The Army Public School Massacre in Peshawar, Pakistan

4

Khalid A. Mufti, Ali Ahsan Mufti, and Michaeline Bresnahan

"I have no doubt that you are the bravest little souls but it will take a lot of courage to face your pain."
(Munaza Khan, Child Psychiatrist, NYC, USA)

Abstract

Pakistan has been in a continuous state of low- and sometimes medium-intensity war on terrorism for nearly two decades. During this time, school children have increasingly become the target of terrorist attacks. The 2012 assassination attempt on Nobel Laureate Malala Yousafzai, a young human rights activist, brought these activities into high relief, arousing national and international sympathies and outrage. The largest, most brutal attack occurred on Dec 16, 2014, in Peshawar, when 150 children were killed while in school. The Army Public School massacre was unique. The catastrophic devastation affected not only victims and their close relatives but the whole country. The immediate challenge was to address the mental health needs and psychosocial rehabilitation of those living in the affected community. Government social intervention efforts were necessarily complemented by community mobilization. Horizon, a local NGO with expertise in psychosocial rehabilitation following disasters, volunteered to perform a quantitative needs assessment and diagnostic evaluation study with 50 affected families in the nearby community. At the end of 6 months, more than 36% of children studied met the criteria for PTSD. Special training workshops for teachers, doctors, and media were arranged. These workshops prepared the affected families and community to increase their resilience. Given the limited

K. A. Mufti (✉) · A. A. Mufti
Department of Psychiatry, Ibadat Hospital, Peshawar, Pakistan

M. Bresnahan
Global Psychiatric Epidemiology Group, Columbia University/New York State Psychiatric Institute, New York, NY, USA
e-mail: Michaeline.Bresnahan@nyspi.columbia.edu

C. W. Hoven et al. (eds.), *An International Perspective on Disasters and Children's Mental Health*, Integrating Psychiatry and Primary Care, https://doi.org/10.1007/978-3-030-15872-9_4

capacity to respond to these crises, the concluding recommendation is that the government become more involved in helping make available an improved system of mental health care, both to prevent problems and respond to them.

4.1 Introduction

Regardless of one's particular definition, present-day terrorism is the worst kind of fear-based oppression. Targeting the "mind," it causes significant social disturbance and psychological crises of varying intensities across victimized groups and communities. Numerous commentators use the term psychological warfare when describing terrorism (Silke 2003), in part because of its far-reaching impact relative to the physical losses.

Mass casualty terrorist attacks are not new, but they are increasing in frequency (Ackerman et al. 2011), as are attacks on children's educational institutions (Petkova et al. 2017). Attacks that target children pose both a tangible and symbolic threat. The 2004 terrorist attack on a school in Beslan, Russia, resulted in the largest number of fatalities to date. On September 1, 2004, twelve hundred hostages were taken; the majority were children. Within 48 hours, 186 children had died (BBC News 2014).

Scores of poisoning attacks on schools, particularly girls' schools, have been reported in Afghanistan from 2009 to 2013, resulting in more than 2500 injuries according to one terrorism database (Johnson 2017). In Nigeria, militants increasingly targeted schools beginning in 2008 (Miller 2014). The kidnapping of 276 secondary schoolgirls in Chibok on April 14, 2014, garnered worldwide attention. It is estimated that 13 of the girls died and 112 are still missing (Parkinson and Hinshaw 2018; Searcey 2018), in addition to the loss of thousands of children of both genders abducted by the same group. In 2014, an attack on a school occurred in Peshawar, Pakistan, in which 132 school children were killed. It should be noted that high numbers of child fatalities and casualties are not unique to predominately Muslim countries, with terrorist attacks occurring, for example, in Sri Lanka and Norway (Appleton 2014). Targeting schools and school children is not merely a matter of convenience—taking on the softest of the soft targets. Their attacks take aim at the heart and soul of a community, which provides terrorists the opportunity to deliver specific messages (e.g., when the attack is a retaliation), threats (e.g., threats to public confidence in government to protect children), and ideological points (e.g., girls should not attend school, schools should adhere to a particular ideology/religious form). Due to their nature, these attacks often receive heightened press coverage, amplifying the messages and the terror. Overall, a completed attack on a school has the potential to cause significant disruptions in both the short and long terms. In addition to the implications for the surviving children's mental health, education stops for varying amounts of time, and educational institutions are potentially compromised altogether (Human Rights Watch 2017a, b). However, in the final analysis, the perpetrators of such attacks may be weakened, as recent events in Pakistan have shown. Instead of an increase in public support for terrorist groups,

the shock and horror that results when groups target children can instead erode public support for terrorists' objectives and, further, consolidate the public's political will to combat terrorism.

