



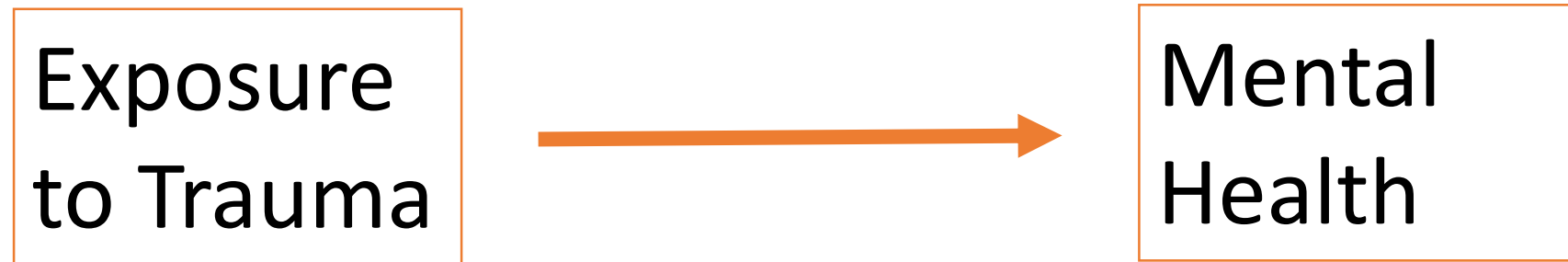
Risk and Protective factors to trauma and its implications for victim support

