



Centre for Abuse
and Trauma Studies

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Giving assistance to the victims of terrorism
Nov 17th 2011

Victims of terrorism: What we know from other traumatised groups

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- } A multi-disciplinary research centre which researches victims, offenders and the legal context of offending.
- } Projects with services to improve practice in social work, psychology and police practice.
- } Ongoing projects: Safeguarding services around assessment of child abuse; residential care looking at attachment in abused teenagers; evaluating an intervention for youth violence; developing a child assessment tool for attachment style and on internet grooming, victims of sexual abuse and experience of the police process and young people in Israel and response to political conflict.
- } **Is the study of early trauma in relation to adult vulnerability and disorder relevant for investigating victims of terrorism?**

Defining trauma/victimisation

- } Degree of threat: Trauma is differentiated from other severe life events because it involves violence, threat to life etc. However it can be integrated into a general stress model as with other stressors.
- } Need to differentiate exposure (trauma event; perpetrator action) from its impact (physical or emotional harm to victim; trauma disorders)
- } Interpersonal trauma (eg family abuse) differentiated from non-personal (eg victim of accident/disaster) for development and attachment consequences.
- } Development: Need to differentiate the lifestage of the victim: childhood and adolescent trauma have long term adult impact on relationships and psychological disorder.
- } **Context of the incident and history of the individual need to be understood in trauma in any context eg terrorism.**

Defining trauma

1. *A serious injury or shock to the body, as from violence or an accident. (Impact)*
 2. *An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person, often leading to neurosis. (Impact)*
 3. *An event or situation that causes great distress and disruption. (Exposure or event)*
- } Exposure: includes war, terrorism, criminal violence, attachment trauma (eg child abuse, domestic violence), natural disaster (fires, floods) accidents
 - } Impact: Traumatic experience is involved in the genesis of a number of psychological disorders.
 - } It can be recent, adult or an early life priming factor
 - } It can be a single acute incident, chronic or multiple experience
 - } Not all who experience trauma develop a disorder (around 10%)
 - } **Victims of terrorism will all have experienced trauma to a greater or lesser extent. This will influence the degree of impact and chronicity.**

Psychological disorders related to trauma

- } Depression: depressed mood/ loss of interest + 4 symptoms including problem sleeping, problem eating, poor concentration, agitation or slowed down; thoughts of death or suicide attempts
- } Deliberate Self Harm: attacking self physically (head banging; cutting; hair pulling) or suicidal plans or actions
- } Substance abuse/dependence: Drug or alcohol high use which interferes with normal activities; dependence involves increased efforts to obtain drug and need for higher amounts for same 'high'
- } Anxiety (panic/ agoraphobia; social phobia; Generalised Anxiety Disorder) including
 - } **Post Traumatic Stress Disorder**: Distress to trauma event, together with Re-experiencing; Avoidance and Hypervigilance.

NOTE: Only PTSD has trauma event as a requirement of diagnosis.

PTSD definitions (DSM-IV classification)

- A. Exposure to trauma event: experienced, witnessed or confronted with an event of actual or threatened death or serious injury or physical integrity of self or other + response of intense fear, helplessness or horror.
- B. Re-experiencing: Recurrent and intrusive recollections of the event including images, thoughts, perceptions (bad dreams; flashbacks; psychological reactivity or physiological reactivity (fast heartbeat, headache, stomach-ache).
- C. Avoidance of stimuli associated with the trauma and numbing of general responsiveness eg (avoids thoughts or feelings, activities people, forgetting aspects of trauma, diminished interest, detachment/estrangement; affect restricted; foreshortened future).
- D. Increased Arousal/hypervigilance (D criteria) Sleep problems, irritability/anger, poor concentration, hypervigilance.