4.2 Focus on Pakistan

Setting the Scene:

- Cultural aspects in the context of Pakistan.
  - Islamic belief system dominates.
  - Previous history of disaster management and rehabilitation.
  - Spirituality/religion and coping with adversity (Neeleman and Lewis 1994).
- Socioeconomic considerations in the context of Pakistan.
  - Forty-six percent of the population are children (under 18) (Statistics 2017).
  - Average income per year is $1513 (Rana 2015).
  - Total expenditure on health is 2.61% of GDP (Trading Economics 2014).
  - Poverty is classified as chronic and is associated with psychiatric morbidity (Patel and Kleinman 2003).
- Psychosocial health system in Pakistan.
  - There are approximately 400 qualified psychiatrists (World Health Organization and Ministry of Health Pakistan 2009).
  - There are less than 500 qualified clinical psychologists (World Health Organization and Ministry of Health Pakistan 2009).
  - Minimum tier 1 support system (psychosocial needs) (Jordans et al. 2010).
  - Fake spiritual leaders (Malik 2017).
  - The general public's attitude toward help seeking is limited by stigma (Damani-Khoja 2018).

Pakistan has been involved in a continuous war on terrorism for the past two decades. Although the intensity of the war has fluctuated, the Pakistani nation has suffered more than 100,000 casualties, including 50,000 civilians (SATP.org 2017), and shouldered $123 billion in direct and indirect costs to maintain this war (Ahmed 2017). This state of affairs is not likely to end in the near future. However, efforts in the last 2.5 years by the joint armed forces have significantly reduced new incidents by targeting terrorists both on the battlefield and in the community (Institute for Economics and Peace 2017). These efforts have been applauded by the international community (The United Nations 2017).

4.3 Impact

Many children in Pakistan have been personally affected by terrorism, either by being physically present at the scene of attack, knowing someone injured or killed by terrorists, or watching scenes through electronic or print media. Consequently, there are many families and communities deeply affected by terrorism. In Pakistan,

terrorism and violent acts have become a way of life, and no one suffers more than the children (Tufail 2010).

In the midst of this ongoing crisis, there have been great acts of courage on the part of children. The 2012 assassination attempt on Nobel Laureate Malala Yousafzai aroused national and international sympathies and outrage. Yousafzai's activism asserting girls' rights to education began in 2009. In 2012, she was shot at the age of 15 while riding a bus home from an exam. Fortunately, she survived, though she sustained serious injuries. Despite this attempt on her life and many subsequent threats, she continues to advocate for girls' rights.

Aitzaz Hasan, a student in Hangu town in Khyber Pakhtunkhwa Province, stopped a suicide bomber from entering his school on Jan 6, 2014, in an act of great heroism. While he lost his life, he undoubtedly saved the lives of many of the 2000 students who were in the building that day (News 2014). He was recognized by the International Human Rights Commission for his bravery. Unfortunately, despite the resilience and heroism shown by these young people, violence has continued. Later in 2014, the Army Public School Massacre took place.

4.4 Army Public School Massacre

December 16, 2014, was a black day in the history of Pakistan. The Army Public School (APS) in Peshawar was attacked by Taliban insurgents. More than 145 people died, including 132 students. An additional 121 children were wounded (Sajjad et al. 2015). In one classroom a teacher was set on fire as the children watched. The sheer scope and brutality of the destruction provoked extraordinary national and international attention and support for the survivors and the families of those who were killed.

Moreover, the devastation created by the incident was so catastrophic that its impact spread beyond those who were directly involved to include those who watched the events on television. For many, this triggered the re-experiencing of past traumatic events, including other terrorist attacks. Those who engaged with social or print media also experienced acute distress and other untoward mental health outcomes.

In Pakistan, the available concepts of community disaster mental health preparedness and the instruments required for the execution of this task vary. Due to lack of valid and reliable tools, communities depend on whatever is at hand. The disaster/emergency preparedness plan for mental health was last revised in 2006. The government of Pakistan has made a National Disaster Management Authority, which adequately covers natural disasters. However, there is scarcity of information about how to respond to man-made disasters.

At the time of the APS massacre, there was an absence of evidence-based intervention processes available at the governmental and community levels, with the exception of a handful of mental health professionals and NGOs with experience responding to past disasters. Moreover, as most of the research on mass trauma has taken place in the West, the existing understanding of trauma and its management

are based in a western point of view and are not necessarily applicable to the social and religious context of Pakistan (Higginbotham and Marsella 1988).

