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ASSOCIATION BETWEEN TRAUMATIC EVENTS AND BEHAVIORAL DISORDER AMONG CHILDREN IN (KPK) PESHAWAR PAKISTAN

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Abstract

The research study aims to assess the role of traumatic events - war on terror, and natural disaster-in behavioral disorders among children. The study area was District Peshawar, Khyber Pakhtunkhwa, Pakistan, nearly located on the Afghanistan border. In district Peshawar, the data was conducted from the patients in the Child Psychiatry ward of Khyber Teaching Hospital because it is the only hospital in the district that has a child psychiatry ward. The population of the study was unknown, a pilot survey was conducted and 40 patients were found admitted to the psychiatry ward (pilot survey, 2018). Furthermore, a purposive sampling technique was used and a total of 100 patients were selected as a sample size. A questionnaire with closed-ended questions was used for primary data collection from the parents of the patients. Moreover, the findings show that it is a highly significant association between independent and dependent variables, and variance is also found. Further, study results illustrated that traumatic events are enhancing behavioral disorders among children, and those children who have problems with behavioral disorders due to traumatic events need facilities for re-socialization and social counseling centers, which will overcome behavioral disorders among children at early stages.

Keywords: Traumatic events, Behavioral disorder, Pakistan.

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INTRODUCTION

Childhood trauma is associated with numerous psychopathologies, including posttraumatic stress disorder (PTSD), anxiety, depression, antisocial behavior, and substance abuse. (McLaughlin, et al., 2012). Traumatic events involve harm or threat of harm (McLaughlin, et al., 2014). Children who have been exposed to trauma have information processing biases that help them identify environmental risks more quickly. Increased emotional sensitivity to anger is one such bias. The number of children affected by posttraumatic stress disorder varies according to epidemiological studies. The effects of trauma on children have been studied in several studies including (a) Physical, sexual abuse, or assault (b) observing violent, behavior on other people (c) serious or life-threatening illnesses (d) Natural disasters or terrorism (e) war or military operations (f) Sudden loss of loved one. Many people suffering from PTSD are experiencing symptoms that are both persistent and severe. Nightmares, sleepiness, psychosomatic problems, stress, anxiety, impatience, embarrassment, aggression, suicidal behavior, hopelessness, and isolation are only a few of the symptoms. Depression, anxiety, and alcohol/substance misuse are all mental diseases that can occur alongside trauma. It is a situation that's ordinary over people this is hard to remove, this medical problem requires the assist of expert psychiatric or psychologist to treat. People can be exposed to lifetime-threatening traumatic experiences and disaster-related stresses after the natural disaster take place (Weems, et al., 2019). This might have long-term negative significance for children and teenagers, including low academic performance, material abuse, and mental and physical health problems for their members especially children and adolescents (Lieber- man et al., 2006; Weissbecker et al., 2008). Post-Traumatic stress disorder (PSTD) is one of the world's main public health concerns due to the high prevalence of exposure to stressful incidents among children. Following natural disasters in the Indian subcontinent and China, 30.6 and 43.9 percent of children and adolescents were found to suffer from post-traumatic stress disorder, significantly. (Tang et al., 2017). Children and teenagers are among the most vulnerable to natural disasters' physical and psychological effects (Karet et al., 2007; Tang et al., 2017). They lack the necessary abilities and expertise to deal with psychological trauma caused by natural disasters. The ability of teenagers and youngsters to grow in the short and long term may be harmed (National Commission on Children and Disasters, 2010).

Furthermore, those who witnessed the traumatic situations are increasing of affecting symptoms (Garrett et al., 2007; Masten et al., 2010). (PTSD), Anxiety and depression are common stressful symptoms (Hagan, et al., 2016). Related to traumatic events caused by natural disasters (Kousky, 2016; Self-Brown et al., 2013). Every year, from July to September, Pakistan has significant rain and storm, ranking it tenth out of 162 countries affected by floods (Bhamani et al., 2012; Zuberi, 2014). Pakistan was ranked first to sixth on a list of the most flood-affected countries by FFC between 2010 and 2013. (Federal Flood Commission, 2012; Mustafa et al., 2011). Following the terrorist attacks on September 11, 2001, Pakistan was forced to join the Global War against Terror in September 2001, and the country faced numerous hurdles since then. "A few years later, the security situation worsened, and armed forces were forced to release several operations to combat and eliminate the threat. A large number of natural and man-made disasters have had a profound psychological influence on the public. Prevalence of childhood trauma in nations affected by disasters and a substantial link between childhood trauma and later developing anxiety (Hovens et al., 2015). Incidents such as abuse, murder, or the death of loved ones are traumatic for children, and they need immediate medical attention (Ali MM Et al., 2018).

