummings et al., 2011; Granleese et al., 1989). In decades of debate, researchers have examined to what extent the grades of low-achieving students are influenced by low expectations and a lack of attention from teachers (Jussim & Harber, 2005). These "self-fulfilling prophecies" can act in similar ways following traumatic events – in trying to be sensitive to students' needs, adults may actually be reinforcing and strengthening gender stereotypes.

Sexualization and Sexual Exploitation

Early objectification promotes messages that children offer little value beyond their physical bodies. Young girls are inundated with images in mass media that show thin, overly sexualized women (APA, 2007; Durham, 2010). Girls have higher levels of internalization of these messages compared to boys, and are more likely to report lower body satisfaction and self-esteem as a result (Dohnt & Tiggemann, 2006; Murnen, Smolak, Mills, & Good, 2003; Starr & Ferguson, 2012). Sexualization reinforces cultural ideals that tie self-worth to standards of physical attractiveness, and ultimately prevents children from obtaining developmentally appropriate information about sexuality.

It is the responsibility of adults to protect children from adult sexual experiences and to ensure that children are off-limits to adults sexually (Garbarino, 1994). Although the majority of studies regarding sexual exploitation are carried out among adolescents, this does not mean that young children are not at risk before, during, and after crises. Because young children rely heavily on caregivers, especially in the wake of disasters, victims are unlikely and unwilling to disclose sexual abuse out of fear of retribution or removal from their homes (Rafferty, 2013; UNICEF, 2013). Children are also likely to become separated from their families during emergencies, and are at an increased vulnerability to sexual abuse or exploitation from outside perpetrators (UNICEF, 2014).

The stigma of sexual abuse and the isolation that exploited children experience make it difficult for educators to identify and protect these children. Children may feel too ashamed to admit these abuses have occurred or may fear backlash from their abuser. Risk factors for abuse include previous abuse (McClanahan, McClelland, Abram, & Teplin, 1999), low-income and/or high-crime neighborhood residence (Cecchet & Thoburn, 2014; Twill, Green, & Traylor, 2010; Rafferty, 2008), and few adult connections (i.e., youth in foster care or homeless or runaway youth; Fong & Cardoso, 2010; Wilson & Butler, 2014).

Political violence is an ongoing phenomenon in Middle Eastern countries and therefore provides a unique view of how exposure to chronic, repeated acts of political violence impacts youth and their development. While exposure to single-instance attacks that occur during acts of terrorism is of growing concern, a second major concern in the research literature is understanding how prolonged exposure

to conflict impacts development compared to single-instance exposure (Barber, 2013), and how generalizable effects across individual conflicts truly are (Cairns, 1996). Studies of the impact of prolonged conflict on child and adolescent development often show increased likelihood of internalizing (such as anxiety or depression) or externalizing (such as aggression or acting out) symptoms. For example, studies of Palestinian children have demonstrated higher rates of PTSS and sleep disturbance and reemergence of PTSS during periods of heightened violence compared to Israeli children who experience relatively minor exposure (Miller-Graff & Cummings, 2017). Additionally, use of substances like alcohol and other consciousness-altering drugs is sometimes suggested to increase as a coping mechanism for stress (Schiff, Zweig, Benbenishty, & Hasin, 2007). Furthermore, studies of prolonged political violence exposure demonstrate, on average, greatest impact among youth who are most vulnerable, particularly those living in low-income communities or those with high levels of exposure to community violence. For example, a study of Israeli teenagers found that the greatest increase in alcohol consumption was among those with the closest physical and psychological proximity to terrorist attacks (Schiff et al., 2007).

Regardless of single or prolonged exposure, trauma symptoms do not necessarily dissipate in the days following an attack. Resiliency is an ongoing process that varies across individuals, but can be transient and mutable over time depending on different factors. In countries such as South Africa and Northern Ireland, continued inequality and segregation have led to secondhand trauma in the newest generation of children and adolescents. Poverty, experiences of discrimination, and a lack of access to education and healthcare has led some children to further endorse violence as a means to gain a better life.

