



## THE IMPACT OF KIDNAPPING, SHOOTING AND TORTURE ON CHILDREN

Children around the world are all too often exposed to violence that is both intentional and harmful. Numerous examples of such violence exist in the United States. School shootings have traumatized many children as victims and as witnesses. The U.S. Department of Justice (USDOJ) documents 3,200–4,600 non-familial abductions each year. The USDOJ also reports that approximately 400,000 refugee survivors of torture currently live in the United States, a significant portion of which are children. The recent hostage-taking and shooting of Amish children in Pennsylvania remind us that torture occurs in the U.S. as well as in other countries.

Like adults, children demonstrate various stress responses as a result of exposure to traumatic events. Studies examining the impact of war, natural disasters, and terrorism highlight the negative consequences of violence on children's development and on their psychological health.

Certain traumatic events, such as kidnapping, shooting and torture present even greater challenges to children and communities. Three factors distinguish these traumas from other forms of violence and make them particularly toxic: 1) victims are typically held against their will, 2) the injury is intentional and personally directed and 3) pain is often inflicted for the purposes of punishment, coercion or perpetrator pleasure.

Brutal events involving children are particularly unsettling for the communities in which they occur. Adults need to be mindful and thoughtful of the developmental needs of children, and advocate on behalf of these needs with community decision makers. In the midst of chaos, many decisions can unintentionally undermine the best interests of children's health and wellbeing.

Community outrage and frustration resulting from such painful events can also lead to fractures between community agencies. Frustration often results from community distress, public outrage and sometimes distortion about the facts of the event. There can be perceptions of unfairness in treatment of various groups, or

**Children around the world are all too often exposed to violence that is both intentional and harmful.**

a sense of inertia on the part of official agencies in responding to the needs of people. Simple, clear and sensitively worded communication may reduce the occurrence of such community reactions.

### Useful Information

The following information can be useful for those who care for children exposed to coercive trauma:

- Trauma, in general, and coercive trauma specifically, impacts children differently than adults. Children do not have the psychological mechanisms in place to understand and integrate the trauma experience. Being less mature, a child is more likely to be overwhelmed by the experience.
- Unlike adults, children experience trauma in the midst of their active development. As a result, these events are more likely to impact their psychological growth and their maturity.
- Children remain dependent upon important adults and institutions in their lives (parents, teachers, schools, churches, etc). The effectiveness with which these individuals and agencies support children through traumatic events can significantly help support their psychological recovery.
- Immediately following traumatic events children and families may benefit from "psychological first aid." Calm reassurance, basic education about trauma response, and community assistance can help families feel safer and more in control of their lives.
- Since some children develop psychiatric disorders after trauma exposure, the psychiatric screening of all child victims of coercive trauma is essential. Periodic emotional check-ups will ensure that late-emerging symptoms are identified, and help promote long term, healthy outcomes.

*Continued on reverse side*

- Common posttraumatic responses in children include: nightmares or fears related to the trauma, avoidance of reminders of the trauma, and repetitive play that mimics the trauma. Anxiety or agitation may be misperceived as behavioral problems. While symptoms are often transient, they should be clinically treated when they persist.
- Multiple, treatment options have been developed for traumatized children who present with symptoms of PTSD. These treatments include initial support and stabilization, trauma exposure based interventions, and cognitive-behavioral treatments.
- Violent, traumatic episodes often involve the sudden and unexpected death of a loved one: a parent, sibling or close friend. Many health care providers are familiar with the concept of PTSD, but fewer are aware of the concept of traumatic grief. Health care providers must recognize the significance of these losses, as recovery from these events is typically much more difficult for children and often requires clinical attention.

**PLACE LOCAL CONTACT INFORMATION HERE**



Center for the Study of Traumatic Stress  
Uniformed Services University of the Health Sciences  
4301 Jones Bridge Road  
Bethesda, MD 20814-4799  
Tel: 301-295-2470  
Fax: 301-319-6965

[www.usuhs.mil/csts](http://www.usuhs.mil/csts) | [www.centerforthestudyoftraumaticstress.org](http://www.centerforthestudyoftraumaticstress.org)