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These days, the world is witnessing the global spread of terrorism. Pakistan is the world's most terrorism-affected country. Terrorism has impacted Pakistan's major cities, but Peshawar has had a particularly high death compared to other provinces because of terrorism. Physically, internally, and intellectually, the individual may feel overwhelmed. The type and extent of damage and its impact on the mental and social adjustment. In migrants, most of the parents either had a traumatic past or had post-traumatic stress disorder PTSD (Daud a, 2005). The fact that they had not faced death (Daud a, 2009). These social information processing disturbances are developmental pathways that underpin the link between childhood trauma and anxiety (Shackman, et al., (2007). PTSD (Briggs-Gowan, et al., 2016) aggression and conduct problems. While medications can help to manage distressing symptoms, they cannot treat the psychological scars caused by trauma.

BEHAVIORAL DISORDER

Behavioral Disorder (BD) is when children show a pattern of violence towards others as well as violating the core cultural values, norms, and rules regulation in domestic life, while in a social gathering with their friends and schoolmates. Children with (BD) are highly inclined towards miss conduct and in-group with their peers; they are creating problems and hurting others with their miss behaviors. Bullying, fighting, or cruelty to animals are all examples of being aggressive in a way that causes harm. A behavioral disorder is a way of behaving to interrupt the lives of others and goes against the norms and standardized behaviors of a society. It has been connected to criminal behavior and other social, emotional, and academic problem (Frick, et al, 2005). Behavioral disorder belongs to childhood and teenage violations of social norms, rules, and other rights, as well as repeated violations of behavioral arrangements. Children with behavioral disorders are aggressive, gluttonous, and spiteful, and are described as being irresponsible and unconcerned about social norms. Research studies have found that parents observed differences in individual parental guiding processes that contrast antisocial behavior among children (Frick, 2012). The practices related to behavioral disorders regularly lead the child will be separated from his friend and expelled from school (Odgers, Caspi, et al., 2007; Odgers, Moffitt, et al., 2008).

Some of the following miss-conducts are seen in Childs and adults in different social surroundings:

- 1. Aggression towards people and animals: the use of weapons against any living creature is also a way of expressing aggression towards others, which causes serious injuries and sometimes, leads to death. In addition, children and adults Bully use knives, bricks, and other sharp items to terrorize people, particularly girls for sexual abuse.
- 2. Destruction of Property: Sets fire to someone else's property to cause damage.
- 3. Dishonesty fraudulence, or robbing in the majority of cases, robbers adults children held
- breaking the widows of the house to robes and stealing things for other personal properties. Because they trying to save their self from police and court victimization and punishments.
- 4. Violation of rule regulations and norms, staying out late at night.
- 5. Irresponsible, run away from school or skip it (Antisocial behavior).
- It's engaged in criminal activity, aggressive behaviors, and other social issues (Frick et al., 2005). Children who reflect these behaviors should be investigated thoroughly by a psychologist or psychiatrist. Children who have a behavioral disorder also have associated symptoms, such as mood disorders anxiety, tension, (PSTD), substance misuse, (ADHD), education problems, or conception problems which can also be handled. Children and adolescents with challenging aggressiveness are more prone to behavioral issues. According to researchers, if children with behavior problems and their families do not receive proper

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and relevant therapy, they are more likely to have long-term problems. Without therapy, many children with behavioral disorders are unable to adapt to the demands of maturity, and they struggle with relationships and task completion. Treatment for children with behavioral problems can be difficult and time-consuming. A child and adolescent counselor may also use data from the child, network of family and friends, teachers, community (including the criminal mechanism), and different clinical specialties to understand the causes of the illness while building a comprehensive treatment plan.

