

## Beyond Primary Victims: Child Victims of Terrorism, and the Role of Terrorism Media

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Terrorism is defined as a use of force by individuals or groups, which is directed towards innocent civilians and, using tactics which instill fear and terror, is intended to influence or force changes in political or social decisions and policies (Marsella & Moghaddam, as cited in Government of Canada Department of Justice, 2015; Slone & Shoshani, 2008). The individual characteristics of the victims who are on site during the terrorist attack are not as important as the scale of possible calamity. The goal of a terrorist attack is not to target a specific group of people (Slone & Shoshani, 2008), but to advance a politically-driven message. This is why, most often, highly populated areas such as clubs or busses are the targets of terrorist acts, and these are areas most often frequented by students, women, and passersby, who make up the most common demographic categories of victims (Canetti-Nisim, Mesch, & Pedahzur, 2006).

Acts of terrorism can be considered a form of “interpersonal victimization,” and have the potential to produce trauma in those exposed. Such trauma may be the result of the interaction between various interpersonal factors (i.e. a sense of betrayal, injustice, malevolence, etc.; Pereda, 2013). The majority of terrorism victims are considered “indirect victims,” or those whose victimization is a result of exposure other than being on the site of the terrorist attack (Slone & Shoshani, 2008). This is in contrast to “primary victims,” those present at the scene and time of a terrorist attack (Fischer et al., 2011). The purpose of this paper is to discuss two aspects of terrorism literature that pertain to indirect victimization: media influence, and child victims of terrorism.

### **Media Influence**

As a result of media coverage, the effects of terrorism, regardless of the geographical location of the event, can be felt all over the world (Beardsley & Beech, 2013). These effects are often described as a “shared threat” or “shared loss” (Wayment, Barger, Woodward-Tolle & O’Mara, 2010). Terrorism media has the potential to influence people’s opinions (Wayment et al., 2010), and promote a sense of active engagement in previously unaffected viewers. This sense of engagement can have detrimental short- and long-term effects with continuous exposure (Slone & Shoshani, 2008). Negative emotions may be triggered in response to terrorism media, in both adult and child viewers (Thoresen, Jensen, & Dyb, 2014). Short-term effects of viewing terrorism media include distress, shock, fear, actively avoiding public places such as malls or subways, fury, and pain (Slone & Shoshani, 2008). Long-term psychological effects of viewing terrorism media include post-traumatic stress disorder (PTSD) symptomology, anger, depression, Persistent Complex Bereavement Disorder (characterized by severe symptoms of grief

which persist for an extended period of time and negatively impact daily functioning; American Psychiatric Association, 2013), and anxiety. Such reactions were observed even when controlling for other variables, such as previous grief or loss (Pfefferbaum et al., 2014; Slone & Shoshani, 2008). Survivor's guilt is also a typical reaction of indirect victims of terrorism, and often manifests as feelings of responsibility (i.e. "it should have been me" or "why am I alive and they are not?"; Government of Canada Department of Justice, 2015). Responses of indirect victims are similar to those exhibited in primary victims (Fischer et al., 2011; Pfefferbaum et al., 2014).

Media also has the ability to influence viewers' opinions of a situation or category of people. Often, media outlets' depictions of the perpetrators of terrorist acts use vocabulary which paints a whole people as guilty (Mythen, Walklate, & Khan, 2009). For example, Mythen and colleagues (2009) interviewed a sample of Muslim youth about their opinions of terrorism media. Youth often noted that language likening all Muslims to terrorists, or as "high risk," was rampant in the media. These depictions made members of this group feel disenfranchised and isolated. This disenfranchisement often led to feelings of anger, fractured identity, resignation, sadness, and fear of the future. Crises of identity were also common, and in response, these youth described actions which were either focused on education (e.g., taking an approach of teaching about "Muslims as people"), or which served to further solidify allegiance to their identity.

Media also affects perceptions of the victims of terror. Researchers noted that media effects surrounding opinions and behaviours about primary victims can be moderated by how similar viewers feel themselves to be to the victims featured in the coverage. These opinions and behaviours can change over time (Saraiya, Garakani & Billick, 2013). In their study, Wayment and colleagues (2010) noted that media consumers' individual victim-blaming tendencies increased as repeated features of victims in the media occurred. Put simply, the more the media portrayed primary victims' plights, the more likely viewers were to endorse victim-blaming beliefs (i.e. that they "don't deserve" compensation, that they are being treated too well or paid too much attention, etc.). However, when viewers rated themselves as being more similar to the victims, these victim-blaming behaviours were less likely.