Given the broad, disruptive nature of political conflict, it is striking that some children seem resilient to the impacts of trauma. How is it that some children will not show long-term symptoms of anxiety or developmental disruption? Children's experiences will be filtered through their most immediate environment, such as the impact the event has on their family functioning. Children who report high levels of parental supervision, strong parent–child relationships, and security within their communities are less likely to report any PTSS even after direct exposure to political violence. However, this relation also shows bidirectional effects between parents and children. Children's signs of stress may lead to more strained parenting conditions. Parents may then exhibit more difficulty and stress in their own functioning, which may impair their parenting ability and worsen their children's functioning. Support for this view is found in a study of parents of distressed children after the September 11 attacks (Phillips, Featherman, & Liu, 2004), in which these parents reported more vulnerabilities and stronger feelings of threat one year later compared to parents of non-distressed children

Further, when trauma becomes chronic, its effects can manifest in ways that at first glance appear paradoxical – namely, less rather than more overt distress. A study

of Israeli children subjected to repeated shelling from Lebanon found that these children appeared no more anxious than kids living in similar communities far enough from the border that they never experienced shelling (Bat-Zion & Levy-Shiff, 1993). The best explanation for this is that for the children living near the border, chronic shelling became a way of life, and they engaged in a process of adaptation (or *habituation*, to use a term psychologists prefer). Of course, this process of adaptation itself can mask deeper existential issues of meaningfulness as well as confidence in the future and trust in adults. In countries with ongoing violence, such as Israel and Palestine, some children show signs of habituation, with others reporting more substance use as a means to cope. Therefore, it is vital to examine and assist not just children who show symptoms of anxiety or trauma, but those who seem resilient as well.

Implications and Recommendations

After what seems like a senseless attack, everyone is left with a feeling of "now what?" If you are a parent, or work or interact with children, you should keep a few things in mind. The vast majority of children will recover naturally as their lives and the environment return to normal. Disruptions to normal family life (such as not eating dinner together, or witnessing parents crying) can impede children's healing, which is why children who were already facing disruptions pre-disaster have a much harder time coping. Following this, note that children mirror adults. Adults who are calm in their thoughts and actions and positive about the future will transmit these messages to their children. Remember to be emotionally responsive and sensitive when talking to children, and to dispel unfounded rumors. At the same time, children can see the world differently than adults – and it is important to shield them from the most violent images of destruction. They are more likely to feel personally connected to the attack, to feel personally threatened, and to see the situation in black and white. If they hear demonizing statements about a particular group after the attack, and do not have any opportunity for positive interactions that facilitate understanding, they are more likely to internalize fear, distrust, or hatred for that group. In highly segregated countries and communities like South Africa and Northern Ireland this is especially true.

Just as the public health response to physical toxins introduced during disasters includes removing and replacing any contaminated materials, so teachers and caregivers can provide "antidotes" to socially toxic messages in the form of developmental assets. Research has clearly demonstrated that those who are already dealing with other stressors are at the greatest risk for PTSS. Thus, it is crucial again to point out that socially toxic messages are the most damaging for children who are already vulnerable from the impact of risk factors such as poverty, abuse, or exploitation (Cummings et al., 2017; Shaw, 2003).

Unfortunately, low-income communities often are hit hardest and left the most devastated during warfare. For example, the Flint, Michigan, water crisis impacted the physical health of citizens by introducing elevated levels of *E. coli* bacteria, pollutants, and lead (a neurotoxin in large doses) into the drinking water. When tested, children from disadvantaged areas or neighborhoods with high levels of minority populations had the most elevated levels of lead in their blood (Hanna-Attisha, LaChance, Sadler, & Schnepp, 2016). These children, the researchers noted, already had a higher likelihood of exposure to lead poisoning due to poor nutrition and concentrated poverty, resulting in older and lower-quality housing (Hanna-Attisha et al., 2016). Like physical toxicity, social toxicity can be fatal – in the form of suicide, homicide, drug-related, and other lifestyle-related preventable deaths. But mostly it results in diminished "humanity" in the lives of children and youth by virtue of leading them to live in a state of degradation, whether they know it or not. It is the antithesis of what positive psychology aspires to foster in kids – and in their parents, teachers, and neighbors.

Social norms surrounding the emotional sensitivity of young girls not only lead to psychological distress but also permit the emotional distress of boys to go overlooked. Educators can promote the developmental asset of empowerment through activities in which all students have an opportunity to express their feelings, strategies for moving forward, and ways to contribute or give back to the community. Additionally, be sure to provide opportunities for all students to participate and respond with precise comments about each student's participation in order to validate them.