Thus, in the aftermath of the APS massacre, there was an urgent need for a culturally sensitive assessment of those directly affected, including children, parents, and other family members. Short-term emergency needs included rescue, medical aid, and psychological treatment and support. The first two requirements were met through government programs in a timely and efficient manner. However, the long-term needs for rehabilitation and other needs assessment, however, have not even been assessed. Particularly, PTSD symptoms should have been identified, culturally appropriate treatment interventions administered, and support systems put in place. This shortfall in response can be attributed to several factors. First, the challenge was emergent and complex. Second, the clinical and psychological profile of this disaster was not similar to that of any incident in the past. Third, the public health needs of the surviving population, and especially their mental health needs, were not familiar.

4.5 Treatment After the APS Massacre

Horizon, a registered welfare organization staffed by a team of experienced and trained volunteers, clinical psychologists, and doctors, stepped forward to initiate the challenging task of assessment and rehabilitation. They made an effort to quantify and standardize the assistance provided to the affected population in the form of psychosocial support and intervention. Initially, unstructured, in-depth interviews were conducted to collect qualitative information, using appropriate sampling techniques. This preliminary information was later used to establish a fundamental understanding of the affected community. In addition, a participatory approach was implemented, in which the professionals, psychiatrists, child psychologists, representatives of the media, and parents of affected families joined in focus group discussions to rationalize the basic objectives (Table 4.1).

For 6 months, 50 families were studied through organized visits to their homes, as well as attendance at a day-care center for intervention and rehabilitation. The goal was to promote rehabilitation and better social reintegration. Effective religious counseling by trained Muslim clerics and a cultural ownership of the grief within the tradition helped to enrich resilience. The results of the therapeutic approach, including the level of participation of the families and Horizon's

Table 4.1 A final report on the study has not yet been published

A	First step	Second step	Third step	Fourth step	Fifth step
1	Interview	Assessment and evaluation	Diagnosis	Providing support, counseling, and required interventions according to the individual's need	Reassessment of the identified cases after 6 months

psychologists, were encouraging. Remarkably, the intervention restored a sense of safety for surviving children, despite the fact that these children witnessed the violence of their schoolmates. Perhaps children's malleability and the assistance of a self-help group in the day-care center helped them to achieve resilience.

Researchers paid specific attention to cultural responses to trauma that these families exhibited. They found that victims of the APS massacre frequently expressed strong feelings of resistance. For example, one participant who expressed this sentiment said, "I will take revenge for whatever happened to us." This is in keeping with the Pashtun tribe tradition (Caroe 1965) and was reflected in the active participation in both the December 14th commemoration of the massacre and the Pakistan Day celebrations conducted with the help of the Army.

Though many victims experienced a range of negative emotions and unaddressed psychological symptoms, many community members displayed great resilience. The cohesive extended family system in Pakistan, the cultural importance of neighborhood and religion, and the government's emphasis on financial stability, moral guidance, and health support were extraordinary. The mobilization and resolve of the community were notable and were only limited by a lack of rigorous data collection and analysis that could inform future responses. This was primarily due to lack of validated, culturally appropriate research tools, as well as insufficient training in data analysis techniques.

However, numerous specific training workshops in mental health, relevant counseling techniques, and hands-on psychotherapy were conducted for the benefit of local psychologists and teachers. The sustainability of this model was monitored by the joint efforts of the Education and Health departments throughout the city of Peshawar and other parts of the province. Additionally, a technical working group including expert mental health resource professionals, volunteers, and international health NGO personnel was established and coordinated by the local provincial government.

Horizon's experience during their study revealed that those affected were comfortable with, and often preferred, direct engagement through debriefing. Although this appears contrary to the WHO-recommended techniques (World Health Organization 2012), the prevailing culture of the society supported this kind of debriefing, with hands-on counseling and nonverbal techniques that included hugs, touch (same gender), and empathy. Prior implementation of a similar approach has been used in other instances of psychosocial disaster management by Horizon with positive results.

4.6 Discussion

The program undertaken by Horizon included the children and families who were most affected and required psychosocial care on a priority basis. The organization's existing platform had adequate resources and experience with community mobilization to apply mental health intervention techniques that were integrated into the community. While pursuing these goals, efforts were made to include other institutions/groups—teachers, religious and community leaders, volunteers, journalists,

and general practitioners—in aftercare and reintegration. These institutions/groups are often already familiar with existing needs in the community, and people in the community trust them. By bolstering the community's natural social support system, Horizon brought out the love and care that already existed in the community, addressing mental health needs through a very natural process. Additional specialized resources were used among those in the selected subgroup who required mental health services.

