

Protection and Vulnerability

Alison Russell

What are the factors involved in determining which children will be most at risk following trauma or critical events?

Highly stressful traumatic events will have significant effects on those involved. For some these effects will be relatively short lived and they will recover without the need to seek professional help. Some will appear relatively unaffected and able to function satisfactorily, though for them *another* traumatic event may prove sufficient to undermine this apparent ability to cope. For others the effects will be major and long lasting and without help they will continue to experience a range of psychological symptoms which will have adverse effects on their lives. While for adults this is a serious enough problem in terms of their quality of life, it is of even greater concern for children whose personality development may be seriously disrupted following a trauma, which they are unable to deal with effectively.

Of those involved in a traumatic event the largest percentage will be able to deal with the resultant disturbance they experience by utilizing naturally pre-existing resources and current support networks. For this group recovery can be aided by some professional intervention, no matter how low key, although recovery does not depend upon it. Intervention, as brief and simple as educating survivors to know how they may expect to react, can assist them in their recovery. For those who are more vulnerable to stressors, recovery may require professional help.

Much has been written of the individual's capacity to survive adversity. Frequent denigration in the media of 'counselling' services has stressed the individual's drive toward self healing and the lack of need for professional help. No-one would deny the ability of the human psyche to deal with distress and fear, but neither can one ignore the sizeable minority who will need to be assisted.

In recent years there has been a good deal of research trying to determine why it is that some individuals seem better protected against the effects of trauma than others. Earliest investigations have tended to follow major events, since these are by their nature more readily identifiable and therefore easier to study. However, more recent work suggests that factors which seem to protect against long term psychological difficulties apply *whether events are small or large*.

The majority of those working in the field will agree that there are fairly reliable 'risk' indices which allow, to some degree, prediction of those most vulnerable. What is less well documented are the factors involved in protecting some children who might otherwise be thought to be at risk - i.e. why someone who fits the 'risk' criteria does not develop persistent symptoms post trauma. Preventative interventions, targeting scarce resources, are going to be most effective if we can be better informed about risk. Looking at positive outcomes, at those who recover most speedily without the need for external help, can enable us to intervene more effectively when needed.

Rutter 1979 spoke of 'a regrettable tendency to focus.....on.....all that can and does go wrong'. 'It is unusual to consider factors which provide support.....or.....amelioration'. Why some children cope better than others deserves explanation (which) will probably include the patterning of stresses, individual differences (both constitutional and experiential), compensating experiences, the development of self esteem, the availability of personal bonds and intimate relationships, the acquisition of coping skills.

Some people are clearly more at risk than others. What are the factors involved? They fall broadly into three groups:

1. The nature of the traumatic event itself.
2. The recovery environment in which the individual exists post event.
3. Individual factors which to a large extent pre-date any critical event and which affect the individual's personal resources

The traumatic event itself

Much research has been carried out into the characteristics of traumatic events and the part they play in the subsequent development of PTSD in both adults and children.

A number of different dimensions by which events can be distinguished and which will impact on outcome have been identified by researchers. These include:

The type of event, whether man-made or natural. Events fall along a continuum of deliberateness or causality

natural *mishap or error* *deliberate harm*

with those most deliberate acts obviously being more likely to cause greater disturbance in those involved. Trauma resulting from pure human malevolence may be expected to shatter more basic human assumptions and to result in more severe psychological reaction.

- ◆ ***The duration of events.*** Those events which continue over a prolonged period are likely to have great impact, as are those events which occurred so rapidly that the individual was left no time to prepare (Janoff and Bulman 1985). Terr (1991) talks about the effects of a single unexpected event (what he calls Type 1 trauma) compared with prolonged and repeated traumatization, such as sexual abuse (Type 2 trauma). The latter have been found to have major long-term effects.
- ◆ ***The degree of personal impact.*** Including such highly significant factors as the extent of injury, receipt of intentional injury, long lasting consequences of injury, exposure to the 'grotesque', violent and sudden loss of a loved one or witnessing or hearing of the loss of a loved one, threat or perceived threat to life and limb. Exposure to the grotesque either first or second hand has been identified as a factor likely to have particularly long lasting consequences. Even for those not present during traumatic events, vicarious perception of an event can lead to secondary traumatization, especially for those closest to those involved.
- ◆ ***Responsibility.*** Feelings of guilt and self blame are common following a critical incident, whether these feelings are accurate or not. Without effective intervention there is likely to be a fairly poor prognosis if victims carry guilt for their part in what happened, or for failing to

prevent it.

