

PalArch's Journal of Archaeology of Egypt / Egyptology

PSYCHOLOGICAL DISTRESS AND EMOTIONAL PROBLEMS IN SCHOOL CHILDREN AFTER ARMY PUBLIC SCHOOL PESHAWAR INCIDENT

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Nudra Malik, Amna Khawar, Bisma Ejaz, Naima Hassan, Javaria Haroon, Amina Muazzam. Psychological Distress and Emotional Problems in School Children After Army Public School Peshawar Incident -- PalArch's Journal of Archaeology of Egypt/Egyptology 18(17), 145-154. ISSN 1567-214x

Keywords: Psychological Distress, Emotional Problems, Children, Terrorism, Aps Incident

ABSTRACT

The terrorist attack on Army Public School (APS), Peshawar, Pakistan on 16 December 2014 was one of the most horrifying incidents in the world with the highest death toll of children in the world. This dreadful incident left highly negative impact on the psychological and emotional health of school children. The purpose of the current study was to assess the psychological distress and emotional problems among school going children in response to this terrorist attack. A convenience sample of 100 boys and 100 girls with age range 11-16 years studying in 6th to 10th grade were selected from government and private schools of Lahore, Pakistan. Impact of Event Scale-Revised (IES-R), Pediatric Symptom Checklist (PSC) and a demographic sheet were used for collecting the data. Results revealed significant positive correlation between psychological distress and emotional problems in children. Independent sample T-test revealed that boys had significantly worse psychological distress and emotional problems than girls. It was concluded that traumatic incidents could lead to psychosocial problems in children and hence, appropriate interventions are necessary for enhancing the psychological wellbeing of children.

INTRODUCTION

Terrorism is an act of violence which began with the perpetrated acts of humans. It is a kind of disruptive disaster, which has become one of the most challenging issues in the world now. Terrorism not only causes physical casualties but also puts devastating psychological impacts on the ones who are witness and/or direct targets of this violence (Khan, Ullah, & Nawaz, 2018). The main objective of terrorism is often to create fear among people, disturb the social function and disrupt the physical and mental wellbeing of society as a whole (Levav, 2006). According to the results of Global Terrorism Index (GTI), terrorism has increased drastically since the year 2000. Pakistan is currently ranked number seven amongst the most terrorism affected countries. After the 9/11 attack in the United States of America (USA), the military campaign by the US administration against Al-Qaeda and the Taliban in Afghanistan via the air bases in Pakistan led to an upsurge of violence and unrest in Pakistan. Tehreek-e-Taliban unleashed a turbulent wave of terror attacks in Pakistan and ever since, more than 70,000 Pakistanis have become a victim of their killings and these attacks have greatly damaged the Pakistani society, its international image, and economy (Khan & Wei, 2016). In October, 2012, a 15 years old girl Malala Yousafzai, going to school was gunshot by the members of Pakistani Taliban in Peshawar creating a lot of anxiety amongst parents of school going children. However, the December 16, 2014 terrorist attack on the Army Public School Peshawar, led to a wave of widespread fear and anxiety across the whole country. It was a frightening massacre attack where seven armed terrorists captured an Army run school and killed 150 people out of which 134 were students. The attack lasted for about eight hours. It was an attack with the highest death toll of children. The massacre was condemned worldwide and Pakistan restored its death penalty after a period of six years and executed several alleged Taliban militants. After this attack, some high-level security actions were adopted by the schools for the safety of their employees and students (Qayyum, 2015).

One consequence of terrorism on humans is an increase in the occurrence of psychological distress and disorders. Even the emotional and behavioral changes which do not meet the criteria of a disorder fully have the magnitude to significantly contribute to the health burden that could result from terrorism. It has a variety of short term as well as long term emotional effects. Research findings explain that the terrorist assault causes a great deal of psychopathological disorders as compared to other types of disasters (Salguero, 2011).

Terrorist attacks affect and damage the mental health and wellbeing of the citizens of a place either directly or indirectly. They could cause a number of acute stress symptoms as well as feelings of terror, horror, or helplessness. Additional symptoms observed are avoidance of public places, worrying about future, and a constant threat of terrorist activities, or potential danger, causing psychological distress (Kim & Albert, 2018).

Research conducted on terrorism has revealed that terrorism has severe adverse effects on the targeted population both psychologically or physically.

Psychological reactions to the terrorism are a combination of the people's reactions towards traumatic events or also towards the constant threat to be a victim of a traumatic incident. The psychological impact differs according to the consequences of brutality or severity of trauma, several or collective disturbing strains or chronic distress experience which often give rise to PTSD risk (Khan, Ullah, & Nawaz, 2018).

