

Mass Trauma: Disasters, Terrorism, and War

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KEYWORDS

- Child development • Children • Disasters • Mental health • Terrorism
- Mass trauma • War

KEY POINTS

- Mass-exposure events, such as disaster, terrorism, and war, have unique impacts on children.
- Effective conceptual approaches must balance risk and resilience from a developmental perspective.
- Models of mass trauma effects and exposures include exposure dose, cumulative risk, determinants, and moderators.
- Children are a special needs population particularly vulnerable to the impact of mass trauma due to a lack of experience, skills, and resources to independently meet their mental and behavioral health needs.
- The National Commission on Children and Disaster's Report recommends a greater focus on the disaster mental and behavioral health needs of children throughout planning, training, exercises, and response and recovery effort.
- Higher-intensity exposures lead to worse outcomes.
- Parental and social support are critical protective factors as moderators of negative outcomes in children exposed to mass trauma.

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Abbreviations	
CBT	Cognitive behavioral therapy
CHASM	Community Health and Service Missions
PFA	Psychological first aid

INTRODUCTION

Mass trauma experiences that have an impact on children and adolescents include natural disasters, human-made disasters (including intentional [ie, terrorism] and unintentional [ie, chemical and nuclear accidents] disasters), and wars. Increasingly, there are several factors that have evolved to create a frequency and severity of mass trauma not previously seen. These factors include the rapid growth of populations, globalization of communication and commerce, industrialization of underdeveloped countries, and rapid changes in weather patterns spawning major storms. These challenges are often superimposed on global regions already destabilized by conflict and warfare. Consequently, millions of children every year are exposed to mass trauma both directly and through the indirect effects on families, communities, and societies. This article focuses on the large groups and populations of children and families who are affected by mass trauma within a relatively short period of time.

Important to an understanding of the psychological effects of mass trauma are the definitions of the following terms—disaster, primary and secondary stressors, acute and chronic stress reactions, resilience, and cumulative risk.¹

According to the World Health Organization,² *disaster* is defined as a severe ecological and psychosocial disruption that greatly exceeds the coping capacity of the community. Disasters are dynamic events that have phases (preimpact, impact, and postimpact) and can be subdivided into natural disasters or human-made intentional and unintentional disasters.³

There are *primary and secondary stressors* that result from disasters that can contribute to both acute and chronic stress reactions. Primary stressors are part of the direct exposure to harm or threat of harm during the disaster impact and secondary stressors occur as consequences of the disaster impact (ie, adversities in the aftermath, such as loss of home, school or injury, or the need to relocate). In a majority of cases, recovery is the naturally expected outcome of acute stress responses (which include regressed or disrupted behavior, tearfulness, sleep or appetite problems, and other signs of distress) after a disaster when adequate support is available. *Resilience* according to the UNISDR is the ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner.⁴

In the wake of disaster, resilience indicates the ability to rapidly restore to pre-disaster levels of function and psychological equilibrium. For children, this requires a host of family/parent and community/social support at a developmentally appropriate level. Given this reliance on external support, children's resilience is more variable and dependent on their caretakers. In contrast, chronic stress reactions often result in pathologic outcomes and in children are manifested by anxiety, depressed mood, interpersonal and social problems, and diminished performance at school. Such chronic traumatic responses can lead to loss of developmental and psychosocial gains.⁵

Cumulative risk refers to the added challenge resulting from the accumulation of multiple traumatic experiences. An individual has an increasing risk of subsequent

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