Require A+B+C+D for full disorder of at least 1 month duration

Partial disorder: A+ 2 of rest

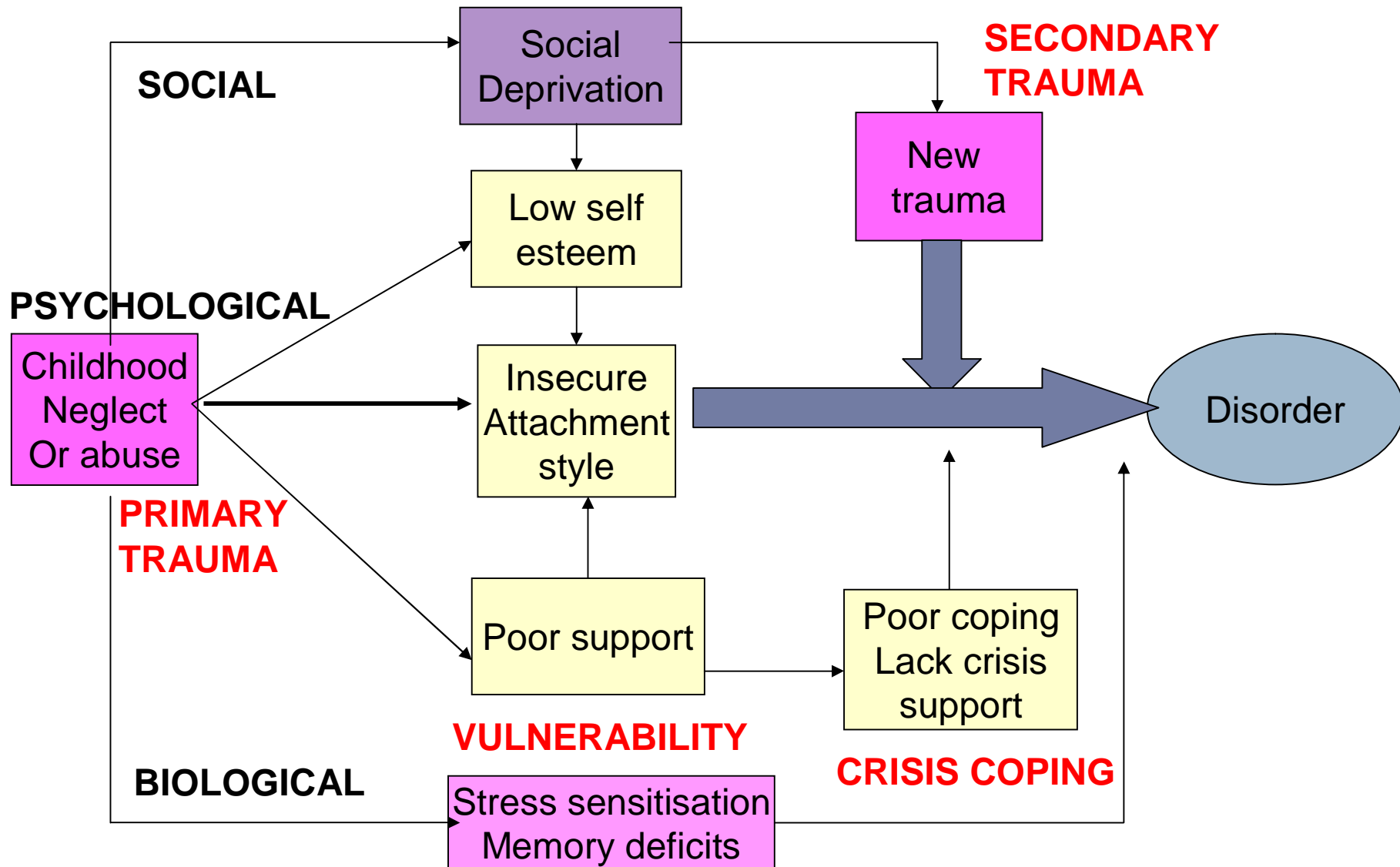
Childhood trauma

- } Experiences of trauma in childhood or adolescence can sensitise the individual to the greater impact of later trauma or stressor.
- } This includes childhood abuse (physical, sexual or psychological) but also severe impairments in care (neglect, hostile parenting, role reversal).
- } Early neglect or abuse raises risk of adult disorder such as depression 3-fold, but as high as 5-fold in adolescents.
- } It can increase risk of PTSD disorder in response to trauma experience, but also complex PTSD creating greater problems in relationship functioning.