- ◆ **Possibility of recurrence.** Is danger past? If the event was man-made there is a need to know it will not recur, that the perpetrator is not free to repeat his/her actions.
- ◆ **Control.** Did the victim feel out of control either during or following the incident? Loss of control or fear of loss has been found to be highly correlated with outcome.
- ◆ Experiencing traumatic events alone rather than as a member of a group is also likely to have greater negative effects since overall effects of group membership may mediate the response.
- ◆ Imagined as well as actual events can traumatize.

Factors within the individual which provide protection in the event of crisis

A wide range of factors which seem to offer children some protection have been identified by researchers seeking to understand what protects some children from the effects of trauma.

Werner & Smith (1982) investigating the concept of resilience identified certain variables that can have an influence including:

strong relationships with parents, who are less frequently absent from home

a family milieu marked by parental support

rule setting

discipline

a respect for individuality

parental loss

parenting problems

mental illness.

A longitudinal study (Jeanne & Jack Block 1980) found that the antecedents of resilience were likely to be in genetic and constitutional factors and 'could be observed in the way in which the infant responds to environmental change'.

In contrast, children described as ego-brittle, from homes marked by conflict and discord seem to be at greater risk than those ego-resilient children who tend to have parents who are competent, loving, compatible, patient and integrated. None of this surprises us, but in the event that we are called upon to offer support and intervention post incident, it is as well to remind ourselves of the obvious. It is equally important to remember that amongst those children who are apparently likely to be protected, there will still be some who are vulnerable.

Rutter, in his research in the late seventies identified another significant issue - that a single stress, even if chronic, did not place a child at significant risk. Psychological difficulties in children were often the function of the number of familial risks to which they were exposed and the presence of two or three concurrent stressors could increase risk to a child four fold.

We are aware as workers of the apparently well functioning child (or family) who can be tipped into inability to cope by one more event.

Other researchers have reported on the significance of such factors as age, gender, intelligence, temperament, coping style and defense mechanisms in determining who is most and least at risk, although there is conflicting evidence around some of these (Zuckerman-Bareli 1982, Creamer 1991).

Age

The evidence here is somewhat contradictory. Some researchers suggest that younger children can have a greater reservoir of energy to deal with critical events. Because of as yet poorly developed cognitive skills, they may be less able to appreciate dangers and

consequences. In contrast, in some young children the potential danger may threaten to overwhelm the immature ego. The more limited language abilities of younger children may make verbal access to memories more difficult, though this may at times work to their advantage if it makes processing somatic and sensory memory more effective.

Intelligence

Some research suggests that there is a likelihood that the more intelligent the children, the better able they are to foresee dangerous outcomes and therefore the greater the perceived threat. This latter factor is very highly associated with the risk of developing PTSD. However, other researchers have highlighted that greater knowledge and a feeling of being in control may mitigate against the development of PTSD and identified greater intelligence as a potential protective factor.

Gender

Females report greater distress post trauma than males, though this may reflect a reluctance by males to acknowledge psychological problems. Females may perceive themselves as under greater threat in critical events and as less able to protect themselves.

The recovery environment post-trauma

Young children, unlike some adults, cannot deal with the impact of trauma alone. They need help from the network of adults around them - which includes the immediate family, broader social supports, networks and the wider community - although the way in which the wider community regards the individuals caught in the event will affect how it will view the child and the degree to which it will offer understanding and support.

What help and support is available, naturally, to the child caught up in traumatic events?

What opportunities are there for them to talk with peers about what happened?

How much chance is there for them to develop the wider picture, to regain some mastery of events, to check out their misconceptions?

How easily do the adults around them allow them to talk, or to be silent, or to exhibit

emotions?

How receptive are their immediate families to their need for regression or their need to replay events?

These factors have an important impact on the child's ability to deal with traumatic events, and adults and peers who are around the child can make a significant contribution by reinforcing and supporting coping efforts.

Where families are unable to offer this support to children, the children remain at greater risk. This situation can arise because the adults own difficulties in dealing with the trauma have lead them to be unavailable to the child, or because of other within-family factors such as severe marital discord, lack of family cohesion or psychiatric illness. McFarlane (1987) found that parental ability to deal with trauma had more effect on children's functioning than the child's direct experience of the trauma itself.