SIGNIFICANCE OF THE STUDY

The behavioral disorder is a major problem in Pakistani Society commonly among children. The increasing rate of behavioral disorders among children is due to several causes. (Respondent) were interviewed during the study's pilot survey. "It was also observed that the problem of behavioral problems has increased in recent decades. Because of the worsening situation in the war against terror like the situation on December 16, 2014, in the northern city of Peshawar, Taliban terrorists attacked an Army Public School. After the lifethreatening Taliban attack on an army school in Peshawar, Pakistanis are questioning why more than 150 people were killed, 132 of whom were children. In a single terrorist assault, it was the world's greatest death toll of children. Because of the incident, which dominated national and worldwide attention, all Pakistani schools have implemented strict security measures.

Likewise, it has also caused concern about the psychological trauma that children face in a conservative society where treatment and counseling are frequently ignored. Flooding in Swat in 2010, militancy, and the war on terror in Malakand Division, particularly in Swat and the Federally Administered Tribal Area (FATA). Natural disasters are a major factor in the spread of behavioral disorders among Pakistan's children. This study explores the association between Behavioral disorders and social traumatic events, it also looks into the prevalence of the behavioral disorder in children. To reduce the experience of traumatic events, provide training to families with children's behavioral disorders to strengthen the social interaction between children and parents. Counseling and psychotherapy centers for people with behavioral disorders. This study will contribute to policymakers in developing and promoting policies and activities that effectively contribute to the decrease of childhood behavioral problems and the improvement of a healthy society.

METHOD AND PROCEDURE

Participants of this study were parents of children with behavioral disorders who were selected using the purposive sampling technique. All the participants were from Peshawar's Khyber Teaching Hospital (KTH). The hospital was intentionally selected because of is famous for the best medical facilities and psychiatric facilities in the area. Further, most of the people from the area report cases in the same hospital. The population of the study was unknown, so the pilot survey was conducted by the researcher and 100 patients were found admitted to the child psychiatry ward. Further, a purposive sampling technique was used and the data was conducted through a questionnaire from the parents and guardians. Furthermore, through SPSS (20.0 version) Chi-Square test was run for the association between independent and dependent variables and One-way ANOVA for variance.

STATISTICAL ANALYSIS

Children with Behavioral disorders are more exposed to physical and psychological injuries which are identified by using the ANOVA test. One-way ANOVA is the simplest case. When the data were classified based on only one factor, a one-way analysis of variance was applied. Furthermore, data were analyzed using the Chi-Square test, which was recommended for

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determining statistical significance between variables (Dependent and independent variables). The Chi-Square test was applied to see whether there was a relationship between the variables of behavioral disorder and traumatic events. The values were indexed and then cross-tabulated to determine the association. The socio-demographic characteristics of the respondents are shown in Table 1.

TABLE 1. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Characteristics				
Gender	(%)			
Male	74			
Female	26			
Age	(%)			
5-10 Years	75			
11-15 Years	19			
16 Years and Above	6			
Education	(%)			
Literate	86			
Illiterate	14			
Family Types	(%)			
Joint family	70			
Nuclear family	29			
Extended family	1			
Parents job nature	(%)			
Gov't employee	49			
Private employee	20			
Personal business	31			

Source: researcher computation.

RESULTS AND DISCUSSION

This section describes the frequency and percentage analysis regarding the study variables and also the association among variables i.e. Behavioral disorder and Traumatic events. The findings of the study are given as under.

Trauma is preferred to the condition of being mentally depressed and it is associated with unforgettable tragedies and incidents. Indeed, most of the research on the impact of trauma has been conducted on adult war veterans (McNally, 1991). It is a condition that affects an individual and that he or she is unable to overcome on his or her own, needing the support of a professional consultant. People can be exposed to lifetime-threatening traumatic experiences and disaster-related stresses after the natural disaster takes place (Weems, 2019). This might have long-term negative significance for children and teenagers, including low academic performance, material abuse, and mental and physical health problems for their members especially children and adolescents (Lieber- man et al., 2006; Weissbecker., 2008). Traumatic stress disorder is one of the world's main public health concerns due to the high prevalence of exposure to stressful incidents among children (Tang et al., 2017). Trauma is a serious condition that impacts individuals of several traumatic incidents, (Rehman, 2014). Such as car accidents, law violations, earthquakes, and other traumatic events that result in painful conditions.

ONE-WAY ANOVA TEST

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Children with Behavioral disorders are more exposed to physical and psychological injuries which are identified by using the ANOVA test. Waziristan is the place that is more prominent from where the injuries and Behavioral disorders are more exposed and the LSD test nominated the district varying from others with F = 5.27 and p = 0.019.