Research conducted on psychological distress in response to trauma among men and women reveals that women are more prone to psychological distress than men when experiencing war-related trauma (Olf, 2017). According to empirical evidence, younger or older children are equally prone to developing emotional suffering towards terrorism trauma. Vulnerability of the younger children is characterized by an inability to comprehend the causes for the distressing incidents (Finkelhor, 1995). Research on psychological impact of the terrorist activities concludes that those children who face terrorist activities might demonstrate the responses diversely, that can range from slight pain to severe distress, fear, nervousness, or hopelessness (Fremont, 2004). Also, people who experience or witness the terrorist incidents are more prone to develop PTSD or other psychological issues like depression or anxiety (Gidron, 2002). Many studies have revealed that parent's responses towards the terrorist incidents considerably affect the children's psychological distress level or children's abilities to handle traumatic events (Laor, 2001).

Children get adversely affected by terrorism and violence either directly by watching those acts of violence or indirectly by hearing about them or watching them on media. The greatest impact is on their emotional and mental health; however, some children are more prone to these negative effects than others (Jackson, Jarvis, Gunning, & Breen-Smyth, 2011). The factors behind these effects could include children's immaturity, vulnerability, and the developmental stage they are at. All these factors not only build children's perspective towards their environment, but also determine how short and long term their mental health problems will persist and how they would be coped with. Furthermore, emotional problems do not become apparent immediately and might remain dormant until they appear eventually. The most prominent factor which determines how and when this would occur is the environment in which the child is developing. If the environment would be threatening in which the child would not even feel threatened, it would further aggravate their condition (Leiner, Peinado, & Villanos, 2016).

The Army Public school attack was a terrorist attack with the highest death toll of children in the world so far. It was a representation of absolute horror and brutality as it snatched from parents their precious assets and wrenched the nation's heart. This incident gave rise to a devastating sense of insecurity. People who already had feelings of insecurity at the market places or public gatherings started feeling threatened in sending their children to educational institutions. This adverse incident also has had straight impact on the minds of the children who became frightened to go to school. Children felt a lot of mental distress, anxiety and depression symptoms, as well as shock after this incident. Such incidents have the potential to create long lasting horrifying scars on the minds of children, resulting in severe trauma, sometimes even PTSD (Khattak

& Khattak, 2014). Trauma affects children according to the developmental stage they are at. The age at which a child experiences a trauma is important to understand its severity and the distress it will cause for the child. However, regardless of the age, the terrorist activities and the trauma they cause lead to a number of psychological consequences for the children having detrimental impact on their healthy physical, social, emotional and mental development (Khan et al., 2018).

After the APS incident and following the directions of the government to avoid any similar incident in future, the schools all over the country arranged trainings for the students to prepare them how to escape or where to hide if any such situation arises. Police or bomb disposal squads had visited the children in schools, teaching them about how to defuse explosives or provide urgent situation care in the occasion of a terrorist attack if occurring. There were various drills to train the children and to provide guidance to the injured people on how to carefully leave the school. Hence, in a countrywide campaign to train students and teaching staff in the schools for possible attacks, many measures were taken.

Both children and parents developed an immense sense of fear after the APS incident and became more vulnerable to PTSD, anxiety disorders, depression and panic disorder. Thousands of the students, who watched the after scenes of the incident felt threatened and depressed. The horrifying incident had instant, short and/or long-term psychological effects on the class fellows of the dead children, as well as on the families, friends and general masses. There was severe anxiety observed in school going children and their parents, which caused noticeable phobias linked with schools. Counseling of this trauma affected families became mandatory whereas for the students of other schools, special lectures were arranged to protect them from the psychological effects in the future (Azhar, Malik, & Muzaffar, 2019). This incident made children feel unprotected at schools, made them afraid of joining classes and shifted their attention from studies. It became indispensable to protect school buildings by raised walls, barbed wires, walk through detection gates and an increase in the number of security guards to make students feel safe and to be able to continue their school life in an optimistic manner.

A trauma of this magnitude also leads to psychological changes that sooner or later could develop in moderate to severe personality problems such as psychotic thinking, severe passivity, aggression or self-mutilation. Research on the impact of terrorism on children over the few previous years has indicated a similarity between effects of trauma due to terrorism and natural traumas. The responses of children range from sleep problems, separation anxiety, acute or posttraumatic stress disorder, anxiety, depression, and behavioral issues. Terrorism often results in unique reactions and stressors. The continuous coverage of terrorist activities and the threats associated with it put intense pressure and impact on individuals which further aggravate the underlying psychological issues and leads to a constant state of anxiety and stress. Screening the children who could be at risk of such psychological distress and timely intervention could be extremely helpful for these children and could prevent future psychopathologies (Fremont, 2004).

