

Young children especially vulnerable to effects of 9/11

July 15 2010

Two new longitudinal studies show that age played an important role in the effects of the September 11, 2001 (9/11) terrorist attacks on New York City. Both studies appear in a special section on children and disaster in the July/August 2010 issue of the journal *Child Development*.

In the first study, researchers found higher rates of clinically significant behavior problems among [preschool children](#) directly exposed to 9/11 in Lower Manhattan according to whether their mothers had [post-traumatic stress disorder](#) (PTSD) and depression. In the second study, New York City adolescents and their mothers had generally elevated rates of PTSD and depression one year after 9/11. Direct exposure to the events of 9/11 played a small but significant role in explaining the severity of mental health symptoms.

The first study, by researchers from Mount Sinai School of Medicine, the Jewish Board of Family and Children's Services, and the Bronx Department of Veterans Affairs Medical Center, looked at more than 100 moms and their preschool children who were directly exposed to the World Trade Center attacks. The families were recruited through extensive outreach in the Lower Manhattan area, primarily to preschools, between March 2003 and December 2005. The researchers asked: What's more important in determining terrorism-related problems in children—direct exposure to the attacks or indirect exposure to their mothers' attack-related psychological problems? As a follow-up, they asked whether young children exposed to the attacks whose mothers suffered from PTSD and depression were more likely to have serious

behavior problems than similar children of moms with neither PTSD nor depression, or with only depression.

The study found that mothers' disaster-related [psychological problems](#) had a stronger impact on preschool children than children's direct exposure. Moreover, 9/11-exposed young children of moms with PTSD and depression, as documented by parent and teacher reports, were more likely to have clinically significant aggression, anxiety, depression, and sleep problems. The mothers' psychological well-being appeared to affect how well they helped their young children cope with exposure to disaster, although additional research is needed to shed light on this relationship.

The study was funded by the National Institute of Mental Health.

The second study was carried out by researchers from the University of Michigan, New York University, the Austin Independent School District, and Sesame Workshop; the sample of more than 400 12- to -20-year olds and their mothers was drawn from a larger school-based study. In this second study, adolescents and their mothers were found to have generally high levels of PTSD and depression. Directness of exposure played a small but statistically significant role in explaining the prevalence of PTSD and depression in adolescents and their mothers. It was only direct exposure (for example, seeing the planes hit the towers) that was associated with elevated rates of PTSD and depression.

The authors note, however, that school-based samples may have excluded those most seriously affected or those receiving intensive services. Generally high levels of PTSD and [depression](#) in both adolescents and mothers in the sample may indicate that the events of 9/11 had general effects on the population or that other stressors (such as community or family violence) were in the background.

The study was funded by the Centers for Disease Control and Prevention, the National Institute of Mental Health, and the National Institute on Drug Abuse.

Together, the two studies suggest that responding to children's post-trauma needs requires an understanding of how the children were exposed and of the impact of trauma-related changes in parent-child relationships.

More information: Child Development, Vol. 81, Issue 4, Impact of Maternal Posttraumatic Stress Disorder and Depression Following Exposure to the September 11 Attacks on Preschool Children's Behavior by Chemtob, CM, et al.

Provided by Society for Research in Child Development

Citation: Young children especially vulnerable to effects of 9/11 (2010, July 15) retrieved 25 April 2024 from

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