An antidote to socially toxic messages of sexual exploitation comes in the form of boundaries and expectations. This developmental asset reinforces the need for safety within children's homes and the proper expectations and relationships between children and adults. Being aware that sexual exploitation is possible in the wake of disasters, especially for students with weak connections to others, is an important first step in identifying which children may be at risk. Another activity that children can use to process traumatic events includes narrative books or activities such as Garbarino's "Let Talk about Violence." This coloring book is geared toward young children and gives them an opportunity to write about their lives and to form a meaningful narrative around their experiences in a creative way.

Children who do not act in gender-typical ways are at greater risk from bullying at school and physical abuse at home. Activities that promote the developmental asset of support might include team-building, cooperation, or empathy-building activities. Further, you can work with your school to set up safe, low-cost childcare for parents who feel torn between going back to work in order to provide for their children and wanting to make sure their children are taken care of (Peek & Fothergill, 2009). This can minimize some of the stress parents feel at home.

Clearly, growing up in societies where racism and discrimination are prevalent can have serious negative consequences for youth; however, not all youth who

experience the same level of racial discrimination experience the same level of adverse consequences due to this exposure (Neblett et al., 2008). Particularly, research has shown that highly positive racial experience in influential adults appears to have a buffering effect that reduces the negative impacts of racism (Neblett et al., 2008). Thus, activities that emphasize racial pride, positive self-worth, and egalitarian values, as well as discussion of the racial barriers youth of color will likely encounter, will reinforce the development asset of positive identity.

CONCLUSION

Social toxicity in the wake of disasters can have long-term, compounding negative effects on young children. While a growing literature has examined the broad impact of disasters on development and how teachers can respond (e.g., Szente, 2016), more research is needed so as to determine how the individual characteristics of children, their families, and their teachers may interact in a community or society that is reeling from crises. However, any steps taken to reduce messages of rejection and instead promote the development of character will allow children not to just be resilient but to thrive later.

Note

1. The case study has been de-identified to protect confidentiality.

REFERENCES

American Psychological Association (APA) (2007). Report of the APA Task Force on the Sexualization of Girls. Retrieved from www.apa.org/pi/women/programs/girls/report-summary.pdf.

American Psychological Association (APA) (2017). *APA Handbook of trauma psychology, Volume 1*. Washington, DC: American Psychological Association.

Barber, B. K. (2008). Contrasting portraits of war: Youths' varied experiences with political violence in Bosnia and Palestine. *International Journal of Behavioral Development*, 32, 298–309.

Barber, B. K. (2013). Annual research review: The experience of youth with political conflict – challenging notions of resilience and encouraging research refinement. *Journal of Child Psychology and Psychiatry*, 54, 461–473. doi:10.1111/jcpp.12056

Bat-Zion, N., & Levy-Shiff, R. (1993). Children in war: Stress and coping reactions under the threat of Scud missile attacks and the effect of proximity. In L. Leavitt & N. Fox (eds.), *The psychological effects of war and violence on children* (pp. 143–161). Hillsdale, NJ: Lawrence Erlbaum.

Betancourt, T. S., Agnew-Blais, J., Gillman, S. E., Williams, D. R., & Ellis, B. H. (2010). Past horrors, present struggles: The role of stigma in the association between war experiences

and psychosocial adjustment among former child soldiers in Sierra Leone. *Social Science Medicine*, 70, 17–26. doi:10.1016/j.socscimed.2009.09.038

Betancourt, T. S., Borisova, I., Williams, T. P., et al. (2012). Psychosocial adjustment and mental health in former child soldiers: A systematic review of the literature and recommendations for future research. *Journal of Child Psychology and Psychiatry*, 54, 17–36, doi:10.1111/j.1469.-7610.2012.02620.x

Brave Heart, M., & DeBruyn, L. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8, 60–82.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by design and nature*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of developmental processes. In W. Damon & R. M. Lerner (eds.), *Handbook of child psychology: Theoretical models of human development* (pp. 993–1028). Hoboken, NJ: John Wiley.

Cairns, E. (1996). *Children and political violence*. Malden, UK: Blackwell Publishing.