An Verelst

Victim Support Europe

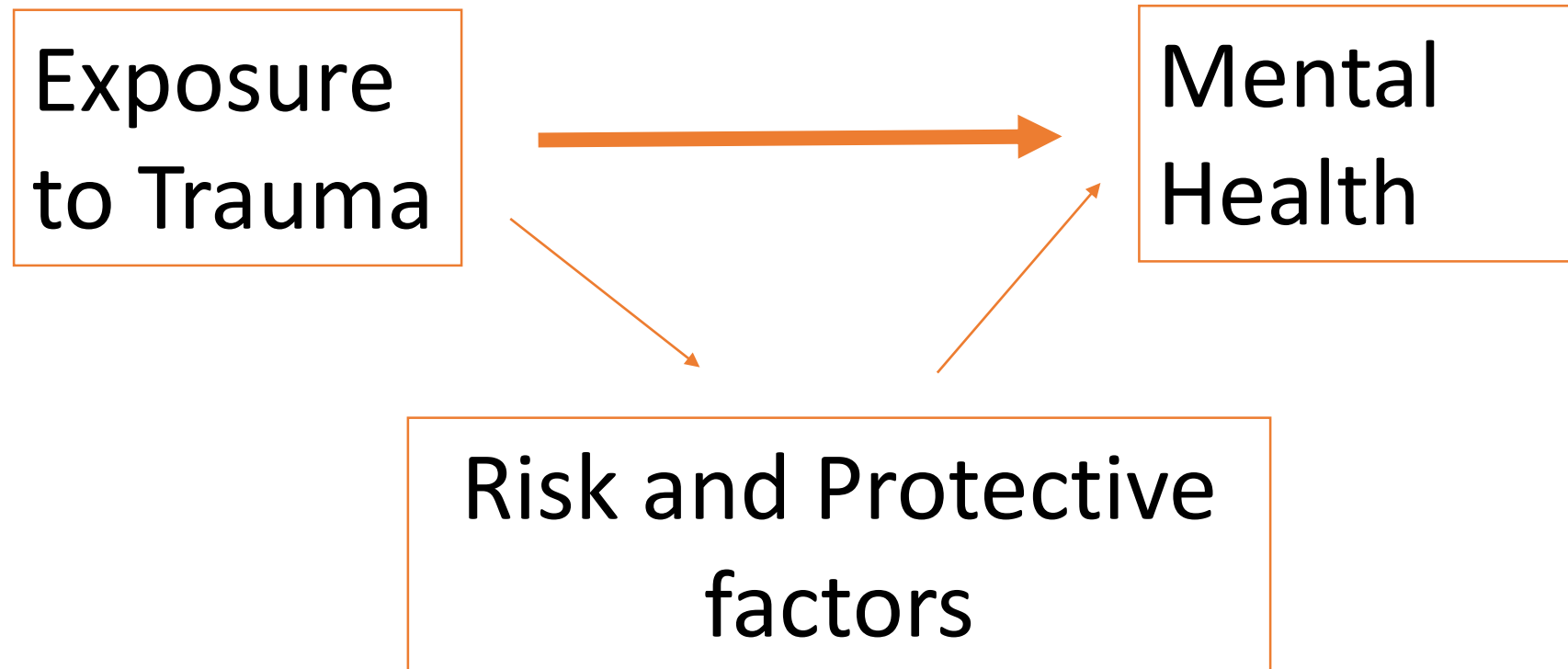
Traumatic event and traumatic symptoms

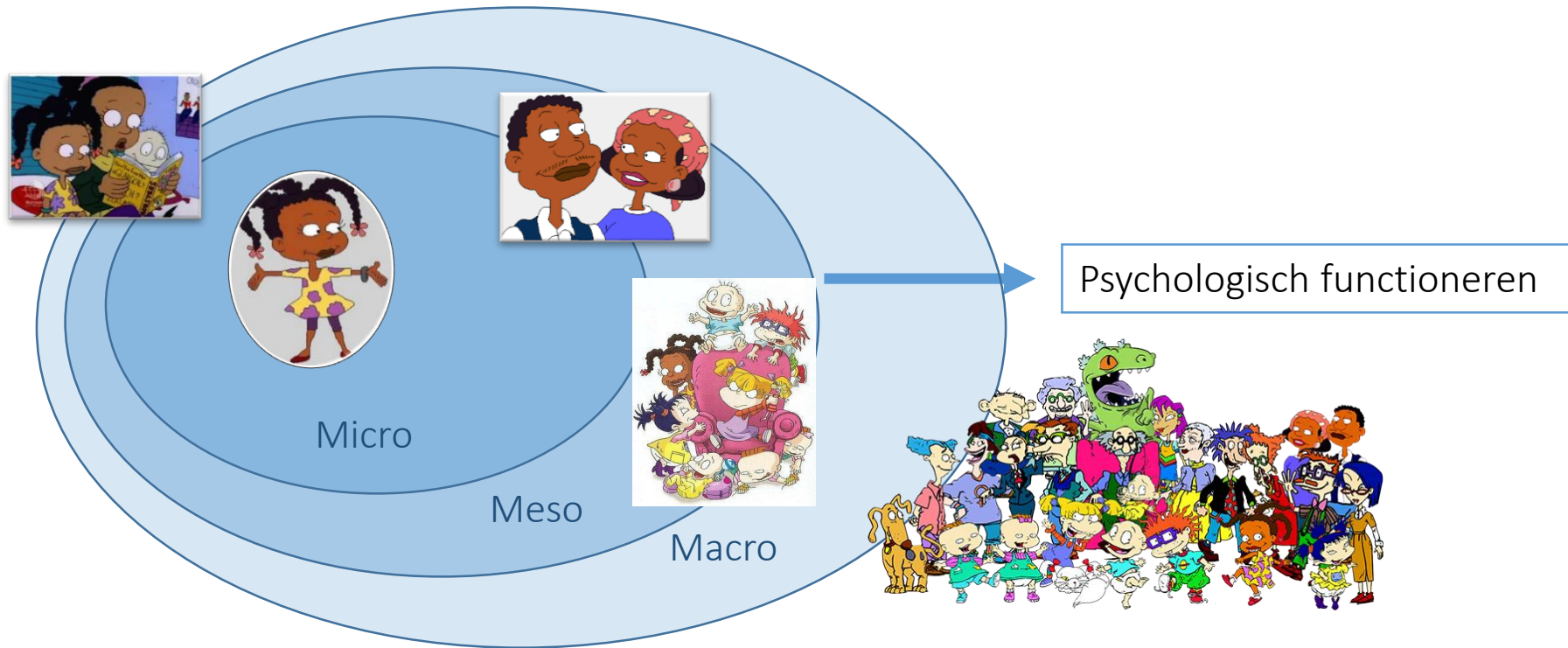
Direct effects model of the relationship between trauma and mental health.