Other impact of trauma exposure - vulnerability

- } Social impacts:
 - } poorer quality of close relationships; poorer parenting; lowered employability
- } Psychological impacts:
 - } lowered self-esteem, identity problems; reduced trust, increased anger, attachment difficulties, increased dissociative responses
- } Biological impacts:
 - } neurological damage; sensitization – nervous system becomes more reactive to stress.
 - } Stress response – increased cortisol production (stress hormone)
 - } Reduced size of the hippocampus – used in encoding of memories – problem in remembering traumatic events

Model linking childhood trauma to adult disorder

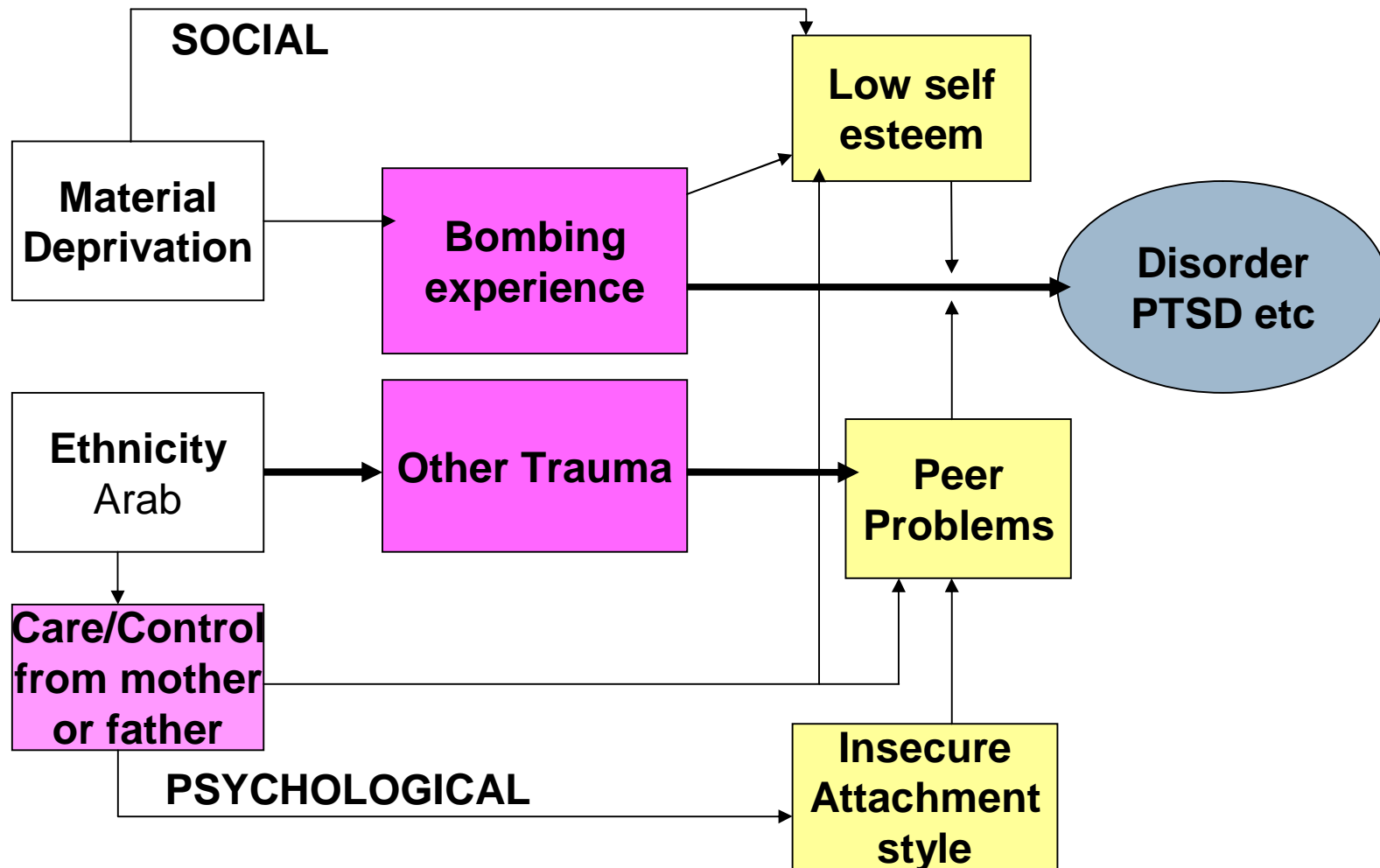


Trauma experience – Israeli study

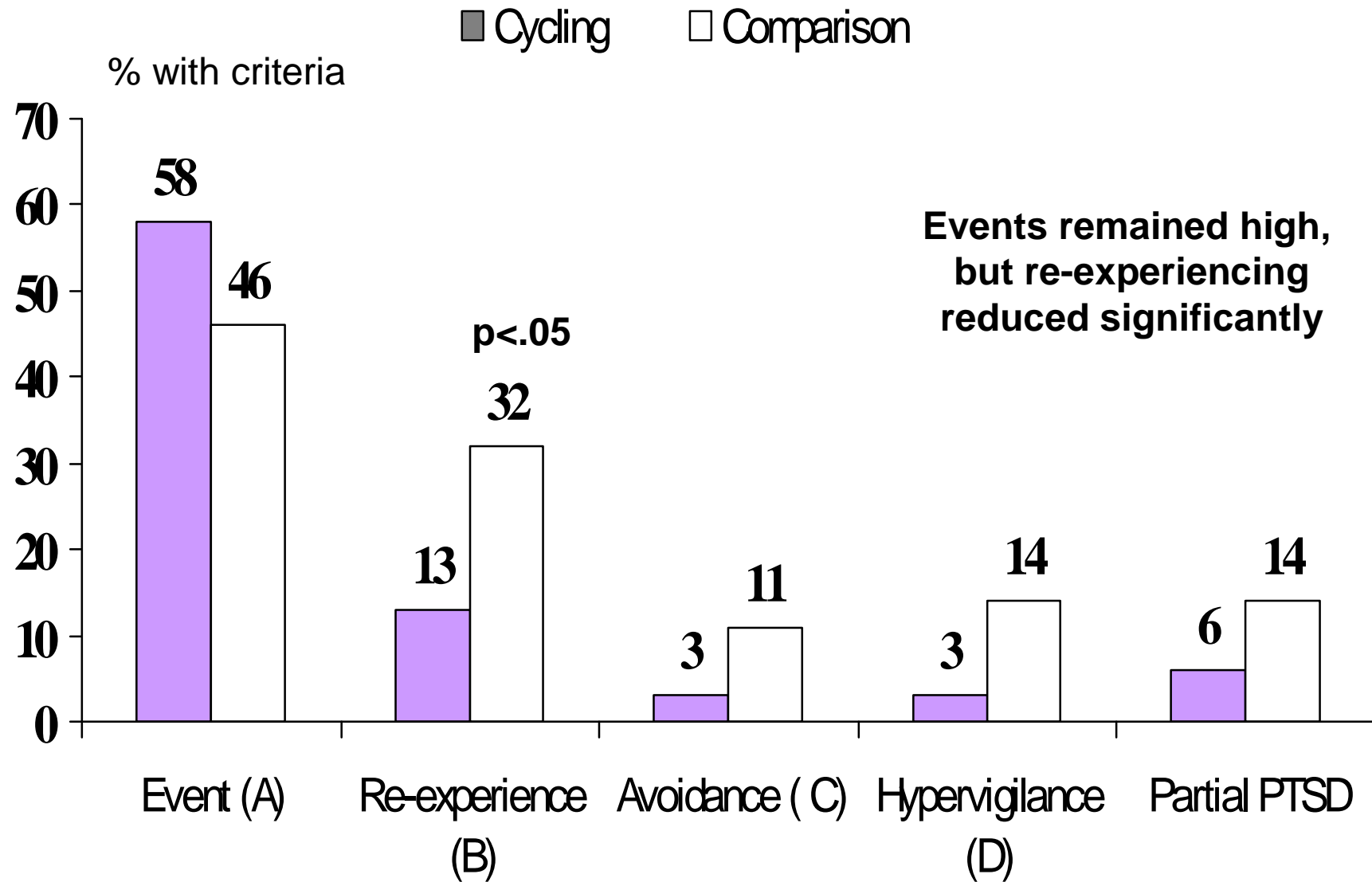
108 youth aged 14-18, mixed ethnicity

- } Trauma event – 56%
 - } (accident, disaster, fire, being hit at home, beaten in the community, seeing a dead body, seeing someone being shot or beaten, sexual abuse, hearing about violent death or injury)
- } Bombing event – 40%
 - } (being close to the bombing, present but not injured, someone close hurt in bombing, lost someone close in bombing, present and injured)
- } Either 67%
- } 3 or more total events: 23%