Some authors have investigated alternative approaches to mental health intervention for children in extreme circumstances, such as war. Classroom-Based Intervention (CBI) appears to be a cost-effective, universal approach that can be implemented where children attend school. This strategy has been tested in a few southeast Asian countries. In a Sri Lankan study, it was concluded that preventive school-based psychosocial interventions in volatile areas, characterized by ongoing war-related stressors, may effectively improve indicators of psychological well-being and post-traumatic stress-related symptoms in some children but may undermine natural recovery for others (Tol et al. 2012). Similarly, in Nepal and the Palestinian territories, it was not associated with improvements in these symptoms (Tol et al. 2011). Overall, the CBI approach did not address PTSD, depression, or anxiety symptoms.

The UNICEF report on the Beslan massacre recognized that the teachers' close working relationship with their families helped in providing basic psychological and social aid (UNICEF 2005). A similar approach could not be taken in Peshawar—in the aftermath of the massacre, schools were closed for 1 month and were not accessible. There is no doubt that the screen-and-treat approach was very helpful as the crisis was stabilizing. It became evident, however, that local experts had concerns about the generalization of evidence-based treatment in a real-world setting during the initial phases of implementation.

In the end, Horizon found that it was productive to train parents before training teachers and that the home-based supportive counseling approach strengthened parental resolve. Horizon's community-centered active participatory role improved parental capacities and resilience. This approach later helped the children who had witnessed or experienced the violent event in school. Provision of specialized attention by the mental health resource team which included psychiatrists, psychologists, and trained counselors addressed the many mental health problems faced by trauma survivors. Later, Horizon pursued activities to train teachers in evidence-based interventions in preparation for future crises. Moreover, interventions targeting parents, teachers, and school volunteers equipped them to help children in places other than our selected target community. This strategy may be more practical for reaching a large number of youth, either before or after they are affected by disasters.

4.7 Conclusion

The mass killing of students at Army Public School in Peshawar has led us to develop a context-specific approach toward the rehabilitation of the incumbent surviving children, their families, and all others who were indirectly victimized. The

results of the intervention were pronounced and emerged quicker than expected. Preliminary research findings lead us to several conclusions. Post-traumatic stress disorder (PTSD) advances through progressive symptoms within more vulnerable sections of the population. Emotional scars may last longer among those victims who experienced disaster against the backdrop of an already insecure environment. However, a culturally appropriate inclusive rehabilitation program can be effective in reducing these negative outcomes.

Future Recommendations

1. To develop culturally valid and reliable research tools
2. To make services and research culturally acceptable
3. To plan for future services to improve quality of care
4. To involve the larger community in services provision and research
5. To educate family practitioners to be more aware of the mental health aspects of child victims and their families
6. To educate parents and teachers regarding the mental health aspects of mass terrorism

References

Ackerman G, Asal V, Spalding S, Johns M. Understanding and combating mass casualty terrorism (MCT)'. College Park, MD: START National Consortium for the Study of Terrorism and Responses to Terrorism; 2011. Available at: http://www.start.umd.edu/research-projects/understanding-and-combating-mass-casualty-terrorism-mct.

Ahmed K. Pakistan suffers $123 billion in losses in war against terrorism. Daily Times. 2017. Available at: https://dailytimes.com.pk/9639/pakistan-suffers-123-billion-in-losses-in-war-against-terrorism/.

Appleton C. Lone wolf terrorism in Norway. Int J Hum Right. 2014;18(2):127–42.

Caroe OK. The Pathans: 550 BC-AD 1957. London: Macmillan; 1965.

Damani-Khoja N. Mental health help-seeking in South Asian American Muslims: the role of cultural beliefs, attitudes, and knowledge. 2018.

Higginbotham N, Marsella AJ. International consultation and the homogenization of psychiatry in Southeast Asia. Soc Sci Med. 1988;27(5):553–61.

Human Rights Watch. Dreams turned into nightmares: attacks on students, teachers and schools in Pakistan. 2017a. Available at: https://www.hrw.org/report/2017/03/27/dreams-turned-nightmares/attacks-students-teachers-and-schools-pakistan.

Human Rights Watch. Pakistan: attacks on schools devastate education. 2017b. Available at: https://www.hrw.org/news/2017/03/27/pakistan-attacks-schools-devastate-education.

Institute for Economics & Peace. Global terrorism index 2017. 2017 . Available at: http://globalterrorismindex.org/.

Johnson WR. Terrorist and criminal attacks targeting children. December 7, 2017. 2017. Available at: http://www.johnstonsarchive.net/terrorism/wrjp39ch.html.

Jordans MJD, Komproe IH, Tol WA, Kohrt BA, Luitel NP, Macy RD, et al. Evaluation of a classroom-based psychosocial intervention in conflict-affected Nepal: a cluster randomized controlled trial. J Child Psychol Psychiatry. 2010;51(7):818–26.