Cecchet, S. J., & Thoburn, J. (2014). The psychological experience of child and adolescent sex trafficking in the United States: Trauma and resilience in survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6, 482–493. doi:10.1037/a0035763

Chemtob, C. M., Nomura, Y., Rajendran, K., et al. (2010). Impact of maternal post-traumatic stress disorder and depression following exposure to the September 11 attacks on preschool children's behavior. *Child Development*, 81, 1129–1141. doi:10.1111/j.1467-8624.2010.01458.x

Comer, J. S., Fan, B., Duarte, C. S., et al. (2010). Attack-related life disruption and child psychopathology in New York City public schoolchildren 6 months post-9/11. *Journal of Clinical Child & Adolescent Psychology*, 39, 460–469. doi:10.1080/15374416.2010.486314

Cummings, E. M., Merrilees, C. E., Schermerhorn, A. C., et al. (2011). Longitudinal pathways between political violence and child adjustment: The role of emotional security about the community in Northern Ireland. *Journal of Abnormal Child Psychology*, 39, 213–224. doi:10.1007/s10802-010-9457-3

Cummings, E. M., Merrilees, C. E., Taylor, L. K., & Mondi, C. F. (2017). Developmental and social-ecological perspectives on children, political violence, and armed conflict. *Development and Psychopathology*, 29, 1–10. doi:10.1017/S0954579416001061

Danieli, Y. (1998). Introduction: History and conceptual foundations. In Y. Danieli (ed.), *International handbook of multigenerational legacies of trauma* (pp. 1–13). New York: Plenum Press.

Dekel, R., & Goldblatt, H. (2008). Is there intergenerational transmission of trauma? The case of combat veterans' children. *American Journal of Orthopsychiatry*, 78(3), 281–289. https://doi-org.ez.lib.jjay.cuny.edu/10.1037/a0013955.

Dohnt, H., & Tiggemann, M. (2006). The contribution of peer and media influences to the development of body satisfaction and self-esteem in young girls: A prospective study. *Developmental Psychology*, 42, 929–936. doi:10.1037/0012-1649.42.5.92

Dubow, E. F., Huesmann, L. R., & Boxer, P. (2009). A social-cognitive-ecological framework for understanding the impact of exposure to persistent ethnic-political violence on children's psychosocial adjustment. *Clinical Child and Family Psychology Review*, 12, 113–126. doi:10.1007/s10567-009-0050-7

Durham, M. G. (2010). *The Lolita effect: The media sexualization of young girls and five keys to fixing it*. New York: Overlook Press.

Fairbrother, G., Stuber, J., Galea, S., Fleischman, A. R., & Pfefferbaum, B. (2003). Post-traumatic stress reactions in New York City children after the September 11, 2001, terrorist attacks. *Ambulatory Pediatrics*, 3, 304–311. doi:10.1367/1539-4409(2003)003<0304:psriny>2.0.CO;2

Fong, R., & Cardoso, J. B. (2010). Child human trafficking victims: Challenges for the child welfare system. *Evaluation and Program Planning*, 33, 311–316. doi:10.1016/j.evalprogplan.2009.06.018

Furr, J. M., Comer, J. S., Edmunds, J. M., & Kendall, P. C. (2010). Disasters and youth: A meta-analytic examination of posttraumatic stress. *Journal of Consulting and Clinical Psychology*, 78, 765–780. doi:10.1037/a0021482

Garbarino, J. (1994). *Raising children in a socially toxic environment*. San Francisco, CA: Jossey-Bass.

Gil-Rivas, V., Silver, R. C., Holman, E. A., McIntosh, D. N., & Poulin, M. (2007). Parental response and adolescent adjustment to the September 11, 2001 terrorist attacks. *Journal of Traumatic Stress*, 20, 1063–1068. doi:10.1002/jts.20277

Granleese, J., Turner, I., & Trew, K. (1989). Teachers' and boys' and girls' perceptions of competence in the primary school: The importance of physical competence. *British Journal of Educational Psychology*, 59, 31–37. doi:10.1111/j.2044-8279.1989.tb03073.x

Greenbaum, C. W., Erlich, C., & Toubiana, Y. H. (1993). Settler children and the Gulf War. In L. Leavitt & N. Fox (eds.), *The psychological effects of war and violence on children* (pp. 109–130). Hillsdale, NJ: Lawrence Erlbaum.