The F-statistic 3.914 with p=0.036 is depicted by the analysis of variance to accept that in each district the disorder situation varies. Regarding behavioral disorders, those children with no parents or orphans expiring more Behavioral disorders than children. This situation can be due to the parents' expiry and migrating from one district to another because of operations.

Children in war-affected zone facing more problems with Behavioral disorders depicted the outcome with F=12.39 and p=0.0165, indicating the situation that the children from the war and operation-affected zones as compared to safer zones are more behavioral disorders, the LSD test nominated Waziristan's and Swat Children's more affected. The result is shown in Figures 1 and 2.

TRAUMATIC EVENTS

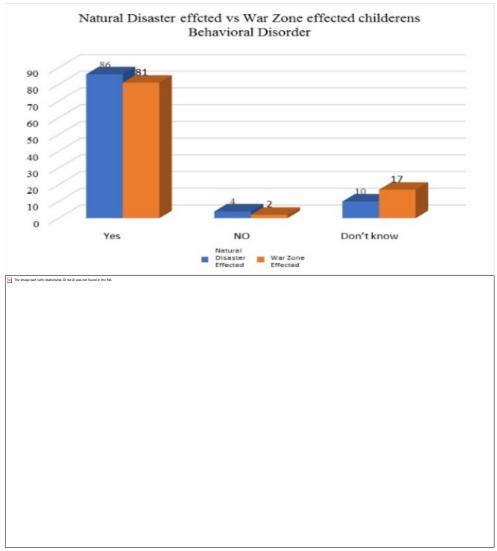


FIGURE 1: EFFECTED CHILDREN'S BEHAVIORAL DISORDER

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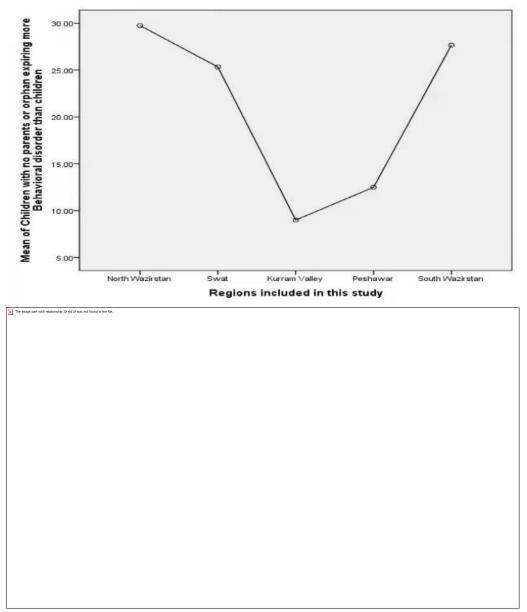


FIGURE 2: THE MEAN PLOT DISPLAYING BEHAVIORAL DISORDER ASSOCIATION BETWEEN TRAUMATIC EVENTS AND BEHAVIORAL DISORDER

A significant association between the independent variable (Traumatic events) and the dependent variable (Behavioral disorder) was found. Table 3 explains that migrated family children are more prone to behavioral disorders (P<.001) "Behavioral disorders resulted in plenty of psychological and social issues, including feelings of isolation and antisocial behavior (P<.001), children without no parents or orphan are more suffer from Behavioral disorder (P<.001). As a result of natural and man-made disasters faced girl-led behavioral disorders than boys (P<.001). Uncertainty is a significant contributing cause of children's Behavioral disorders (P<.008), and Children in war-affected zones experience a higher problem of Behavioral disorders (P<.001). Trauma is a psychological term that refers to a distressful, shocking, or traumatic event. Traumatic situations disproportionately affect children. Every year, they are victims of acts of violence, natural disasters, and other traumatic events. Earthquakes, floods, Flood Tsunamis, Road Accidents, and other relevant painful incidents (e.g., serious consume cancer), physical harassment, and rape, have practically seen local or group prejudice, kidnapping, and the sudden death of a parent. More

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than 40% of such children are likely to have behavioral problems, which can hurt their academic and social performance.