Malik H. SC moved to regulate spiritual leaders. Karachi: The Express Tribune Pakistan; 2017.

Miller E. Terrorist attacks on educational institutions' START Background Report. December 2014. College Park, MD: National Consortium for the Study of Terrorism and Responses to Terrorism; 2014. Available at: https://www.start.umd.edu/pubs/Peshawar%20School%20Background%20Report%20December%202014.pdf.

Neeleman J, Lewis G. Religious identity and comfort beliefs in three groups of psychiatric patients and a group of medical controls. Int J Soc Psychiatry. 1994;40(2):124–34.

BBC News. Aitzaz Hasan: tributes to Pakistan teenager killed when he stopped a bomber. 2014. Available at: http://www.bbc.com/news/world-asia-25663992. Accessed 6 Apr 2018.

Parkinson J, Hinshaw D. Nigeria brought back its girls—now comes the hard part. Wall Street J. 2018. Available at: https://www.wsj.com/articles/first-look-how-nigerias-kidnapped-schoolgirls-are-rebuilding-their-lives-1517584918.

Patel V, Kleinman A. Poverty and common mental disorders in developing countries' Bulletin of the World Health Organization. Geneva: World Health Organization; 2003. p. 609–15. Available at: http://www.who.int/bulletin/volumes/81/8/en/Patel0803.pdf. Accessed 11 Sept 2017.

Petkova EP, Martinez S, Schlegelmilch J, Redlener I. Schools and terrorism: global trends, impacts, and lessons for resilience. Stud Conf Terror. 2017;40(8):701–11.

Rana S. Per capita income: a Pakistani now makes $1,513 a year. Karachi: The Express Tribune; 2015. Available at: https://tribune.com.pk/story/889024/per-capita-income-a-pakistani-now-makes-1513-a-year/.

Sajjad S, Kazmi N, Ali A. Impacts of "school terrorism" in the milieu of Peshawar incident; Pakistan's black day, December 16th, 2014. Am J Soc Sci Res. 2015;1(4):196–205. http://www.aiscience.org/journal/ajssr

SATP.org. Fatalities in terrorist violence in Pakistan 2003-2017. 2017. S. A. T. Portal. Available at: http://www.satp.org/satporgtp/countries/pakistan/database/casualties.htm. Accessed 10 Sept 2017.

Searcey D. Kidnapped as schoolgirls by BokoHaram: here they are now. The New York Times. 2018.

Silke A. Terrorists, victims and society: psychological perspectives on terrorism and its consequences. New York, NY: John Wiley & Sons; 2003.

Statistics, P. B. o. Percentage distribution of population by age, sex and area 2012-13. 2017. Available at: http://www.pbs.gov.pk/sites/default/files/Labour%20Force/publications/lfs_Annual_2012_13/t01-pak.pdf. Accessed 11 Sept 2017.

The United Nations. Office of the Special Representative and of the Secretary-General for children and armed conflict. 2017. Available at: https://childrenandarmedconflict.un.org/. Accessed 10 Sept 2017.

Tol WA, Barbui C, Galappatti A, Silove D, Betancourt TS, Souza R, et al. Mental health and psychosocial support in humanitarian settings: linking practice and research. Lancet. 2011;378(9802):1581–91.

Tol WA, Komproe IH, Jordans MJ, Vallipuram A, Sipsma H, Sivayokan S, et al. Outcomes and moderators of a preventive school-based mental health intervention for children affected by war in Sri Lanka: a cluster randomized trial. World Psychiatry. 2012;11(2):114–22.

Trading Economics. Pakistan - health expenditure, total (% of GDP). 2014. Available at: https://tradingeconomics.com/pakistan/health-expenditure-total-percent-of-gdp-wb-data.html. Accessed 11 Sept 2017.

Tufail A. Terrorist attacks and community responses. 2010. Available at: https://www.pakpips.com/web/wp-content/uploads/2017/11/163.pdf.

UNICEF. Annual report 2004. June 2005. New York, NY: The United Nations Children's Fund; 2005.

World Health Organization. Psychological debriefing in people exposed to a recent traumatic event. Geneva: WHO; 2012. Available at: http://www.who.int/mental_health/mhgap/evidence/other_disorders/q5/en/. Accessed 12 Apr 2018.

World Health Organization, Ministry of Health Pakistan. WHO-AIMS report on mental health system in Pakistan. Geneva: WHO; 2009. p. 1–30. Available at: http://www.who.int/mental_health/pakistan_who_aims_report.pdf Accessed 11 Sept 2017.