Grusovin, K., Makome, A., Nayak, B., Nicolai, S., & Verhey, B. (2009). *Machel study 10-year strategic review: Children and conflict in a changing world*. United Nations report. New York: United Nations Children's Fund.

Gurwitch, R. H., Pfefferbaum, B., & Leftwich, M. J. T. (2002). The impact of terrorism on children: Considerations for a new era. *Journal of Trauma Practice*, 1, 101–124. doi:10.1300/J189v01n03_06

Hagan, J. F. (2005). Psychosocial implications of disaster or terrorism on children: A guide for the pediatrician. *Pediatrics*, 116, 787–795. doi:10.1542/peds.2005-1498

Hanna-Attisha, M., LaChance, J., Sadler, R. C., & Schnepp, A. C. (2016). Elevated blood lead levels in children associated with the Flint drinking water crisis: A spatial analysis of risk and public health response. *American Journal of Public Health*, 106, 283–290. doi:10.2105/AJPH.2015.303003

Hoven, C. W., Duarte, C. S., Lucas, C. P., et al. (2005). Psychopathology among New York City public school children 6 months after September 11. *Archives of General Psychiatry*, 62, 545–551. doi:10.1001/archpsyc.62.5.545

Joshi, P. T., & O'Donnell, D. A. (2003). Consequences of child exposure to war and terrorism. *Clinical Child and Family Psychology Review*, 6, 275–292. doi:1096-4037/03/1200-0275/0

Jussim, L., & Harber, K. D. (2005). Teacher expectations and self-fulfilling prophecies: Knowns and unknowns, resolved and unresolved controversies. *Personality and Social Psychology Review*, 9, 131–155. doi:10.1207/s15327957pspr0902_3

Laufer, A., & Solomon, Z. (2006). Post-traumatic symptoms and post-traumatic growth among Israeli youth exposed to terror incidents. *Journal of Social and Clinical Psychology*, 25(4), 429–447. doi:10.1521/jscp.2006.25.4.429

Lengua, L. J., Long, A. C., Smith, K. I., & Meltzoff, A. N. (2005). Pre-attack symptomatology and temperament as predictors of children's responses to the September 11 terrorist attacks. *Journal of Child Psychology and Psychiatry*, 46, 631–645. doi:10.1111/j.1469-7610.2004.00378.x

Macksoud, M. S., & Aber, J. L. (1996). The war experiences and psychosocial development of children in Lebanon. *Child Development*, 67, 70–88.

Marshall, M. G., & Elzinga-Marshall, G. (2017). Global report 2017: Conflict, governance and state fragility. Center for Systemic Peace. Retrieved from www.systemicpeace.org/vlibrary/GlobalReport2017.pdf.

Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. *Annual Review of Psychology*, 63, 227–257. doi:10.1146/annurev-psych-120710-100356

McClanahan, S. F., McClelland, G. M., Abram, K. M., & Teplin, L. A. (1999). Pathways into prostitution among female jail detainees and their implications for mental health services. *Psychiatric Services*, 50, 1606–1613. doi:10.1176/ps.50.12.1606

McWhirter, L. (1984). Is getting caught in a riot more stressful for children than seeing a scary film or moving to a new school? Paper presented at the annual conference of the Northern Irish Branch of the BPS, Port Ballintrae, Northern Ireland.

Merrilees, C. E., Cairns, E., Taylor, L. K., et al. (2013). Social identity and youth aggressive and delinquent behaviors in a context of political violence. *Political Psychology*, 34, 695–711. doi:10.1111/pops.12030

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70, 7–16. doi:10.1016/j.socscimed.2009.09.029

Miller-Graff, L., & Cummings, E. M. (2017). The Israeli–Palestinian conflict: Effects on youth adjustment, available interventions, and future research directions. *Developmental Review*, 43, 1–47. doi:10.1016/j.dr.2016.10.001

Murnen, S. K., Smolak, L., Mills, J. A., & Good, L. (2003). Thin, sexy women and strong, muscular men: Grade-school children's responses to objectified images of women and men. *Sex Roles*, 49, 427–437. doi:10.1023/A:1025868320206

Neblett, E. W., White, R. L., Ford, K. R., et al. (2008). Patterns of racial socialization and psychological adjustment: Can parental communications about race reduce the impact of racial discrimination? *Journal of Research on Adolescence*, 18(3), 477–515.