Almost everyone has been motivated by a traumatic experience in his or her life. Traumatic events happen when an incident or situation creates a great deal of stress. Traumatic events are defined by a feeling of dread, vulnerability, serious injury, or the threat of serious harm or death. It may also assist them in learning other symptom management techniques, such as relaxation and anger management. Therapy can give a safe space for those who have been through trauma to examine and address what happened, allowing traumatized people to process feelings that can be overwhelming to deal with on their own. This aids persons with PTSD in regaining their sense of safety, feeling empowered, and overcoming the sensation of powerlessness that traumatic situations frequently produce. According to research, mature parents are more likely to spend time with their children in ways that encourage aggressive behaviors, such as using severe and irregular discipline (Hann, Borek, 2001).

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TABLE 3. ASSOCIATION BETWEEN BEHAVIORAL DISORDERS WITH TRAUMATIC EVENTS

Traumatic Events	Perception	Behavioral Disorder			Total	Chi-Square (P-Value)
		Yes	No	Uncertain	_	,
Families at more risk	Yes	77(77.0)	4(4.0)	5(5.0)	86(86.o)	(11.462)
from the natural	No	2(2.0)	1(1.0)	1(1.0)	4(4.0)	(p=0.022)
disaster were having	Uncertain	6(6.0)	1(1.0)	3(3.0)	10(10.0)	
more children with	Total	85(85.o)	6(6.o)	9(9.0)	100(100.0)	
Behavioral disorders						
Children were more	Yes	73(73.o)	5(5.0)	5(5.o)	83(83.0)	(5.911)
suffer from	No	2(2.0)	o(o.o)	1(1.0)	3(3.0)	(p=0.206)
Behavioral disorders	Uncertain	10(10.0)	1(1.0)	3(3.0)	14(14.0)	
in families	Total	85(85.o)	6(6.o)	9(9.0)	100(100.0)	
Children of the	Yes	72(72.0)	4(4.0)	3(3.0)	79(79.0)	(20.041)
migrated family are	No	1(1.0)	o(o.o)	2(2.0)	3(3.0)	(p=0.000)
more exposed to	Uncertain	12(12.0)	2(2.0)	4(4.0)	18(18.0)	
Behavioral disorder	Total	85(85.o)	6(6.o)	9(9.0)	100(100.0)	
Behavioral disorders	Yes	74(74.0)	4(4.0)	2(2.0)	80(80.0)	(26.807)
lead to so many	No	1(1.0)	o(o.o)	2(2.0)	3(3.0)	(p=0.000)
psychological and	Uncertain	10(10.0)	2(2.0)	5(5.0)	17(17.0)	
social problems like	Total	85(85.o)	6(6.o)	9(9.0)	100(100.0)	
feeling						
Children with no	Yes	74(74.0)	4(4.0)	2(2.0)	80(80.0)	(25.746)
parents or orphans	No	1(1.0)	1(1.0)	2(2.0)	4(4.0)	(p=0.000)
expiring more	Uncertain	10(10.0)	1(1.0)	5(5.0)	16(16.0)	
Behavioral disorders	Total	85(85.o)	85(85.o)	9(9.0)	100(100.0)	
than children						
Uncertainty is the	Yes	72(72.0)	5(5.0)	3(3.0)	80(80.0)	(13.660)
major contributing	No	2(2.0)	o(o.o)	1(1.0)	3(3.0)	(p=0.008)
factor to children's	Uncertain	11(11.0)	1(1.0)	5(5.0)	17(17.0)	
Behavioral disorder	Total	85(85.o)	6(6.o)	9(9.0)	100(100.0)	
Children of war-	Yes	73(73.o)	5(5.0)	3(3.0)	81(81.0)	(15.617)
affected zone face	No	1(1.0)	o(o.o)	1(1.0)	2(2.0)	(p=0.004)
more problems with	Uncertain	11(11.0)	1(1.0)	5(5.0)	17(17.0)	
Behavioral disorder	Total	85(85.o)	6(6.o)	9(9.0)	100(100.0)	
As a result of natural	Yes	74(74.o)	4(4.0)	1(1.0)	79(79.0)	(32.067)
and man-made	No	1(1.0)	1(1.0)	2(2.0)	4(4.0)	(p=0.000)
disasters girls and	Uncertain	10(10.0)	1(1.0)	6(6.o)	17(17.0)	
boys	Total	85(85.o)	6(6.o)	9(9.0)	100(100.0)	

CONCLUSIONS AND RECOMMENDATIONS

It can be concluded, on the basis of findings from this study, that traumatic events cause several psycho-social problems. If left undealt leads to several psychological disorders and can cause Behavioral Disorders in traumatized children. In Pakistan, the ratio of children who are suffering from traumatic events is an alarming situation. Children with behavioral disorders are very anxious and are suffering from behavioral disorders including traumatic

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events i.e., family members in the accident, loss of family, war on terror, or natural disasters take place children witness mostly the children have direct experiences with themselves. The condition of children with such serious disorders is continuously overwhelmed by these traumatic incidents. These issues result in the development of behavioral disorders in children. The condition of these children further deteriorates due to a lack of awareness among caregivers about psychological disorders.