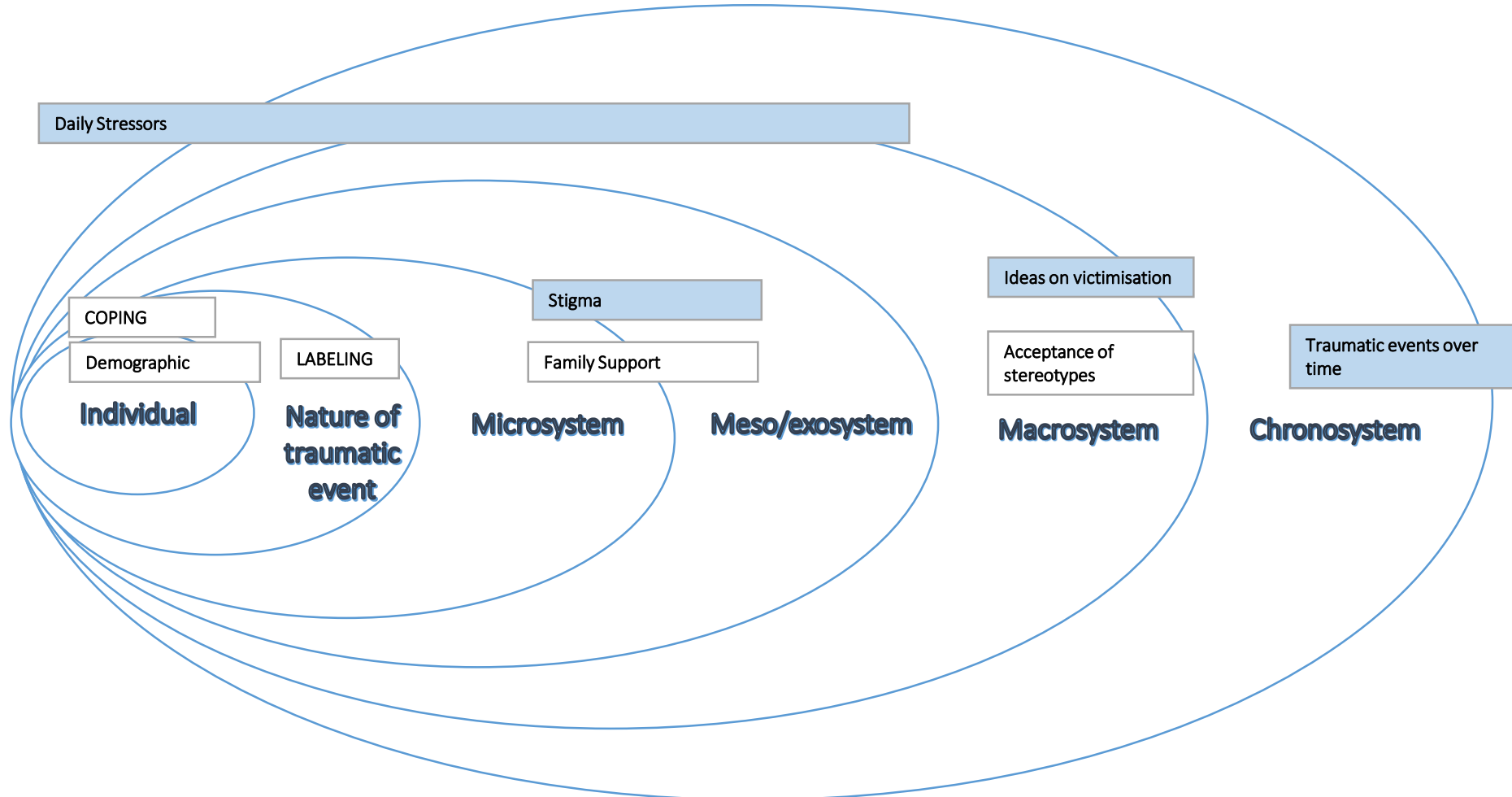
Traumatic event and traumatic symptoms

Mediation by daily stressors of the relationship between trauma and mental health.