- } More girls experienced bombing or trauma event. More Arabs than Jews experienced trauma event. No difference in ethnicity for bombing events.
- } Psychological disorder 23% (33% subclinical), PTSD 6% (partial 31%).
- } UK rates 11% and 0,4% respectively

Illustrative summary of associations re trauma events vulnerability and disorder (Sue Lawrence, (PhD) 2012)



Reductions in PTSD in cycling group at follow-up (Related to increased self-esteem)



Aspect relevant for victims of terrorism

- } Nature and context of experience needs to be understood
 - } Closeness to terrorist act – involved or hurt or witness
 - } Inter-personal (hostage, kidnap) versus non-personal bombing may be important
- } Prior vulnerability of victim needs to be assessed
 - } Childhood adversity; psychological vulnerability; prior disorder
- } Impacts can be different according to the above but also by gender :
 - } female internalising, e g depression and male externalising eg anger/violence).
 - } Dissociation can be a factor in either but related differentially to further victimisation or perpetrating violence.

Helping victims of terrorism

- } Helping them to understand their responses – provide psycho-education about impacts etc
- } Reducing real or imagined stigma (survivor guilt etc)
- } Encourage support re confiding and emotional support from close others
- } Self help groups for survivors
- } Trauma therapy (eg psychotherapy, CBT?, EMDR*, group therapy). Attend to earlier trauma as well as recent one.
- } Activities including meditation, yoga (Physical approaches to trauma impacts seem to have added effects over psychological ones).

*Eye movement desensitisation and reprocessing

Conclusion/discussion

- } Research studies of victims of terrorism are limited geographically to conflict zones or to specific terrorist incidents. Difficult to generalise findings.
- } Studies of victims of trauma from childhood abuse or inter-personal violence are more common. Impacts held in common need identifying.
- } We need to extend what we know of victims of trauma in general to those of terrorism in order to understand the particular impacts on different victims.
- } Support and services need to be provided which have aspects of the 'regular' services, but with special attention to context of the terrorism. Disorders such as depression can be treated effectively, PTSD is more difficult, but treatments are available.
- } Whilst many victims of trauma have long term negative impacts, developmental stage is important with children and adolescents in particular likely to have longer term effects.