

## **Abstract**

**Background and aims:** Since the start of the al-Aqsa Intifada in late September 2000, Israeli society has been confronted with a wave of terror attacks, including, among others, drive-by shootings, break-ins and suicide bombings. By September 2003, when the present study was conducted, numerous children and adolescents had witnessed attacks of this kind directly or indirectly, raising questions about the psychological impact of such potentially traumatic experiences. The aim of this study was to investigate how adolescents from different locations in Israel who face ongoing exposure to terror attacks react to these incidents. The different locations were characterized by different levels of intensity of exposure to terror attacks, and therefore a sub-goal of this dissertation was to explore the differences in reactions according to the different types and levels of exposure. Furthermore, coping as a mediator variable was introduced as part of a theoretical model in order to explore the impact of the use of different coping mechanisms on mental health outcomes following exposure to ongoing terrorism.

**Methods:** During September 2003, after three years of ongoing terror attacks, 913 Israeli adolescents aged 12-18 completed a standardized set of self-report measures in the following order: Demographics, Achenbach's Youth Self Report, a questionnaire covering Post Traumatic Stress and exposure to terror data specifically designed for this study (EPTS), the Adolescent Coping Scale (Frydenberg & Lewis) and the Brief Symptoms Inventory (Derogatis). The aim was to assess a) the prevalence of posttraumatic stress symptoms (PTSS) and emotional, behavioral, and mental health problems, b) the levels and types of exposure, c) the use of coping strategies and their relative role, and d) individual characteristics such as gender, age, and location and their impact on mental health outcomes. A comprehensive coping model derived from Frydenberg (1997) was selected and cumulative exposure indexes were built allowing for exploration of the relative effect of the different dimensions on adolescents' psychological difficulties.

**Results:** Around 90% of the adolescents experienced mild to severe PTSS, one-fifth reported borderline or clinical emotional and behavioral problems, and one-third reported mental health difficulties. Students from different locations exhibited different levels of PTSS and other psychological problems. 'Subjective exposure' came forward as the most important factor accounting for adolescents' PTSS and emotional and behavioral problems, while 'Objective exposure' explains far less variance, impacting mainly PTSS. As regards coping, Israeli adolescents use a wide diversity of strategies to deal with exposure to ongoing terrorism. The coping model, which included 'objective', 'subjective' and 'media' exposure, along with adolescent's individual characteristics and different coping strategies, accounts for around 40% of the variance of their PTSS and other psychological problems following terror attacks. While 'non-productive' and 'reference to others' coping are positively linked to subjective exposure and PTSS or other psychological problems, 'problem-focused' is negatively linked to these problems.

**Conclusion:** Ongoing exposure to terror attacks and the constant threat of being exposed to terror attacks have a deleterious impact on Israeli adolescents. Clearly, more adolescents than in a general epidemiologic sample reported clinically significant emotional and behavioral problems, both internalizing and externalizing. When developing new prevention and/or intervention programs, the coping strategies that

were found to shield protective effects and those that were found to be more harmful should be taken into consideration. These programs should teach implementation of problem-focused strategies by individuals while encouraging adolescents to make less use of 'emotional coping' to reduce their stress when they are continuously exposed to terrorism. Additionally, these programs should take into account the individual characteristics and developmental stage that came forward as being important in this study.



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## **Curriculum Vitae**

Orna Braun-Lewensohn was born in Jerusalem, Israel in 1964. She obtained a BA degree in General Studies from the Hebrew University of Jerusalem, Israel in 1987 and MA degree in Counseling from the University of North Dakota, Grand Forks, ND in 1990. From 2002 she has been working on her PhD at Vrije Universiteit Brussel, Brussels, Belgium. During her PhD studies her research was mainly on psychological difficulties and coping of youth in stressful environments.

## **Career**

- 1989-1991: National Institute of Health (N.I.H) & The Hebrew University of Jerusalem, Department of Psychology, Director and Coordinator of a research team: "Behavioral Problems: Comparative Study between Three Groups: Physical Abused Children, Children who are exposed to Abuse of one of their Parents and Control Group."
- 1990-1991: National Institute of Health (N.I.H), Department of Child Development, Research: "Validity of Children's Reports of Sexual Abuse."
- 1990: Counselor, Abuse and Rape Crisis Center, Grand Forks, ND, USA.
- 1991-1992: Group therapist, Parents United, Washington D.C., USA.
- 1993-1994: School counselor, Boyer High School, Jerusalem, Israel.
- 1994-2002: School counselor, Eshel Hanasi High School, Israel.
- 1998-1999: Guide of new counselors during their internship, Beit Berl College, Israel.
- 1994-1995: Guide of new counselors during their internship, Ben Gurion University, Beer-Sheva, Israel.
- 2002-2006: Vrije University Brussels (V.U.B), Department of Psychology: "How Adolescent in Israel Cope with the Continuing Terrorist Attacks".
- 2005- Present: Head of center for evaluation and treatments for adolescents, Eshel Hanasi, Israel.