

Afghani children suffering from posttraumatic stress

June 23 2009

Children who live in Afghanistan are particularly affected every day by a multitude of war time stressors which increase the likelihood of developing PTSD: trauma, child labor, and family and military violence. On a daily basis they are first-hand witnesses to the bombings, abuse, and the general upheaval of their home life and society as a result of war, including the effects of long-term poverty and familial turmoil.

The research appears in the *Journal of Traumatic Stress* and is the first of its kind to address the psychological needs of Afghani children. It is based on clinical interviews with approximately three-hundred Afghan school children. The study is headed by Dr. Claudia Catani of the University of Bielefeld. Catani emphasizes that, "The interplay of these stressors contributes to a higher vulnerability in the children frequently exposed to traumatic experiences."At least half of the children (one in four boys and one in six girls) who have experienced a traumatic life event in this environment were diagnosed with Post-traumatic stress disorder (PTSD), a life incapacitating mental health disorder.

In addition, the study found that approximately half of the boys and a third of the girls are expected to work to supplement the family's income, sometimes working heavy labor jobs as carpet weavers for an average of seven hours a day. Dr. Catani and her fellow researchers also found that girls in this situation were more likely to experience <u>family violence</u> (including the witnessing of spousal abuse). For girls, these stressors have a cumulative effect which is damaging not only psychologically but somatically and neurophysiologically.



Catani and her team found that boys are exposed overall to more traumatic life events, and when developing interventions it is not enough to focus on war experiences. The treatment also needs to incorporate other stressors and circumstances. This includes family disturbances and maltreatment as well as community factors such long-term poverty and child labor. When all factors are taken into account, these interventions can work to provide a support that is both efficient and sustainable.

Other goals and solutions include better education, immediate mental health interventions and treatment after a violent conflict, and humanitarian assistance for trauma-affected populations in resource-poor countries. The dramatic numbers of PSTD-diagnosed children in Afghanistan make it more urgent than ever to understand risk factors and consequences of decades of violent conflict, and to develop adequate intervention and prevention strategies.

Source: Wiley (<u>news</u>: <u>web</u>)

Citation: Afghani children suffering from post-traumatic stress (2009, June 23) retrieved 2 May 2024 from https://medicalxpress.com/news/2009-06-afghani-children-post-traumatic-stress.html

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