Otto, M. W., Henin, A., Hirshfeld-Becker, D. R., et al. (2007). Post-traumatic stress disorder symptoms following media exposure to tragic events: Impact of 9/11 on children at risk for anxiety disorders. *Journal of Anxiety Disorders*, 21, 888–902. doi:10.1016/j.janxdis.2006.10.008

Peek, L., & Fothergill, A. (2009). Using focus groups: Lessons from studying daycare centers, 9/11, and Hurricane Katrina. *Qualitative Research*, 9, 31–59. doi:10.1177/1468794108098029

Pew Research Center (2015). Women and leadership: Public says women are equally qualified, but barriers persist. Pew Research Center. Retrieved from www.pewsocialtrends.org/2015/01/14/women-and-leadership/.

Pfefferbaum, B., Nixon, S. J., Tivis, R. D., et al. (2001). Television exposure in children after a terrorist incident. *Psychiatry*, 64, 202–211. doi:10.1521/psyc.64.3.202.18462

Phillips, D., Featherman, D. L., & Liu, J. (2004). Children as an evocative influence on adults' reactions to terrorism. *Applied Developmental Science*, 8, 195–210. doi:10.1207/s1532480xads0804_3

Punamäki, R. L. (1996). Can ideological commitment protect children's psychosocial well-being in situations of political violence? *Child Development*, 67, 55–69. doi:10.1111/j.1467-8624.1996.tb01719.x

Punamäki, R., Qouta, S., & El-Sarraj, E. (2001). Resiliency factors predicting adjustment after political violence among Palestinian children. *International Journal of Behavioral Development*, 25, 256–267.

Qouta, S., Punamäki, R. L., & El-Sarraj, E. (2008). Child development and family mental health in war and military violence: The Palestinian experience. *International Journal of Behavioral Development*, 32, 310–321. doi:10/1177/0165025408090973

Rafferty, Y. (2008). The impact of trafficking on children: Psychological and social policy perspectives. *Child Development Perspectives*, 2, 13–18. doi:10.1111/j.1750-8606.2008.00035.x

Rafferty, Y. (2013). Child trafficking and commercial sexual exploitation: A review of promising prevention policies and programs. *American Journal of Orthopsychiatry*, 83, 559–575. doi:10.1111/ajop.12056

Rosenheck, R., & Fontana, A. (1998). Warrior fathers and warrior sons: Intergenerational aspects of trauma. In Y. Danieli (ed.), *International handbook of multigenerational legacies of trauma* (pp. 225–242). New York: Plenum Press.

Rowland-Klein, D., & Dunlop, R. (1998). The transmission of trauma across generations: Identification with parental trauma in children of Holocaust survivors. *Australian and New Zealand Journal of Psychiatry*, 32(3), 358–369.

Sameroff, A. J., Bartko, W. T., Baldwin, A., Baldwin, C., & Seifer, R. (1998). Family and social influences on the development of child competence. In M. Lewis & C. Feiring (eds.), *Families, risk, and competence* (pp. 161–185). Mahwah, NJ: Lawrence Erlbaum.

Schiff, M., & Fang, L. (2014). Adolescent substance use in Israel: The roles of exposure to political traumas and posttraumatic stress symptoms. *Psychology of Addictive Behaviors*, 28, 453–463.

Schiff, M., Pat-Horenczyk, R., Benbenishty, R., et al. (2012). High school students' posttraumatic symptoms, substance abuse and involvement in violence in the aftermath of war. *Social Science & Medicine*, 75, 1321–1328. doi:10.1016/j.socscimed.2012.05.010

Schiff, M., Zweig, H. H., Benbenishty, R., & Hasin, D. S. (2007). Exposure to terrorism and Israeli youths' cigarette, alcohol, and cannabis use. *American Journal of Public Health*, 97, 1852–1858. doi:10.2105/AJPH.2006.090514

Schuster, M. A., Stein, B. D., Jaycox, L. H., et al. (2001). A national survey of stress reactions after the September 11, 2001, terrorist attacks. *New England Journal of Medicine*, 345, 1507–1512. doi:10.1056/NEJM200111153452024

Schwartz, S., Dohrenwend, B., & Levav, I. (1994). Nongenetic familial transmission of psychiatric disorders? Evidence from children of Holocaust survivors. *Journal of Health and Social Behavior*, 35, 385–402. doi:jstor.org/stable/2137216

Shaw, J. A. (2003). Children exposed to war/terrorism. *Clinical Child and Family Psychology Review*, 6, 237–246.