The Melbourne shootings' research (Creamer et al 1989) found that when other stressful events occurred during the first four months post trauma (divorce, financial difficulties etc) there were likely to be greater and longer lasting effects.

While a child's immediate family will naturally be looked upon to provide the greatest support, the wider community around the child and how it responds to disaster cannot be overlooked. Young children generally belong to a range of social networks from the classroom, to after school clubs, Brownies, football teams and so on. If these communities are themselves adversely affected by disaster, their ability to deal with the children they care for will be impaired. Attention, post disaster, must be paid to their needs too.

While for adults failure to deal satisfactorily with traumatic events may disrupt their lives and adversely affect their ability to function, for children the risk to emotional development is considerable. And yet the pressure on children to conceal the impact of trauma can be immense. Adults are often unable to cope with the nature, degree and depth of children's distress. They may themselves lack the understanding to recognise the distress as it is manifest in behaviour, or may inadvertently give off signals which let the children know that the adults cannot hold their pain. Either way much of children's distress goes unreported and

therefore many children fail to be given the help they need to deal with the disruption, which exposure to trauma may bring.

There have long been a range of myths surrounding a child's reaction to trauma and to death and loss, the most widely accepted of these being the belief that children are young and therefore forget easily. Children frequently learn that the adults around them are uncomfortable with their pain and seek to avoid showing that pain. The fact that children, like adults, have natural resources and a resilience, that will help them move to recovery should not be overlooked, but neither should the fact that many children will have experiences with which they are ill-equipped to cope and that will, without appropriate help, be likely to disrupt emotional development. Being able to identify more readily those children at greater risk should enable us to target scarce resources when and identify where they are most likely to be of use.

Targeting Scarce Resources

Within our schools there is a well established system for monitoring and identifying those who have learning problems. Staged intervention allows teachers to pick up on children who have difficulty with learning. For those who have significant difficulties, intensive and specialised help can be made available. The system can also be used to be sensitive to those whose behaviour reflects underlying emotional or social difficulties.

Post trauma, especially following incidents as extreme as those in Dunblane or Denver, such monitoring systems may be insufficient. Children can become adept at masking their difficulties. School may be an escape from the stress and tensions of home. Many children become quieter at school and their failure to talk about how they may be feeling can be misconstrued as indicating that they have dealt with the events. If, as in the two examples given, events take place within the school itself, staff and pupils may both be traumatised and children, seeking to protect staff from further hurt, will not raise their concerns with adults who they see are themselves struggling.

Screening of children post trauma may have real advantages in such situations but as a society we tend to view screening as too intrusive and fear that by raising the possibility of emotional difficulties we may somehow create them where they do not exist. *We will not.*

'Talking about trauma and reactions does not create problems where there are none ' (Galante and Foa 1986).

Many reliable screening measures exist for use with children, such as the Impact of Events Scale, Trauma Reaction Indicators Questionnaire, Problem Rating Scale. But both our cultural reticence and the fact that it may be cost ineffective discourages general screening. Institutions need to create a culture in which it is generally possible to examine feelings and declare vulnerability, to facilitate conversation and to be alert to and not frightened by distress and sadness. If they can, staff will be in a better position to monitor effectively the children in their care and to respond quickly to changes, which may indicate that a child is struggling.

Those in management need also to be aware when trauma has impacted on both staff and pupils, for when this has occurred it will be much more difficult for staff to be open to and effective in responding objectively to children's needs.

Post trauma most children will struggle to feel secure. They strive to re-establish control over their lives and need the solidity of adults who can set firm limits and maintain clear boundaries and who are able to contain the powerful emotions they may be experiencing. Adults whose own sense of security and purpose is disturbed may be unable to provide all that the children need. While concern for staff well being is of course important, it must not be viewed as paramount, and if staff are unable to provide the secure, stable environment needed then management needs to step in.

Adults who work with traumatised children need to be comfortable with and able to contain children's pain. Failure to do this may encourage children to appear pseudo-mature and to portray a confidence, which they don't in fact feel, and which is likely to fail them when they face the next real developmental hurdle, which may be as routine though significant an event as transfer to secondary school.

