Homeland Security
Science and Technology

Impact of Traumatic Events on Children

Government, in general, and law enforcement, in particular, while aware of the consequences of committing acts of violence; often overlook the impact of witnessing violence, especially its impact on children and youth, and may be less aware of treatment options and protocols for children.

There is a great deal of evidence resulting from scientific research of short term and long term negative outcomes for children that are exposed to violence. Although there is less evidence that is specifically based on children exposed to the Islamic State, DHS S&T does have access to mental health professionals that have worked with this population.

Short term, immediate observations include:

- In general, we expect that children will regress developmentally in their emotional, cognitive, arousal, and interpersonal systems, which means that they will sporadically and unpredictably behave younger than they seem, temporarily lose developmental milestones and lose coping skills they may have developed, resulting in more dysregulated behaviors. Children rarely have classic Post Traumatic Stress Disorder, but rather, after trauma, display a wide array of emotional, behavioral and school problems, that will be dependent upon their age at clinical presentation:
  - Among Pre-School children we can expect neediness, clinging, crying, reactivity to strangers, irritability, bedwetting, loss of bowel control, thumb and finger sucking, nightmares, night terrors, unusual fears
  - Among Early School Age children, we can expect them to be unhappy, nervous, restless, irritable, fearful, more tantrums and outbursts, more physical complaints, decreased appetite, sleep disruptions, and potentially self-stimulating behaviors (rocking, headbanging), muteness, a lack of curiosity and exploration.
  - Among School Age children, we can expect depressive symptoms, irritability, difficulties concentrating, decline in school performance, physical complaints, aggression and tantrums, poor sleep and eating.
  - Among Adolescents, we can expect depression, irritability, acting out behaviors that may become more dangerous (using weapons, promiscuity, substance abuse), skipping school, and appearing and acting more mature than they are ready for.

Long term outcomes include:

- Exposure to extreme violence, including war-zones and chronically violent communities is associated with the following outcomes:
  - future violence, especially among children,
  - longstanding emotional problems,
  - lack of empathy and anti-social and other reckless behavior,
  - PTSD and symptoms of depression and aggression, especially among children, additionally
  - The long-term financial cost has been described as astronomical in terms of the impact on social services, law enforcement, child welfare, and the justice system - highlighting the importance of early intervention.
- Coming from the Islamic State, these children have also been exposed to extremist ideology and terrorist practices, including victimization from witnessing violence including beheadings, other

killings, floggings, mutilations, and sexual abuse, as well as possible domestic violence. They were likely subject to extreme efforts at mental manipulation (aka mind control or brainwashing) which can leave them with profound and lasting disturbances in belief, cognition, and emotion, especially in light of their increased vulnerability. *They were likely taught to mistrust outsiders so may be unwilling to disclose their experiences, thoughts or feelings.*

- Lastly, they were also likely subject to siege and military conflict during the attack on the Islamic State. This may have involved direct threats to their life from bombings or shootings, starvation or deprivation, as well as witnessing deaths or injury to others.

Witnessing the arrest of a parent:

- Influences the experience of post-traumatic stress,
- Is associated with future health and economic decline, academic failure, and poverty,
- Leads to feelings of regret, shame, and wrongdoing on the part of the child, and
- Leads to lack of trust; including government and law enforcement which could lead to a lack of legitimacy.

The Federal Government's response to effectively handling children exposed to extreme violence can be informed by discussions and development of best practices. The International Association of Chiefs of Police (IACP) has provided guidance in their report "Safeguarding Children of Arrested Parents." The Report of the Attorney General's National Task Force on Children Exposed to Violence (2012) provides guidance on the treatment and consequences of the exposure to violence on children. Engaging with leading researchers who have addressed these issues can lead to the development of tailored early intervention services.

In order to mitigate against these types of short and long-term negative outcomes among children who were exposed to violence associated with the Islamic State, multiple steps should be taken.