Risk and Protective factors – trauma after victimisation



Daily Stressors

- Feelings of insecurity
- Impossibility of paying school fees
- Insufficient food
- Insufficient clothing
- Sickness in family
- Insufficient medical care
- Worried about family
- High task load
- Physical punishment
- Being sick
- Insecure status

- Administrative burden
- Funeral arrangements
- Financial difficulties
- Recognition as victim
- Medical consequences – being in pain
- Insecurity and (threat of) attacks
- Media attention
- ...

Daily Stressors

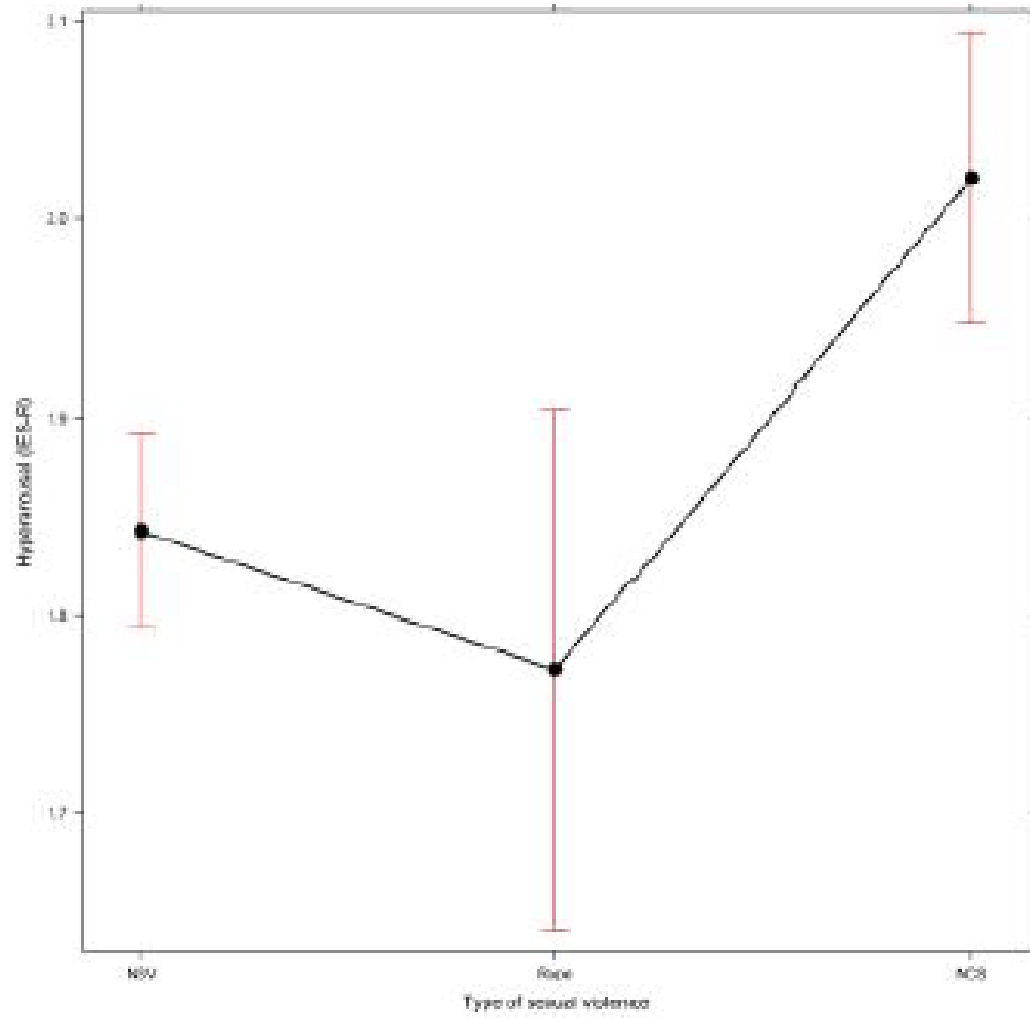
- A higher level in daily stressors post traumatic event will lead to a higher level of traumatic stress symptoms
 - Arousal
 - Avoidance
 - Intrusive systems
- Daily stressors has a direct influence on other mental health symptoms like anxiety and depression