Finally, a minimal but unique focus in the literature has been placed on victims who participate in terrorism media. After the Utøya Island, Norway shooting on July 22, 2011, Thoresen et al. (2014) interviewed the survivors and other victims about their experience participating in media interviews. Surprisingly, the majority considered the experience to be positive, even in the long-term. A positive experience was not likely to increase positive coping in the participants, but it was noteworthy that, for those initially low in PTSD symptomology, participating was not associated with increased symptomology post-interview. However, for those high in symptomology before the interviews, the experience was more likely to be rated as negative, and more likely to be regretted and considered detrimental to mental health outcomes.

### Interventions for Media Exposure

Slone and Shoshani's empirical study (2008) demonstrated that combining emotional and cognitive regulation strategies is effective for mitigating anger and anxiety in those exposed to terrorism media. Additionally, to mitigate experiences of survivor's guilt, the Government of Canada Department of Justice (2015) recommends that therapists should focus on helping the client understand that their reaction is normal, and to promote future-thinking by helping their clients give meaning to the attack that is outside of themselves. This strategy should be useful, given that other research has demonstrated that negative reactions can be moderated by including an understanding of the terrorists' possible motives, and should be future-focused (Fischer et al., 2011).

Finally, Thoresen and colleagues (2014) recommend that media outlets conduct their interviews carefully, remaining sensitive and respectful in their discussions with victims of terrorism. While the experience may not be therapeutic overall, survivors' and victims' perceptions of the way that the interview was handled can mitigate PTSD symptoms, and a perceived negative experience by those prone to PTSD symptoms can exacerbate the problem.

### **Child Victims of Terrorism**

Children are considered a unique category of victims within the terror literature (Saraiya, Garakani & Billick, 2013). Recent research on child victims divides the possible ways children become exposed to terrorism into four categories: *direct exposure*, in which the child was a primary victim of the attack; *interpersonal exposure*, in which the child lost a loved one as a result of a terrorist act; *media exposure*, in which children are victimized by exposure to mediatized images; and *second-hand exposure*, referring to the climate that children are exposed to, in their towns and communities, as a result of the aftermath of a terrorist act (e.g., adults being hypervigilant, expectation of a future attack, etc.; Pereda, 2013).

### Outcomes for Interpersonal and Second-hand Exposure to Terrorism

Studies on child victims, according to a review by Pereda (2013), noted that children of primary victims of terrorism (i.e., interpersonal exposure victims), also experience consequences of victimization. High rates of PTSD are present in the children who lost a parent in a terrorist attack. Children whose parents were directly affected but survived also demonstrated similar symptoms, as well as those who said they lost friends or acquaintances, as in the case of the Oklahoma Bombing in 1995 (Pfefferbaum in Pereda, 2013). Children who are victims of second-hand exposure to the effects of terrorism report higher rates of post-trauma symptoms when their teachers demonstrate reactions of fear (Pereda, 2013).

### Children's Reactions to Terrorism

Generally, children's reactions are similar to those of adults, and often reflect those of the primary caregiver, typically their parents (Pereda, 2013; Saraiya et al., 2013). This observation tends to be true of

indirect victims (i.e. those exposed indirectly from media or second-hand), as well as among those who are victims of interpersonal exposure (Dreman & Cohen, 1990; Pereda, 2013). Child victims can develop PTSD symptoms, which are dependent on the cumulative degree of trauma experienced (comprising media coverage, loss of a loved one, or direct victimization). Viewing repeated mediatized images of terrorist attacks can arouse PTSD symptoms in children, as in adults (Saraiya et al., 2013). Child victims may also exhibit depressive symptoms, behavioural problems, a sense of hopelessness, or lack of trust towards adults as a consequence of terrorist victimization (Saraiya et al., 2013). Other non-clinical symptoms, such as views of the world as dangerous, sense of heightened risk of death, and altered views of the future are also possible in children who are over-exposed to mediatized images of terrorism (Pereda, 2013).

Additionally, child victims who have suffered direct or interpersonal exposure, and also view media images of terrorism, are more likely to exhibit psychological problems, such as flashbacks and nightmares, relative to primary victims who do not view these images (Pereda, 2013). This effect is not limited to “negative” images (i.e. the images of the terrorist acts), but also result from seeing positive images, such as those of the presidential address or altruistic rescue efforts. Child victims have also been known to develop externalizing problems and difficulties with daily functioning as a result of viewing terrorism media images (Pereda, 2013). Increasing exposure to the images is positively correlated with continued expression of symptomology. The longer these images are salient to the victims, the longer their reported symptoms last (Pereda, 2013).