Children's capacity to sustain sadness increases gradually with age. Children may rely on attempts to disbelieve the realness of a loss or seek in dreams and fantasy the reunion they want. The lack of apparent sustained sadness may prevent those around the child appreciating the nature and intensity of a child's reactions. Children are very alert to the effects that their distress may have on the adults around them and try to mask it. Adults need to be alert to the fact that not all children will cope without help and to identify those children most likely to be at risk and to whom resources need to be targeted.

We need a system which can pick up those who are struggling. Schools need an ethos of openness in communication. The existing systems in school may not be pro-active enough and schools may need to set up a monitoring or triage system to identify those most in need. While the period around six months post-event is often cited as the time when parents most often raise concerns (Wraith 1996), the impact for many children will not appear until well beyond this. Subsequent events which post-date trauma by many years may be sufficient to tip the balance.

Protection & Vulnerability

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Protection and Vulnerability OHP'S - Complete List

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Protection and Vulnerability

Aims

- ◆ **To examine the factors involved in determining which children are most at risk of prolonged or pathological reactions following trauma or loss**
- ◆ **To highlight factors which might offer some children protection from psychological harm**
- ◆ **To look at how schools may monitor the need for intervention**

CHILDREN AND TRAUMA

Trauma ruptures expectations about the future

Trauma ruptures pre-existing adaptations

Trauma ruptures meaning

Ruth Wraith

Myths about the Responses of Children to Trauma

- **Children are too young to be aware of or appreciate what is going on around them**
- **The effect, if any, on children of a major incident will be short-lived**
- **Children are resilient and will naturally recover by forgetting, getting over it, or growing out of it**
- **A lack of obvious symptoms means the event has not negatively impacted on the child**

INCIDENCE

Pynoos Los Angeles study of children involved in a playground shooting.

**75% still suffering symptoms
1 year following shooting.**

Handford et al 26% of children affected by Three Mile Island accident showed signs 1½ years later

Green et al Approx 37% of children given probable diagnosis of PTSD 2 years following the Buffalo Creek dam collapse.

Who is at risk?

Who gets sick and who doesn't?

Who is vulnerable?

There is a 'regrettable tendency to focus....on....all that can and does go wrong. It is unusual to consider factors which provide amelioration'

Rutter 1979

RISK FACTORS

The nature of the event itself

**Individual factors, which
pre-date an event**

The recovery environment

The Traumatic Event Itself

Berren, Bergell & Gherbrier identified 5 dimensions of relevance:

- **Type of event**
- **Duration of event**
- **Degree of personal impact**
- **Possibility of recurrence**
- **Control**

TYPE OF EVENT

Natural

**Mishap or
Error**

**Deliberate
Harm**

(Janoff-Bulman 1985)

DURATION OF EVENT

◆ **Prolonged**

◆ **Rapid onset**

DEGREE OF PERSONAL IMPACT

- **Injury**
- **Exposure to grotesque**
- **Loss or fear of loss of loved one**
- **Hearing of loss**
- **Threat to life and limb**
- **Possibility of recurrence**
- **Issues of control**

RISK FACTORS

The nature of the event itself

**Individual factors, which
pre-date an event**

The recovery environment

Individual factors which pre-date an event

Notion of resilience affected by:

- **stronger relationships with parents**
- **family milieu marked by parental support**
- **rule setting**
- **discipline**
- **respect for individuality**

Werner & Smith 1982

Concepts of:

◆ **EGO-RESILIENCE**

◆ **EGO-BRITTLENESS**

Jeanne & Jack Block 1980

Risk factors

AGE

Gleser et al 1981 - Buffalo Creek
floods

Eth & Pynoos 1985 - Pre school
children

Wallerstein & Kelly 1980 - 5 year
follow up after divorce

Wallersten & Blakeslee 1989 - 10
year follow up (see above)

Risk factors

GENDER

Gleser et al 1981 - Buffalo Creek
floods

Milgram & Milgram 1976 - Yom
Kippur War

Burke et al 1982 - Blizzard & flood
study

Burke et al 1986 - follow up study

Risk factors

INTELLIGENCE

**- do greater cognitive abilities
offer more or less protection?**

Juckermann & Bareli 1982

The Recovery Environment

Post-Trauma

- **Family**
- **Peers**
- **Social networks**
- **Wider community**

**Her grief grieved her.
His devastated her.**

Arundhati Roy, 1998

Children & Trauma

<p>Myths exist about children's responses to trauma</p>	<p>These include:</p> <ul style="list-style-type: none">• Children are too young to appreciate what is going on around them• The effects, if any, will be short lived• Children recover naturally by forgetting, getting over it or growing out of it• The lack of obvious symptoms means the events haven't negatively impacted on the child• Children are flexible and resilient
<p>In fact trauma impacts significantly on children</p>	<p>Trauma:</p> <ul style="list-style-type: none">• Ruptures expectations about the future• Ruptures pre-existing adaptations• Ruptures meaning <p>(Ruth Wraith)</p>