Labeling

- To be a victim or not to be a victim
- Expectations?
- Acknowledgement of being a victim – mediating factor to mental health problems
- In sexual violence – non-acknowledgement leads to as many problems compared and slightly more avoidance symptoms than acknowledgement

Many factors lead to many those harmed by terrorist attacks (e.g. emotionally, physically) to not recognise themselves as 'true' victims

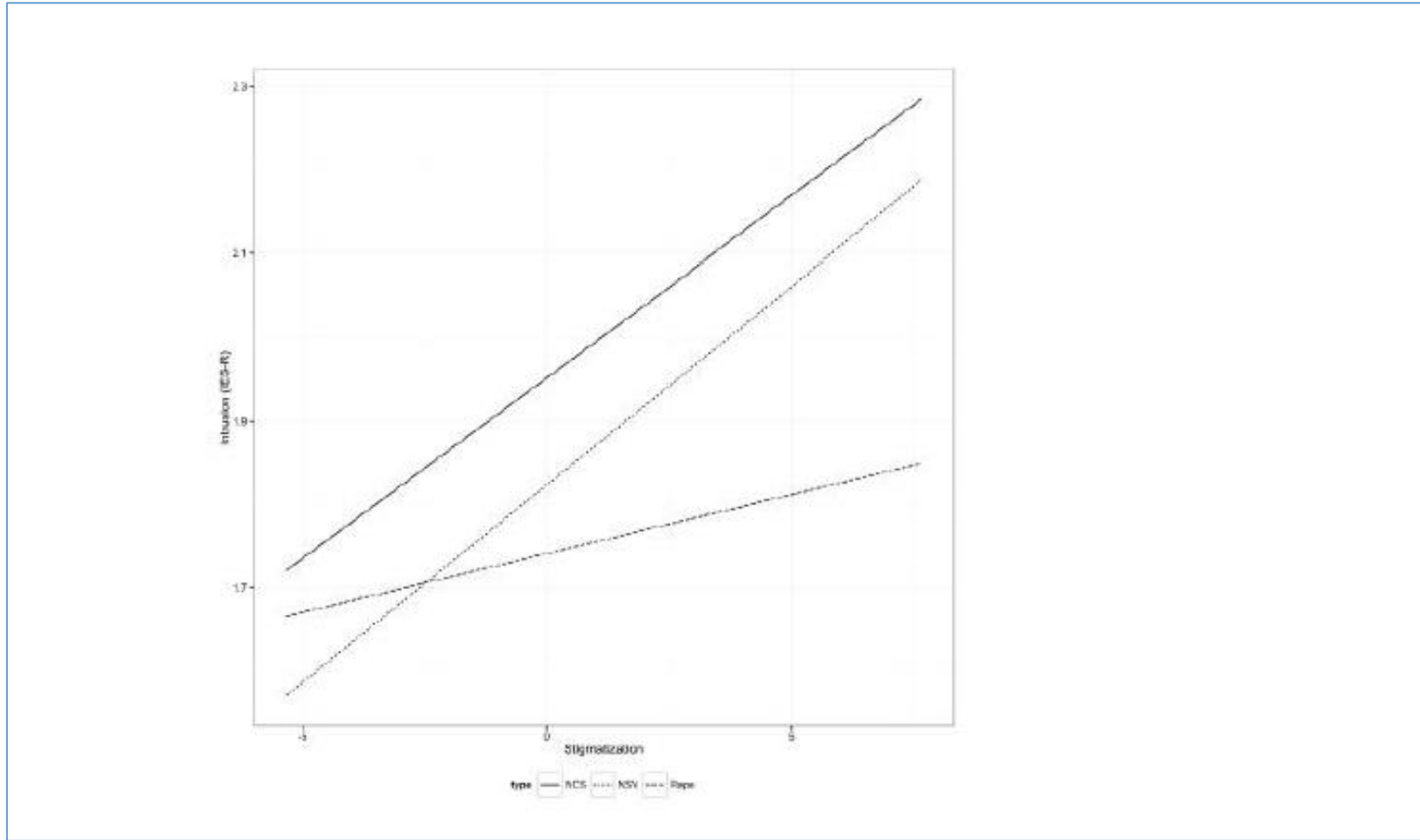
- Survivors guilt
- Definition of victim in politics or press
- Treatment by insurance companies
- ...