Slone, M., Kaminer, D., & Durrheim, K. (2002). The contributions of political life events to psychological distress among South African adolescents. *Political Psychology*, 21(3), 465–487.

Slone, M., Lavi, I., Ozer, E. J., & Pollak, A. (2017). The Israeli–Palestinian conflict: Meta-analysis of exposure and outcome relations for children of the region. *Children and Youth Services Review*, 74, 50–61. doi:10.1016/j.childyouth.2017.01.019

Starr, C. R., & Ferguson, G. M. (2012). Sexy dolls, sexy grade-schoolers? Media & maternal influences on young girls' self-sexualization, *Sex Roles*, 67(463), 463–476. doi:10.1007/s11199-012-0183-x

Stuber, J., Fairbrother, G., Galea, S., et al. (2002). Determinants of counseling for children in Manhattan after the September 11 attacks. *Psychiatric Services*, 53, 815–822. doi:10.1176/appi.ps.53.7.815

Szente, J. (2016). Assisting children caught in disasters: Resources and suggestions for practitioners. *Early Childhood Education Journal*, 44, 201–207. doi:10.1007/s10643-015-0709-2

Thabet, A. A., & Thabet, S. (2015). Trauma, PTSD, anxiety, and resilience in Palestinian children in the Gaza strip. *British Journal of Education, Society & Behavioural Science*, 11, 1–13. doi:10.973/BJESBS/2015/19101

Tolin, D. F., & Foa, E. B. (2006). Sex differences in trauma and posttraumatic stress disorder: A quantitative review of 25 years of research. *Psychological Bulletin*, 132(6), 959–992. doi:10.1037/0033-2909.132.6.959

Twill, S. E., Green, D. M., & Traylor, A. (2010). A descriptive study on sexually exploited children in residential treatment. *Child & Youth Care Forum*, 39, 187–199. doi:10.1007/s10566-010-9098-2

UNICEF (2013). Minimum standards for child protection in humanitarian action. UNICEF Child Protection Working Group. Retrieved from www.cpaor.net/sites/default/files/cp/CP-Minimum-Standards-English-2013.pdf.

UNICEF (2014). Girls' education and gender equality. Retrieved from www.unicef.org/education/bege_70640.html.

UNICEF (2016). The state of the world's children 2016: A fair chance for every child. Retrieved from www.unicef.org/publications/index_91711.html.

Vernberg, E. M., La Greca, A. M., Silverman, W. K., & Prinstein, M. J. (1996). Prediction of posttraumatic stress symptoms in children after Hurricane Andrew. *Journal of Abnormal Psychology*, 105, 237–248. doi:10.1037/0021-843X.105.2.237

Wilson, A. C., Lengua, L. J., Meltzoff, A. N., & Smith, K. A. (2010). Parenting and temperament prior to September 11, 2001, and parenting specific to 9/11 as predictors of children's posttraumatic stress symptoms following 9/11. *Journal of Clinical Child & Adolescent Psychology*, 39(4), 445–459. doi:10.1080/ 15374416.2010.486317

Wilson, B., & Butler, L. D. (2014). Running a gauntlet: A review of victimization and violence in the pre-entry, post-entry, and peri-/post- exit periods of commercial sexual exploitation. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6, 494–504. doi:10.1037/a0032977

Wright, M. O. D., Masten, A. S., & Narayan, A. J. (2013). Resilience processes in development: Four waves of research on positive adaptation in the context of adversity. In S. Goldstein & R. Brooks (eds.), *Handbook of resilience in children* (pp. 15–37). Boston, MA: Springer.

Yehuda, R. (1999). Biological factors associated with susceptibility to posttraumatic stress disorder. *Canadian Journal of Psychiatry*, 44, 34–39. doi:10.1177/070674379904400104