Cultural Influences

Impact of Ethnic and Political Violence on Children

Around the world, many children live with armed conflict, terrorism, and other acts of violence stemming from ethnic and political tensions. Some children participate in fighting, either because they are forced or because they want to please adults. Others are kidnapped, assaulted, and tortured. Child bystanders often come under direct fire and may be killed or physically maimed. And many watch in horror as family members, friends, and neighbors flee, are wounded, or die. An estimated 25 million children live in conflict-ridden, poor countries. In the past decade, wars have left 6 million physically disabled, 20 million homeless, and more than 1 million separated from their parents (Masten et al., 2015; UNICEF, 2011).

When war and social crises are temporary, most children can be comforted and do not show long-term emotional difficulties. But chronic danger requires children to make substantial adjustments that can seriously impair their psychological functioning.

The greater children’s exposure to life-threatening experiences, the more likely they are to display post-traumatic stress symptoms—extreme fear and anxiety, terrifying intrusive memories, depression, irritability, anger, aggression, and a pessimistic view of the future (Dimitry, 2012; Eisenberg & Silver, 2011). These outcomes appear to be culturally universal, emerging among children in every war zone studied—from Bosnia, Rwanda, and the Sudan to the West Bank, Gaza, Iraq, Afghanistan, and Syria.

Parental affection and reassurance are the best protection against lasting problems. When parents offer security, discuss traumatic experiences sympathetically, and serve as role models of calm emotional strength, most children can withstand even extreme war-related violence (Gewirtz, Forgatch, & Wieling, 2008). Children separated from their parents, who are at greatest risk for maladjustment, must rely on help from their communities. Orphans in Eritrea who were placed in residential settings where they could form a close emotional tie with an adult showed less emotional stress five years later than orphans placed in impersonal settings (Wolff & Fesseha, 1999). Education and recreation programs are powerful safeguards, too, providing children with consistency in their lives along with teacher and peer supports.

With the September 11, 2001, terrorist attacks on the World Trade Center, some U.S. children experienced extreme wartime violence firsthand. Most children, however, learned about the attacks indirectly—from the media or from caregivers or peers. Both direct and indirect exposure triggered child and adolescent distress, but extended exposure—having a family member affected or repeatedly witnessing the attacks on TV—resulted in more severe symptoms (Agronick et al., 2007; Rosen & Cohen, 2010). During the following months, distress reactions declined, though more slowly for children with pre-existing adjustment problems.

Unlike many war-traumatized children in the developing world, students in New York's Public School 31, who watched from their classroom windows as the towers collapsed, received immediate intervention—a “trauma curriculum” in which they expressed their emotions through writing, drawing, and discussion and participated in experiences aimed at helping them manage stress and restore trust and tolerance. Evaluations of similar school-based interventions in war-torn regions reveal that they are highly effective in lessening children’s and adolescents’ post-traumatic stress symptoms (Peltonen & Punamäki, 2010; Qouta et al., 2012).

When wartime drains families and communities of resources, international organizations must step in and help children. The Children and War Foundation, www.childrenandwar.org, offers programs and manuals that train local personnel in how to promote children’s adaptive coping. Efforts to preserve children’s physical, psychological, and educational well-being may be the best way to stop transmission of violence to the next generation.

Consequences. The adjustment problems of child sexual abuse victims—including anxiety, depression, low self-esteem, mistrust of adults, and anger and hostility—are often severe and can persist for years after the abusive episodes. Younger children frequently react with sleep difficulties, loss of appetite, and generalized fearfulness. Adolescents may run away and show suicidal reactions, eating disorders (including weight gain and obesity), substance abuse, and delinquency. At all ages, persistent abuse accompanied by force, violence, and a close relationship to the perpetrator (incest) has a more severe impact. And sexual abuse, like physical abuse, is associated with central nervous system damage (Gaskill & Perry, 2012).

Sexually abused children frequently display precocious sexual knowledge and behavior. In adolescence, abused young people often become promiscuous, and as adults, they show increased arrest rates for sex crimes (mostly against children).