	Risk Factors	Including:
1	The nature of the traumatic event itself	<p>Type of event – deliberate or ‘act of God’.</p> <p>Duration of event – prolonged single event, brief or repeated.</p> <p>Degree of Personal Impact – including nature of injury, exposure to grotesque, hearing of loss etc.</p> <p>Possibility of recurrence.</p> <p>Control.</p>
2	Individual factors which largely pre-date a critical event.	<p>Relationships with parents – family milieu affecting style of communication, support, development of self-esteem, rule setting, discipline.</p> <p>Respect for individuality.</p> <p>‘Ego-resilience & ego-brittleness.’</p> <p>Additional factors, age, gender, intelligence, temperament.</p>
3	The recovery environment in which the individual exists post-event.	<p>Family</p> <p>Peers</p> <p>Social network</p> <p>Wider community</p>

Exercise 1

In two's, discuss those factors which you think helped you to deal with a difficult event in your life. You need not discuss the detail of the event if you prefer not to. The event can be one which might come under the definition 'critical event' or simply an event which put you under increased stress.

The aim of this exercise is to consider the range of supports, which are used naturally to help us to deal with stressful events.

Exercise 2

In two's, list those behaviours which would cause you to believe a child in your care needed more specialised help. What other information, which you have about the child might influence your decision to refer?

The aims of this exercise are 1) to elicit the fact that many different behaviours may be a cause for concern, and 2) that there are children who are more vulnerable to psychological problems than others.

Exercise 3

In groups of four please take some time to discuss the following questions:

- 1. Should we screen whole class or whole school populations following a critical event?**
- 2. Should teachers have personal information about their pupils, which would let teachers know who was at greater risk following a critical event?**

The aim of this exercise is to encourage staff to think about the difficult issues raised by the question of screening and monitoring.

Protection and Vulnerability

Notes for Presentation

(OHP 1)

Introduction

(OHP 2)

Involvement in a highly stressful event, or the experience of loss, will have significant effects on any child. Of those affected, there will be some on whom the effects will be short lived and who, using pre-existing resources, will recover without professional help. Others will have major and long lasting reactions and will require professional help if they are to 'recover'.

(OHP 3)

A number of myths exist about children's reaction to trauma and loss. It is important that workers recognise and acknowledge how significant trauma is for children.

(OHP 4)

Estimates of the vulnerable and resilient vary enormously - with research results ranging from around 75% of individuals showing little traumatic response one month following a disaster to other research which reports much higher incidence of post incident psychological difficulty. It is dangerous to generalize from individual findings but it is clear many children suffer some sort of disorder in the long term.

(OHP 5)

Much research is based on the study of the impact of major events since these are, by nature, more readily identifiable and therefore easier to study. Recent work is suggesting that the protective factors identified in large scale events appear to apply to events large and small.

A good deal of research is helping identify the risk factors and we will look at these in some detail. What merits further investigation is the answer to the question:-

*Why do some individuals who are theoretically at risk,
in fact not fall victim?*

(OHP 6)

By definition those who do cope well may often not come to the attention of any professionals.

There is growing evidence that although many individuals will 'recover' without the aid of professional help, they do so more rapidly with the help of some low key professional intervention - the idea of psychological first aid.

This might take the form of educative material describing normal symptomatology, techniques to cope with and reduce stress, providing access to resource materials or facilitating self-support peer groups.

EXERCISE 1

(OHP 7)

Risk factors - what is involved?

There is now a large body of research identifying those factors which influence outcome. The factors can be grouped under three main headings.

1. Features of the traumatic event itself - including its cause and its meaning to any individual.
2. Individual factors which largely pre-date any event and which will have had influence on the development of an individual's personal resources.
3. The recovery environment which will depend both on factors pre and post the event.

(OHP 8)

The Traumatic Event Itself

(OHP 9)

The type of event, whether man-made or natural.

