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Posttraumatic stress disorder symptoms following media exposure to tragic events: Impact of 9/11 on children at risk for anxiety disorders☆

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Abstract

With the extensive media coverage on September 11, 2001, adults and children indirectly witnessed the terrorist attacks leading to the deaths of almost 3,000 people. An ongoing longitudinal study provided the opportunity to examine pre-event characteristics and the impact of this media exposure. We assessed symptoms of PTSD in 166 children and 84 mothers who had no direct exposure to the 9/11 attacks. The sample included children who had parents with or without anxiety and mood disorders, and who had been assessed for the presence or absence of temperamental behavioral inhibition (BI). We found a 5.4 percent rate of symptomatic PTSD in response to 9/11 in children and 1.2 percent in their mothers. Children's identification with victims of the attack, and for younger children, the amount of television viewing predicted increased risk of PTSD symptoms. Parental depression was associated with higher symptoms, and pre-event levels of family support was associated with a lower risk for PTSD symptoms. BI in children was also linked to lower rates of PTSD symptoms, suggesting that a cautious and fearful approach to novelty may offer protection against exposure to media-based traumatic images. Media viewing of tragic events is sufficient to produce PTSD symptoms in vulnerable populations such as children. Given the links between PTSD symptoms and viewing habits, parental monitoring of media exposure may be important for younger children.

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On September 11, 2001, adults and children in the United States witnessed, directly or indirectly, the terrorist attacks on the Pentagon and the World Trade Center. Survey research indicates that on the day of the attacks adults watched a mean of 8.1 hours of television coverage, and their children watched a mean of 3.0 hours (Schuster et al., 2001). During these hours of coverage, individuals across the nation were exposed to the media-based witnessing of events leading to the deaths of approximately 3,000 people.

Early reports following the 9/11 attacks indicated high rates of posttraumatic stress disorder (PTSD) for individuals who were directly exposed; separate surveys provided estimates of a 7.5 percent (Galea et al., 2002) and an 11.3 percent (Schlenger et al., 2002) incidence of PTSD in adults in New York City 1–2 months following the attacks, but a 20 percent incidence of PTSD among adults living closest to the World Trade Center (Galea et al., 2002). Nonetheless, even in major metropolitan areas that had low proximity to the attacks (indirect exposure), a 3.6 percent incidence of PTSD was reported (Schlenger et al., 2002).

Studies of other traumatic events suggest that indirect exposure is sufficient to induce PTSD, at least in vulnerable populations such as children. For example, in a longitudinal investigation of psychiatric sequelae of armed hostage-taking in a grade school, Vila et al., found a 50 percent rate of PTSD in directly exposed children (directly held hostage; Vila, Porche, & Mouren-Simeoni, 1999), as compared to a 15 percent rate among indirectly exposed children (children from the same school who were not taken hostage). Similar results were reported by Nader, Pynoos, Fairbanks, and Frederick (1990), who found that 14 months after a sniper attack on a Los Angeles school playground, 79 percent of children who were at the playground during the attack reported PTSD symptoms, as compared to 19 percent of children who were not at the playground. Similar evidence of the effects of indirect exposure on children were documented following the Oklahoma City bombing (Pfefferbaum et al., 1999b), and the Challenger space shuttle explosion (Terr et al., 1999).

Among children, emergence of PTSD following a trauma has been linked to a number of individual, familial, and contextual factors (Pelcovitz & Kaplan, 1996; Saigh, Yasik, Sack, & Koplewicz, 1999). For example, traumatic experiences may interact with factors in the family to influence the development of PTSD (Silva et al., 2000), most notably parental psychopathology (Brent et al., 1995; Martini, Ryan, Nakayama, & Ramenofsky, 1990), family stress (Martini et al., 1990), poor mother–child relationship (Kimura, 1999), and low family adaptability and cohesion (Kazak et al., 1998).

The purpose of the present study was to examine the impact of indirect media exposure, principally television, to the events of 9/11 on a well-characterized cohort of children at risk for developing anxiety disorders, and to identify pre-event predictors for the emergence of PTSD symptoms in these youth.

Children whose parents have a history of anxiety disorders or depression are more likely to have anxiety disorders themselves. Specifically, Biederman et al. found that children whose parents were diagnosed with both panic disorder and depression had 5.5 times the risk of developing agoraphobia than those children whose parents had neither of these diagnoses (Biederman, Faraone, et al., 2001). In addition, a significantly greater proportion of these children were found to evince behavioral inhibition to the unfamiliar in laboratory assessment. Behavioral Inhibition to the Unfamiliar (BI) is a temperamental construct characterized by a tendency to respond to novel situations with hesitancy, fear, reticence, or restraint (Kagan, Reznick, & Snidman, 1988). Children of parents with anxiety disorders have been shown to have increased rates of BI (Biederman et al., 2001b). Given that BI has been identified as a risk factor for the subsequent development of anxiety disorders (Rosenbaum et al., 1991) and social anxiety

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