- *Children should be assessed by a mental health professional with expertise in working with children and violence exposure in the context of war and terrorism*. Every assessment should have a child- and family-focused approach that recognizes the children's need for immediate and long-term safety. The aim of this assessment is to properly assess and diagnose the child and to inform short- and long-term strategies.
- Key principles in helping children exposed to violence include:
  - Establishing family safety
  - Restoring a normal childhood (including re-establishing roles, such as feeling safe in school)
  - Encouraging, but not forcing expression of worries, anxieties, and experiences
  - Protection from re-traumatization (including immediate safety), overexposure, and reminders
  - Establishing a treatment plan that addresses coping skills individualized to each child's symptoms and how they interfere with his/her development (in which medication may have at most a role in assisting recovery but is very rarely a priority and will likely be entirely ineffective without addressing all other needs)
  - Providing education to guardians and childcare workers (teachers) about recognizing and addressing behavioral and developmental consequences of trauma exposure
  - Monitoring the mental health and parenting behavior of their parents or caregivers.
  - Recognizing that there will be different experiences amongst children, and that specific populations within youth may have special needs.
- If at all possible, children should be kept with their parents, or with another adult relative. If that adult was also exposed to the same conditions, then care must be taken assess and support the parents or adult caregiver and support their appropriate caregiving. If they were also involved in or supported the Islamic State, then it may be necessary to separate the children from the parents.

- Children should not be placed in a mass detention facility which is likely to be a chaotic environment with a dearth of individualized attention and with staff inadequately trained in the developmental needs of children. Within these facilities, it is difficult if not impossible to ensure the physical safety of the children and they are likely to experience neglect and further traumatization.
- Instead, if children cannot be with their families, children should be placed in small community based therapeutic programs which can provide the children with the intensive social and emotional support which they deserve. These temporary placements must provide essential components of trauma-informed child care which include continuous relationships with compassionate staff caretakers carefully trained to understand the developmental needs of children and committed to build trusting relationships with them. The children must be given opportunities to express their feelings and worries and the caretakers should be prepared to acknowledge and validate their experience of victimization. Staff should be knowledgeable and respectful of their diverse cultural beliefs and practices and be fluent in their primary language. The children should know and understand the plan, to any extent possible, for their reunification with their family.
- Children who are identified as having a mental disorder or behavioral, emotional, or cognitive problem, should be given access to appropriate treatment and support, which may include counselling, psychotherapy, psychiatric medications, and specialized school plan or placement. If over time, children demonstrate identification with or attachment to the Islamic State or its ideology, then they may need spiritual/religious counseling or "exit-counseling" or "de-programming", as is commonly practiced with cult survivors.
- Children exposed to violence should have periodic reassessments by an expert mental health professional to identify any current or potential negative outcomes, and to support their positive coping and development, which may include referral to appropriate mental health treatment.

Recommended points of contact include:

- Dr. Stevan Weine, M.D., Professor of Psychiatry and Director of Global Medicine University of Illinois, Chicago
- Dr. Heidi Ellis Director, Refugee Trauma and Resilience Center, Assistant Professor in Psychology, Harvard Medical School
- Dr. Steven Marans, MSW, Ph.D. Harris Professor in the Child Study Center; Director, National Center for Children Exposed to Violence/Childhood Violent Trauma Center at the Yale Child Study Center; Director, Trauma Service; Professor of Psychiatry

Dr. Weine and Dr. Ellis are currently under contract/cooperative agreement arrangements with DHS S&T. If Federal authorities wish to contact them, please inform DHS S&T to that we might be aware of any additional activity of our federal contract performers. We would be happy to arrange an introduction.

The ability to safeguard and address the needs of this young population will be dependent on the rules, regulations, and laws of the respective states in which they are located.

This information in this memo was constructed based on the scientific expertise and experience of the Office for Public Safety Research, First Responders Group, Science & Technology Directorate, DHS.

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