Traumatic events can occur at any moment and to anyone. Nobody can guarantee his or her safety, and everyone can become a victim of a traumatic experience. As a result, understanding this incidence, scientific data in the field can help to train children and their parents, develop safety plans for them, and to make them resilient. The psychodynamic perspective highlights the fact that childhood traumas play a crucial role in developing personalities later in life. United Nations Convention on the rights of children is one such initiative taken to protect children from any kind of physical and psychological harm.

There are some policy implications for children's behavioral disorder intervention through the joint efforts of government, researchers, and NGOs. The Government must take the initiative in favor of counseling children with behavioral disorders. To reduce the experience of traumatic events, provide training to families with children with behavioral disorders to strengthen the social interaction between children and parents. Counseling and psychotherapy centers for people with behavioral disorders must be established by non-governmental organizations (NGOs). On the other hand, social and biological researchers need to study people - who are suffering from trauma - from different worldviews and give a holistic approach to understanding traumatic patients. We provide evidence-based recommendations for future interventions based on our research results.

LIMITATION OF THE STUDY

- Cultural context should be considered and the same study can be replicated in different cultures and ethnic groups.
- Confounding variables need to be considered and moderators or mediators' variables should also be studied in future studies.
- Comparative study is needed to explore the cross-cultural factors.
- Each childhood disorder should be explored separately concerning past traumas.

AVAILABILITY OF DATA AND MATERIAL

Information can be made available by contacting the corresponding author

CONFLICTS OF INTEREST: The authors declare no conflict of interest.

REFERENCES

- McLaughlin, K. A., Green, J. G., Gruber, M. J., Sampson, N. A., Zaslavsky, A. M., & Kessler, R. C. (2012). Childhood adversities and first onset of psychiatric disorders in a national sample of US adolescents. *Archives of general psychiatry*, 69(11), 1151-1160.
- McLaughlin KA, Sheridan MA, Lambert HK. Childhood Adversity and Neural Development: Deprivation and Threat as Distinct Dimensions of Early Experience. Neuroscience and Biobehavioral Reviews. 2014; 47:578–591. [PubMed: 25454359]
- Weems, C. F., Russell, J. D., Neill, E. L., & McCurdy, B. H. (2019). Annual research review: Pediatric posttraumatic stress disorder from a neurodevelopmental network perspective. *Journal of Child Psychology and Psychiatry*, 60(4), 395–408.
- Lieberman, A. F., & DeMartino, R. (Eds.). (2006). Interventions for children exposed to violence. New York: Johnson & Johnson Pedi- artic Institute.

Online ISSN

Print ISSN

3006-4635 3006-4627

Vol. 3 No. 4 (2025)