Stigmatisation

- Victims of crime face stigmatisation
- Stigmatisation is one of the biggest risk factors for mental health problems after trauma
- In war-affected regions or in people with complex trauma – it is an extremely strong mediating factor

The label of 'victims' is for many of those affected as ambivalent.
e.g. the campaign in France
#victimesmaispassseulement

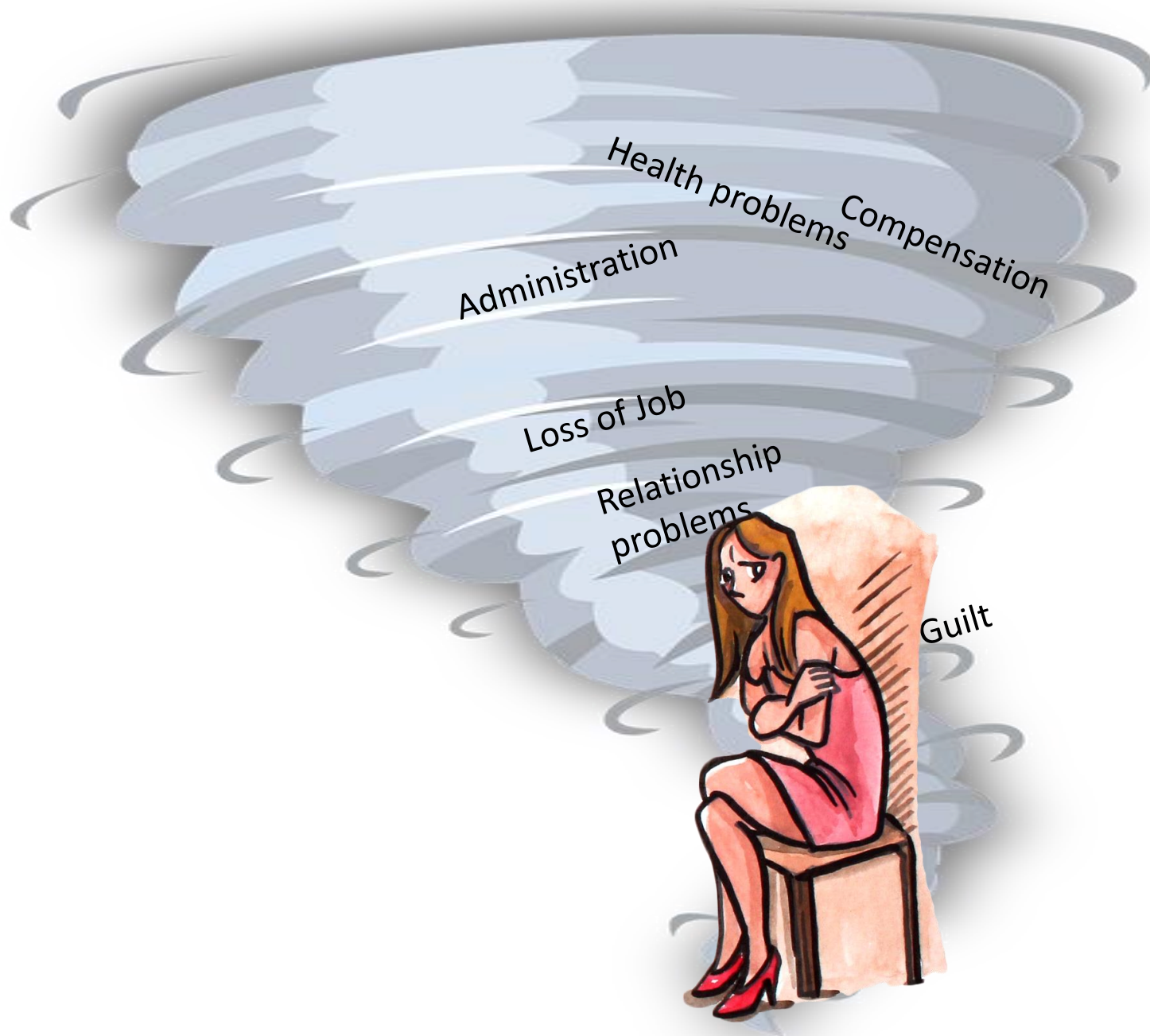


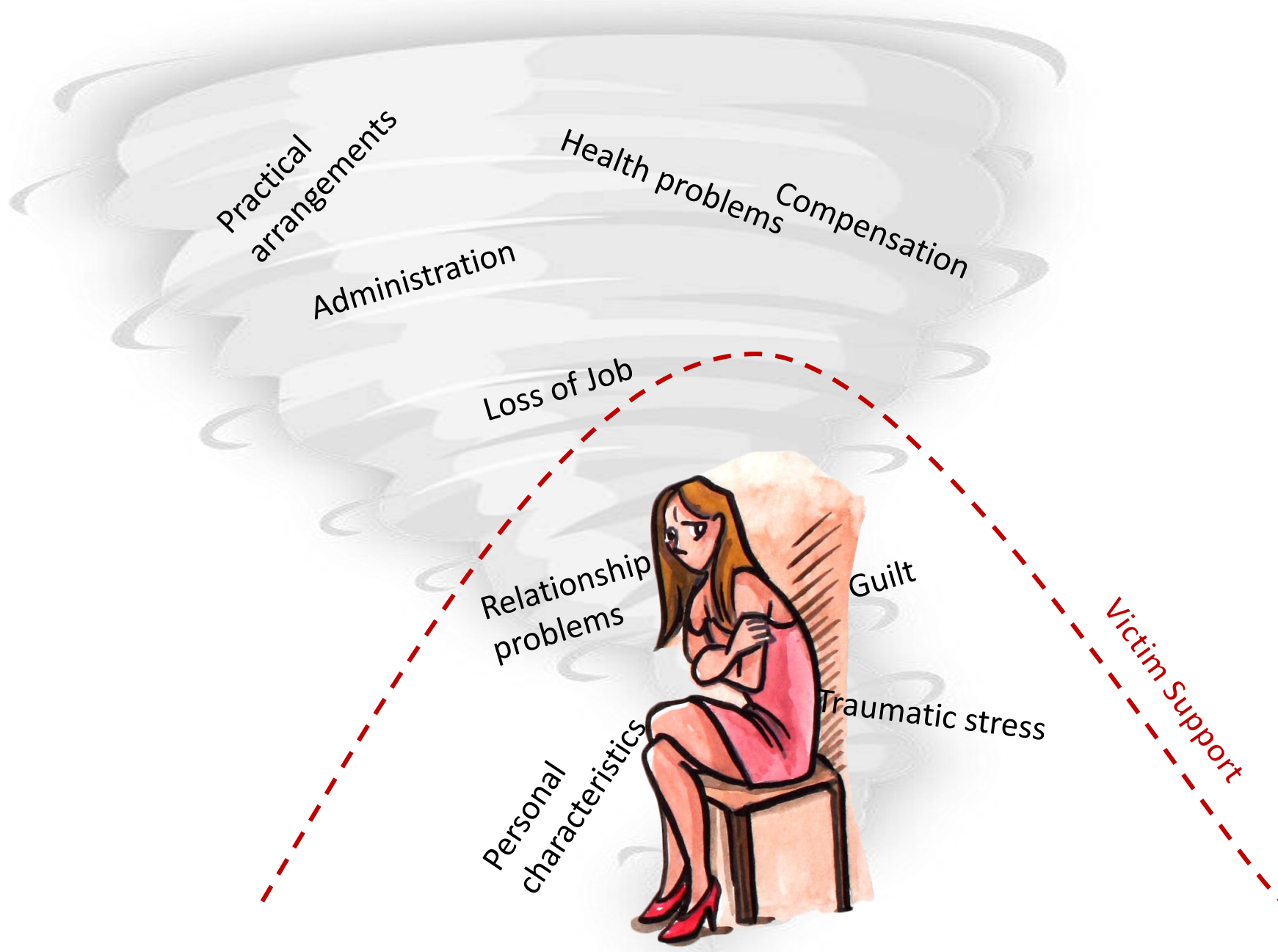
Social Support

- Risk or protective factor?
- The most important protective factor after victimisation – can come from family members or other close relationships
- But! Not always straight forward
- Pressure-cooker effect

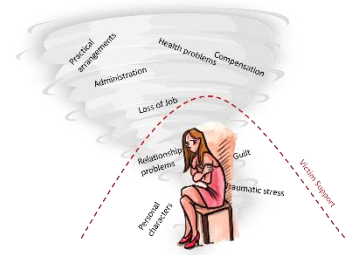
As in conflict, disasters and community-based violence the circles of impact reach further in the community and society which influences the quantity and quality of social support offered by the social environment. Often there is a surge in support in the first period.

What does this mean for support to victims of terrorism?





The role of Victim Support – Risk and Protective Factors



Risk Factors

- Identify Risk Factors
- Buffer risk factors
- Mitigate Risk Factors
 - Explain
 - Navigate

Protective Factors

- (Help) Identify Protective Factors
- Help identify resources and social network
- Empower the individual to use protective factors