What happened? Was it deliberate, accidental, happened through negligence, an act of God?

Janoff & Bulman found trauma resulting from pure human malevolence may be expected to shatter more basic human assumptions than natural disasters.

- How high a profile did the event have?
- Did it occur in a place viewed as safe?
- Is there a target for victims anger?

(OHP 10)

The duration of events.

- Those events which leave victims exposed to danger over a prolonged period are likely to have major impact.
- Those where individuals are left with no time to prepare may also be difficult to deal with.
- Terr (1991) refers to Type 1 and Type 2 trauma. Type 1 = a single unexpected event. Type 2 = prolonged and repeated traumatization eg sexual abuse. The latter has been found to have major long-term effect.

The degree of personal impact

(OHP 11)

- Any trauma or loss may impact on individuals in different ways depending upon a number of factors.
- Injury - to what extent was the individual himself injured? - Are there long lasting consequences of the injury? Was it intentional or accidental?
- Is what has been witnessed grotesque or appalling? Exposure to the grotesque is very traumatising.
- Loss, especially violent, of someone loved or hearing about such a loss has also been found to be highly associated with PTSD.
- Personal threat. Real or perceived threat has been identified as being of

great significance.

- Possibility of recurrence - has the danger passed? If the event was deliberate and man made there is a need to know the event cannot occur again, that the perpetrator cannot return. (Is he really dead? Will he be released from prison?).
- Issues of control - how much control does the individual have. How out of control did he feel during the incident? Loss of control or fear of loss is highly significant.
- Also of significance here is the issue of responsibility - how responsible is he for what happened or for failing to prevent it happening? There is likely to be a fairly poor prognosis, without effective intervention, if the individual feels self-blame.
- It is important to remember that imagined as well as actual events may traumatise.

(OHP 12)

The second group of factors likely to influence the way in which the child will react post-trauma are to do with 'within-child' issues.

(OHP 13)

Factors within the Individual Child

These largely pre-date any event and will have influenced the development of the individual's personal resources.

- Strong relationships with parents who are less frequently absent from home.
- A family milieu marked by parental support.
- Family closeness - good family dynamics, open communication.

- Rule setting) Children, as we know, benefit from structure, routines, and
- Discipline) ability to predict and expect.
- A respect for individuality - suggesting the establishment of relationships within the family which will develop a sense of trust and self esteem. Werner's longitudinal study of 30 years was carried out on one of the Hawaiian Islands and noted other factors including poverty, family instability, limited parental education as well as mental health problems.

(OHP 14)

Jeanne & Jack Block (1980) proposed the concepts of *ego-resilience* and *ego brittleness*. They conducted a 14 year longitudinal study, from pre-school to adolescence and concluded that the antecedents of ego resilience are likely to be found in genetic and constitutional factors and were observable in the way an infant responded to environmental change, was able to be comforted etc. They characterised *ego brittle children* as those most likely to come from homes marked with discord and conflict and *ego resilient* as those with parents who are loving, competent, compatible, patient and integrated.

[While this doesn't really surprise us, I don't think it does any harm to recall it. However, we should also remember that because children may be in a low risk category, this does not mean they are *immune* to risk.]

It is important to remember too that psychological difficulties may not result from a single, stressful event, no matter how chronic. Difficulties may often be as a result of a number of events and Rutter 1979 found that two or three concurrent stressors could increase the risk to a child by four fold. When trying to identify a child at risk following loss or trauma we have to try to be aware of earlier life events if we are to recognise the possible significance of this current event.

(OHP 15)

Other research has identified a series of other factors which may influence outcome following trauma or loss, and although there is some contradictory evidence, it is important to be aware of the role such factors may play.

(OHP 16)

Age

Findings about the affects of age at time of exposure to trauma are conflicting. Responses of older and younger children have varied depending upon type of disaster, types of measures used to gauge effects, and by age groupings adopted by researchers.

Much research into the effects of age as a protective factor has been carried out with adults and it is difficult to compare findings with regard to adults and children. A limited number of studies have reported conflicting findings with regard to children.

Gleser et al (1981) compared children from 2-20 years and found the older children more seriously affected.

Eth & Pynoos (1985) reported pre-school children to be more adversely affected by serious trauma.

Wallerstein & Kelly (1980) found older children more adversely affected than younger children five years after parental divorce

- but after 10 years Wallerstein & Blakeslee (1989) found the reverse to be true.