Signs and symptoms of terrorism induced trauma could include avoidance of school, bodily complaints like stomach issues or headaches, nightmares, irrational fears, irritability, and anger outbursts. They also appear to be more withdrawn, aloof and depressed. Adolescents behave more like adults and their symptoms to trauma include emotional numbing, disturbing thoughts and avoidance. They are also at increased risk of getting indulged in escape behaviors substance drug abuse. Trauma is often associated with feelings of guilt, self-blame, humiliation, and a sense of being powerless. The reaction of children also varies according to their own temperament and sensitivity. It matters as to whether they internalize their experience or externalize it. Such factors make them fearful, anxious, distractible and depressed.

Terrorism is a threatening event which is considered to be a constant stressor and not just a discrete event which vanishes overtime. Children who get exposed to a terrorist activity or a trauma once often continue to show signs or symptoms of PTSD overtime despite the absence of any more traumatic event. Research studies on September 11, 2001 attacks have shown various factors behind children's reactions which include distance to the terrorist site, the span of exposure, distant or second-hand trauma, media coverage of the deadly event, parental responses and experience of any previous trauma (Fremont, 2004).

Much of the existing literature related to impact of terrorism has focused on posttraumatic stress disorder in individuals who were physically present at the attack site or on adult population following these attacks. There is scarcity of available literature when it comes to psychosocial or emotional effects of terrorism, specifically the APS attack on school going children. The current research is important with respect to international and Pakistani perspective. The current study aims to find out the association between psychological distress and emotional problems among school children in response to terrorist attack on the APS school children. The study would be helpful in highlighting the effects of terrorism on the emotional and mental wellbeing of school children. This could help in developing appropriate interventions and better awareness for children to improve their mental health and overall functioning.

METHOD

Study Design and Sample

The study was a descriptive, cross-sectional study comprising of a sample of 200 school children (boys=100). The data was taken from the public and private schools of Lahore and selection of sample was done through convenient sampling technique. Children between the ages of 11 to 16 and studying in grade six to ten were included in the study.

Study Instruments

Psychological distress in response to a trauma was assessed through the Impact of Event Scale-Revised (IES-R). IES-R contains 22 items that measures the subjective distress caused by traumatic events. It has a five-point response format ranging from 'not at all' (0) to "extremely" (4). The IES-R total score

ranges from 0-88 and higher scores indicate greater distress (Weiss & Marmar, 1997).

Pediatric Symptom Checklist (PSC) comprising of 35 items which measures behavioral and emotional problems in children. The score falls in the range of 0-70 where greater scores show increasing psychosocial issues in children. It has excellent internal consistency reliability which ranges from .84- .91 (Jellinek et al., 1988). A demographic sheet was used to collect information related to gender, age, and the class/grade a student is in.

Procedure

Data collection was conducted after seeking permission from the authorities. Ethical approval was obtained from the departmental ethical review committee and board of studies. The school administrations were briefed about the nature of the study. Private and public schools were approached for data collection. The data collection was done from 100 boys and 100 girls. Informed consent was obtained from the participants after briefing them about the purpose of the study and assuring them of the confidentiality of the data. Researcher asked the participants to respond and fill all the information as accurately as possible. The Pediatric symptom checklist was filled by the parents or guardians. The questionnaires took about 15 minutes to complete.

RESULTS

The study was comprised of 200 school going children with age 11 to 16 ($M=13.88$, $SD=2.02$). 47% of the children were in the range of 11 to 13.5 years while 53% were in 13.6 to 16 years. 35 % of the children were in class 6th or 7th while 65% were in class 8th 9th or 10th.

Table 1: Bivariate Correlation among Study Variables in Children (N=200)

Variables	1	2	3	4
1. Psychological Distress	-	.79***	.45**	.51**
2. Emotional Problems	-	-	.55**	.58***
3. Age	-	-	-	.63***
4. Grade (6 th to 10 th)	-	-	-	-

*** $p < .001$; ** $p < .01$; * $p < .05$

Table 1 shows the relationship between different study variables. Results indicated a strong and significant positive correlation between psychological distress to trauma and emotional problems in school going children. Psychological distress to trauma and emotional problems significantly increased with increasing age and higher classes.