It is important to note that, while certain sub-clinical reactions, such as avoiding separation from their parents, somatic complaints, and preoccupation with fears, may be consistent across age groups, other reactions may vary depending on the child’s developmental stage (Saraiya et al., 2013). Pre-school-aged children often experience regressive behaviours such as bed-wetting and thumb-sucking, while school-aged children see an increase in anxiety-related symptoms and a decrease in school achievement, increased school avoidance, and uncharacteristic fears and outbursts. Adolescents’ reactions are often more similar to those of adults because they have a better cognitive understanding of the attack (e.g., intrusive thoughts about attack, suicidal ideation, emotional numbing, nightmares/sleep disturbances, coping strategies that involve use of substances, etc.; Saraiya et al., 2013).

### Interventions for Child Victims of Terrorism

To begin, interventions for child victims of terrorism should be developmentally appropriate (Saraiya et al., 2013). Children of different developmental levels react to trauma in a variety of ways, so any therapeutic intervention with this population should reflect these differences, and be designed appropriately. Parents should take care in discussing terrorism with their children, as their developmental level can both influence their understanding, and modulate PTSD symptoms resulting from these conversations (Pereda, 2013).

Interventions should also be community-based. This means that, in addition to those of the child, the reactions of the parents must be addressed. Children's reactions will often mirror those of the parents. If the parents' reactions can restore a sense of safety, then children's outcomes will improve (Saraiya et al., 2013). Additionally, factors of second-hand exposure from other caregivers in children's lives are also a risk. For example, the reaction of a child's teacher to a terrorist attack may increase the potential for PTSD in the observing child (Pereda, 2013). Thus, treatment and coping strategies for others in the child's life are also important. Finally, for victims of interpersonal exposure, family therapy must be accompanied by individual therapy focusing on trauma in order to be effective at helping children who lost loved ones to terrorism (Dreman & Cohen, 1990). Group-based cognitive-behavioural therapy has also been shown to be an effective community-based intervention (Pereda, 2013).

There are some interventions available for child victims who are exposed to media. Firstly, parents are recommended to restrict their children's access to such images on the part of their children (Pereda, 2013), as media images can exacerbate clinical and sub-clinical symptoms (Thoresen et al., 2014). Interestingly, however, while many parents in the study said that they should have restricted their children's media participation during the events of 9/11 as is recommended by clinicians, many also indicated that they did not (Pereda, 2013).

Additionally, Saraiya and colleagues (2013) discussed a set of coping strategies for adults and children who are impacted by terrorism media. *Media literacy coping* involves active conversations between parents and children about the images they are viewing. This technique involves parents educating children about such things as the possible rationale for the attack, safety, collectivity, and promoting understanding of their reactions to such images. This could be considered an effective method because when both child and adult viewers of terrorism media were made aware of possible reasons underlying the terrorists' attacks, they reported less anxiety than those in the terror-exposed, no motives group (Fischer et al., 2011). However, as cautioned previously, this technique must be used with care, and be developmentally appropriate for the age of the child (Saraiya et al., 2013).

## **Conclusion**

To conclude, it is well established in the terrorism literature that victimology of terrorism is not limited to a certain group or category of people. Terrorism can affect anyone, and primary victims are not chosen based on individual characteristics, but rather densely populated locales are selected due to their capacity for higher casualty rates (Slone & Shoshani, 2008). Additionally, many more people with no direct involvement may also be impacted due to media coverage (Beardsley & Beech, 2013), further promoting the perception of "shared loss or threat" often felt by victims of terrorism (Wayment, Barger, Woodward-Tolle & O'Mara, 2010). Such indirect victimization can elicit similar reactions as those of primary victims, such as anxiety, depression, and PTSD (Pfefferbaum et al., 2014; Slone & Shoshani, 2008), and may present in children as well as adults.

Child victims, be they primary or indirect (Saraiya, Garakani & Billick, 2013), are a special case in terrorism literature, and need to be treated with special care. Parents and members of the child's community must be involved, trauma reactions must be addressed on an individual basis, and treatment must be developmentally appropriate and sensitive to children's varied needs (Dreman & Cohen, 1990; Pereda, 2013; Saraiya, Garakani & Billick, 2013). Media outlets, parents, and all those affected by terrorism must be cautious and sensitive when faced with such issues, as each brings their own feelings into the situation, and each individual's feelings affect the balance of the entire system for which all victims are a part (Government of Canada Department of Justice, 2015).

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