- Weissbecker, I., Sephton, S. E., Martin, M. B., & Simpson, D. M. (2008). Psychological and physiological correlates of stress in children exposed to disaster: Current research and recommendations for intervention. Children Youth and Environments, 18(1), 30-70.
- Tang, B., Deng, Q., Glik, D., Dong, J., & Zhang, L. (2017). A meta-analysis of risk factors for post-traumatic stress disorder (PTSD) in adults and children after earthquakes. *International Journal of Environmental Research and Public Health*, 14(12), 1537.
- National Commission on Children and Disasters: 2010 Report to the President and Congress. https://archive.ahrq.gov/prep/nccdreport/nccdreport.
- Garrett, A. L., Grant, R., Madrid, P., Brito, A., Abramson, D., & Redle- ner, I. (2007). Children and mega-disasters: Lessons learned in the new millennium. Advances in Paediatrics, 54(1), 189–214.
- Masten, A. S., & Osofsky, J. D. (2010). Disasters and their impact on child development: Introduction to the special section. Child Development, 81(4), 1029-1039.
- Hagan, M. J., Sulik, M. J., & Lieberman, A. F. (2016). Traumatic life events and psychopathology in a high risk, ethnically diverse sample of young children: A personcentered approach. *Journal of abnormal child psychology*, 44(5), 833-844.
- Kousky, C. (2016). Impacts of natural disasters on children. The Future of Children, 16(1) 73–92.
- Self-Brown, S., Lai, B. S., Thompson, J. E., McGill, T., & Kelley, M. L. (2013). Posttraumatic stress disorder symptom trajectories in Hurricane Katrina affected youth. *Journal of affective disorders*, 147(1-3), 198-204.
- Bhamani, A., Sobani, Z. A., Baqir, M., Bham, N. S., Beg, M. A., & Fistein, E. (2012). Mental health in the wake of flooding in Pakistan: An ongoing humanitarian crisis. *Journal of the College of Physicians and Surgeons–Pakistan*, 22(1), 66–68.
- Zuberi D. Union Voices: Tactics and Tensions in UK Organizing. Contemporary Sociology. (2014); 43(5):736-737. Doi: 10.1177/0094306114545742xx
- Rehman, A. C., Mehmood, A., Imran, M. Learning from the past Analysis of disaster management structures, policies, and institutions in Pakistan. Analysis of disaster management structures. 0965-3562 DOI 10.1108/DPM-10-2015-0243
- Hovens, J.G.F.M. (2015). Emotional Scars: Impact of Childhood Trauma on Depressive and Anxiety Disorders; Department of Psychiatry, Faculty of Medicine, Leiden University Medical Center (LUMC), And Leiden University: Leiden, The Netherlands.
- Ali M.M. Teich J.Lynch S.Mutter R. Utilization of mental health services by preschool-aged children with private insurance coverage. Adm Policy Ment Health. 2018; 45: 731-740.
- Daud A., Skoglund E., Rydelius P.A. (2005). Children in families of torture victims: Transgenerational transmission of parents 'traumatic experiences to their child. International Journal of Social Welfare, 14, 23-32.
- Shackman, J. E., Shackman, A. J., & Pollak, S. D. (2007). Physical abuse amplifies attention to threats and increases anxiety in children. *Emotion*, 7(4), 838.
- Sohail, M.S. and Daud, S. (2009). Knowledge sharing in higher education institutions: Perspectives from Malaysia. Vine.
- Briggs-Gowan, M. J., Grasso, D., Bar-Haim, Y., Voss, J., McCarthy, K. J., Pine, D. S., & Wakschlag, L. S. (2016). Attention bias in the developmental unfolding of post-traumatic stress symptoms in young children at risk. *Journal of child psychology and psychiatry*, 57(9), 1083-1091.

Online ISSN

Print ISSN

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Vol. 3 No. 4 (2025)



- Pelcovitz, D., Libov, B.G., Mandel, F., Kaplan, S., Weinblatt, M., & Septimus, A. (1998). Posttraumatic stress disorder and family functioning in adolescent cancer. *Journal of Traumatic Stress*, 11(2), 205–221.
- Frick, P.J., Stickle, T.R., Dandreaux, D.M., Farrell, J.M., &Kimonis, E.R. (2005). Callous-unemotional traits in predicting the severity and stability of conduct problems and delinquency. *Journal of abnormal child psychology*, 33(4), 471-487.
- Frick, P. J. (2012). Developmental pathways to conduct disorder: Implications for future directions in research, assessment, and treatment. *Journal of clinical child & adolescent psychology*, 41(3), 378-389.
- Odgers, D.L., Caspi, A., Broadbent, J.M., Dickson, N., Hancox, R.J., Harrington, H., & Moffitt, T.E. (2007). Prediction of differential adult health burden by conduct problem subtypes in males. *Archives of General Psychiatry*, 64, 476–484. doi:10.1001/archaic.64.4.476
- Sheridan, M. A., Peverill, M., Finn, A. S., & McLaughlin, K. A. (2017). Dimensions of childhood adversity have distinct associations with neural systems underlying executive functioning. *Development and Psychopathology*, 29(5), 1777-1794.
- Weems, C. F., Russell, J. D., Neill, E. L., & McCurdy, B. H. (2019). Annual research review: Pediatric posttraumatic stress disorder from a neurodevelopmental network perspective. *Journal of Child Psychology and Psychiatry*, 60(4), 395–408.
- Zisser, A., & Eyberg, S. M. (2010). Parent-child interaction therapy and the treatment of disruptive behavior disorders.