Why the conflicting findings? Some argue that children may be more vulnerable when young because of immature coping mechanisms. Lack of cognitive awareness in young children leads them to be less able to conceptualize danger and perhaps therefore less able to experience less fear.

Very young children may experience disaster at a time when they are most ego-centric, and inaccurately but unhelpfully assume responsibility. Very young children may be less able to put their symptoms into words and their symptoms may be difficult to observe. Adults may be less able or willing to perceive signs of distress in very young children.

Whatever, it seems its hard to use age as a predictor of protection or vulnerability.

(OHP 17)

Gender

Again, much research into the effects of gender differences on resilience and vulnerability has been carried out with adults and may not be generalizable although broad conclusions have been drawn concerning sex differences in symptomatology.

Milgram & Milgram (1976) reported boy's anxiety increased more sharply than girls and Burke et al found similar results although on follow-up he found only the girls showed distress. It has been hypothesised that boys may be less able to use networks that girls and to feel more responsibility during events.

(OHP 18)

Intelligence

Zuckermann-Bareli (1982) found level of intelligence to be a significant factor - suggesting flexibility and problem solving offered a level of protection, though other researchers have suggested that the greater the intelligence the more likelihood that the child foresees greater danger and therefore greater perceived threat.

While there is debate about these factors, it is important that those working with children be alert to the influence they may exert.

EXERCISE 2

(OHP 19)

The Recovery Environment Post Trauma

Unlike some adults all children will need help dealing with the impact of trauma or loss. They need help from a support network - of family friends, community etc.

Family

The child is likely to seek help initially from a parent. If the trauma or loss has a direct impact on the parent too (if they were also involved in events or if they have experienced a loss eg of a child or partner) then they may be unavailable or less available to the child.

McFarlane (1987) found this latter in fact to be more significant in terms of outcome for children than direct experience of trauma itself.

A parent having difficulty coping is likely to parent less well - to be unable to continue to provide the level of nurturance needed.

Peers

What opportunity is there for a child to talk with peers - to play out events - to share experiences? Adults may be uncomfortable about this and seek to prevent it.

Adolescents are likely to be quite heavily dependent on peer group support.

Social Network

Young children find it hard to sustain their pain for prolonged periods and need to be able to 'escape' into activities. They need a wider network of support, both to be able to do this, and to be available if they want to talk.

How equipped are Brownie leaders and swimming teachers and the dinner lady to hear children talk of painful feelings?

Do we offer them the opportunity for consultation and support?

How receptive are grandparents sometimes to allow expression of children's painful emotions? Maybe its a generational thing - a 'we coped in the war' - 'I was over the death of my mother in a week' - as a society we have been poor at allowing open expression. There is a tendency to jolly children out of it - to make them think and talk of something else.

Freedom of expression and acceptance of feelings has a significant impact on coping.

Children remain at greatest risk where other within family factors exist - eg severe marital discord, lack of family cohesion.

It is important to be alert to the effects of events post-trauma too - eg research into the Melbourne shootings research (Creamer et al 1989) found that when other stressful events occurred during the first four months post trauma children were likely to suffer greater and longer lasting effects.

Staff need to be aware too of the anniversary effect and the effect of seemingly unconnected events such as other incidents or the deaths of prominent figures (eg Princess Diana's death)

The Wider Community

The ability of the wider community itself to deal the impact of a trauma, together with its opinion of those involved may also impact upon a child's recovery.

EXERCISE 3

(OHP 20)

Conclusion

Children's capacity to sustain sadness increases gradually with age. Children may rely on attempts to disbelieve the realness of a loss or seek in dreams and fantasy the reunion they want. The lack of apparent sustained sadness may prevent those around the child appreciating the nature and intensity of a child's reactions. Children are very alert to the effects that their distress may have on the adults around them and try to mask it. Adults need to be alert to the fact that not all children will cope without help and to identify those children most likely to be at risk and to whom resources need to be targeted.

We need a system, which can pick up those who are struggling. Schools need an ethos of openness in communication. The existing systems in school may not be pro-active enough and schools may need to set up a monitoring or triage system to identify those most in need.

While the period around 6 months post-event is often cited as the time when parents most often raise concerns (Wraith 1996) the impact for many children will not appear until well beyond this and subsequent events which post-date trauma by many years may tip the balance.