- Facilitate resources and educate

Beyond an individual approach

- Trauma – PTSD asks for an individual approach BUT only individual is often not enough
- The victim that receives only individual treatment – return to the social and societal environment outside of treatment. Risk and protective factors need to be dealt with to make individual rehabilitation possible.

‘As an individual therapist working with victims of terrorism and disasters I often have to do the work of a social worker because there are so many practical issues they have to deal with that hinder healing’

Daily Stressors and needs of victims

- Daily Stressors and needs of victims of terrorism often play a parallel role.
- Reason to do a broad analysis of needs of a victim – beyond those directly related to the effects of the terrorist attacks
 - *What are the daily stressors for victims of terrorism?*
 - *What are protective factors for victims of terrorism?*



Supporting victims of terrorism

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Supporting principles

- Pro-activeness
- Comprehensive
- Emancipatory
- Trauma-informed
- Stabilisation
- Psychoeducation
- (Warm) Referral

Trauma care

- International guidelines on treatment for (complex) trauma advise to offer treatment in three phases:
- Phase 1: achieving safety, reduction of symptoms and improvement in basic selfmanagement skills.
- Phase 2: the review and reappraisal of trauma memories.
- Phase 3: transition from therapy to greater engagement in community life

Supporting victims of terrorism – the role of Victim Support organisations?

What is the role of a general victim support organisation in the support of victims of terrorism with trauma?

Where does your role begin and where does it end?

How do you deal with trauma in victims of terrorism?

Evidence base on trauma care

- Collaborative counselling (CC), a stepped combination of care management, psychopharmacology, and CBT) is effective at reducing the severity of PTSD symptoms for civilian victims of injuries requiring inpatient surgical admission at 6-month, 9-month, and 12-month follow-up.
- Debriefing is not effective in reducing either the incidence of PTSD or severity of PTSD or depressive symptoms in civilian victims of crime, assault, or accident trauma at 6-month follow-up
- In individuals with Acute Stress Disorder, a meta-analysis found that adults who received CBT had greater reductions in severity of PTSD symptoms than those who received Supportive Counseling. Differences between CBT and SC with respect to preventing PTSD, reducing the severity of depression symptoms, or reducing the severity of anxiety symptoms also favored CBT; results, however, did not reach statistical significance.