Table 2: Gender Differences in Psychological Distress and Emotional Problems Among School Children(N=200)

Variables	Boys (n=100)		Girls (n=100)		df	T	P	LL	UL	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>						
Psychological distress	88.04	24.62	43.56	23.33	198	13.11	.000	37.8	51.2	0.92
Emotional Problems	92.56	26.48	45.63	24.56	198	12.99	.000	39.8	54.1	0.91

Table 2 represents the results of independent sample t-test that was used to assess the difference in psychological distress and emotional issues between school boys and girls. Results revealed significant gender differences ($p < .01$) and showed that the boys scored significantly worse psychological distress and emotional issues as compared to girls ($p < .001$).

DISCUSSION

During the recent times terrorism is one of the main concerns around the globe. Terrorism has long term effects on peoples' lives and fear of terrorist acts has been apparent for several years now. It is related to psychological combat. It considerably affects the individual's psychological wellbeing and could make one feel stressed, upset, nervous or sad. Different techniques are used to threaten the people but they have the same purpose, these techniques may be in the form of suicidal blasts, bombing, and financial terrorism. The current study aimed to find out the impact of terrorism on psychological distress and emotional and behavioral issues specially after the APS Peshawar incident. Terrorism harms mental wellbeing of the people; who are indirectly or directly affected may face number of symptoms such as terror, dreadfulness, defenselessness.

The main objective of current study was to find out the correlation among psychological distress and emotional health of government and private school children. Results showed significant positive correlation between psychological distress and emotional health of school going children. Previous researches have shown that terrorism may lead to feelings of anxiety, despair, panic, agitation, anger and hopelessness (Salguero et al., 2011). Terrorism harms mental wellbeing of the people who are indirectly or directly by it. Terrorism not only causes the psychological distress but also affects the emotional and behavioral issues in children. A study conducted on the children of APS revealed 75% of children between 10-18 years to suffer from clinical PTSD despite five to six months of psychotherapy of these children. Another study found 24% of the Khyber Pakhtunkhwa province's people to suffer from PTSD due to terrorism (Ahmad et al., 2013). Many studies have documented the negative effects of panic acts on children and adolescents' psychological health, reporting an elevated prevalence of PTSD and other emotional symptoms like anxiety or depressive state (Comer & Kendall, 2007).

Research has shown that children directly or indirectly exposed to adversity, violence or terrorism could suffer from chronic physical diseases or mental disorders as adults. They are also observed to display violent and aggressive behaviors in adulthood. Such experiences could take form of victimization and become root cause of morbidity as well as mortality in adults (Chapman et al., 2004). Many factors contribute toward the child or adolescent vulnerability in developing posttraumatic stress signs and symptoms or emotional or behavioral troubles as consequences of possibly disturbing occasions. Such factors consist of other than might not be limited the stage of traumatic experience toward several traumatic incidents such as pre-existing nervousness troubles, societal sustain, coping assets, neuro- biological functioning, inherited factors or socio-environmental difficulty (Cloitre et al., 2009).

Adversity is linked to the numerous adverse consequences in adolescence, as well as Post Traumatic Stress Disorder (PTSD) or associated psycho pathology. Previous efforts suggest associations among the caregiver's suffering or psychological fitness of the child results following society traumas, but the degree at which a distress of caregiver that associated directly to child performance after disaster and as well as these relations might only the reason toward the sharing of traumatic experiences that remain uncertain.

Results from this current research also showed the significance gender difference among psychological and emotional health of school children. Findings of this current research revealed that the boys had greater psychological and emotional distress than girls. It could be attributed to the fact that terrorist attack on Peshawar APS was executed in a boys' campus. Results from western countries have showed different findings where girls are more prone to psychological distress than boys as the consequence of terrorism (Olf, 2017).

CONCLUSION AND LIMITATIONS

The purpose of the present study was to find out the impact of APS attack on psychological distress and emotional problems in school children. It was concluded from this study that terrorist activities or attacks have considerable effects on the individual's mental health. Ignorance of the harmful emotional and psychological impact of violence on children would add to societal burden and suffering. Based on the results, it is concluded that this age group of children needs psychological intervention or counseling and education related to coping strategies. Proper and timely measures could help to enhance the quality of life of these children and improve the future of our society.

This study also has some limitations such as study was conducted on a small sample size that could not be generalized. Tools used in the current study were developed by western researchers according to their cultural background and nature of the incident experienced by the people. But in Pakistani culture these tools were not used properly because of cultural differences and Children may hide their fear because it was a subjective measure.

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