



## Research article

# Effectiveness of psychosocial intervention enhancing resilience among war-affected children and the moderating role of family factors<sup>☆</sup>



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## ABSTRACT

The study examines, first, the effectiveness of a psychosocial intervention based on Teaching Recovery Techniques (TRT) to increase resiliency among Palestinian children, exposed to a major trauma of war. Second, it analyses the role of family factors (maternal attachment and family atmosphere) as moderating the intervention impacts on resilience. School classes in Gaza were randomized into intervention ( $N=242$ ) and control ( $N=240$ ) groups. The percentage of girls (49.4%) and boys (50.6%) were equal, and the child age was 10–13 years in both groups. Children reported positive indicators of their mental health (prosocial behaviour and psychosocial well-being) at baseline (T1), post-intervention (T2) and at a six-month follow-up (T3). At T1 they accounted their exposure to war trauma. Mothers reported about their willingness to serve as an attachment figure, and the child reported about the family atmosphere. Resilience was conceptualized as a presence of positive indications of mental health despite trauma exposure. Against our hypothesis, the intervention did not increase the level of resilience statistically significantly, nor was the effect of the intervention moderated by maternal attachment responses or family atmosphere.

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## Introduction

War brings suffering to families, and children are at risk for psychiatric distress (Attanayake et al., 2009) and developmental problems (Tol, Song, & Jordans, 2013a; Tol, Song, & Jordans, 2013b). Yet, there is also evidence showing that many children can endure traumatic experiences, maintain their mental health, and enjoy normal development in war. The children who face severe trauma but recover represent resilience. Resilient children are those who show high levels of mental health functioning despite high exposure to traumatic events (Masten & Narayan, 2012), and some children may even ‘blossom’ and become stronger and more capable to meet future challenges (Werner & Smith, 1982). A primary task in helping

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children in war conditions is to enhance, strengthen, and promote their resilience. However, we lack intervention studies that use increased resilience as an effectiveness criterion (Betancourt, Meyers-Ohki, Charrow, & Tol, 2013; Peltonen & Punamäki, 2010). A majority of studies on psychosocial interventions among war-affected children have focused on symptom reduction as outcomes for success (Persson & Rousseau, 2009; Jordans, Tol, Komproe, & de Jong, 2009). Our study investigates the effectiveness of a psychosocial intervention based on Teaching Recovery Techniques (TRT) in enhancing resilience among Palestinian children following a major war in 2008/2009.

### *War Trauma and Psychological Problems*

Children experience war trauma directly or indirectly through the suffering of parents and siblings, extended family members, and peers. Common experiences are material and human losses (e.g., house demolitions and death of family members and friends), witnessing killing and being wounded (UNDP, 2010). The context of this study is the aftermath of an Israeli military operation on Gaza-Palestine, involving land, air, naval, artillery, intelligence, and combat engineering units. The war, called the 'Cast Lead' – operation by Israelis aimed at continuing the military siege of Gaza and stop Palestinian rockets launched to Israel. During the three-week war Israel used various new military technologies, such as white phosphorous bombs (Steinberg & Herzberg, 2011; UN OCHA, 2009). The war claimed approximately 1417 Palestinian lives, including 313 children and injured about 5303, including 1606 children. Around 4000 houses were completely and 16,000 partially destroyed, and approximately 100,000 people were displaced (UN OCHA, 2009). The war caused panic and fear especially among children due to massive human and material losses, life threat, and inability to escape from the besieged area. To children, war signifies also loss of sense of security and often mistrust in adults' ability to protect them. For example, 58% of Palestinian children reported that they had witnessed people dying, 25% had a friend who died, and 25% were wounded themselves during the War on Gaza in 2008/9 (Palosaari, Punamäki, Qouta, & Diab, 2013). Furthermore, a majority (82%) experienced life-danger, three fourths (73.5%) feared that they were going to die, and almost all reported not feeling safe in their homes (99%) or feeling that parents were not able to protect them (94%) (Thabet, Ibraheem, Shivram, Winter, & Vostanis, 2009; Thabet, Tawahina, El Sarraj, & Vostanis, 2008). Research among Afghan, Israeli and Northern Irish families has revealed that the war-related everyday stress and poverty are highly distressing for children in addition to the dramatic trauma exposure (Cummings et al., 2013; Dubow, Huesmann, & Boxer, 2009; Eggerman & Panter-Brick, 2014).

Research confirms high levels of post-traumatic stress symptoms (PTSS), depression, and psychological distress among war-affected children. A systematic review revealed the overall estimate of PTSD (Post Traumatic Stress Disorder) to be 47% (17 studies with 7,920 participants) and depression 43% (4 studies) in acute and post-war conditions (Attanayake et al., 2009). Studies conducted after the War on Gaza 2008/2009 confirmed that more than a half of children showed clinically significant posttraumatic stress symptoms (61.5%, Thabet et al., 2009; 53%, Qouta, Palosaari, Diab, & Punamäki, 2012), and a third reported depressive symptoms (31%, Qouta et al., 2012).

### *Occurrence and Predictors of Resilience*

Resilience is conceptualized as the capacity to return to normal functioning or even blossom after severe trauma. It also refers to the absence of mental health or psychosocial problems despite severe hardships, and to the presence of developmental competences in adverse living conditions (Masten, 2007; Werner & Smith, 1982). Masten (2007) distinguished between children being stress-resisting when they are functioning well under cumulatively adverse and depriving developmental conditions (e.g., poverty and neglect) and them bouncing back when recovering to normal functioning from severe trauma (e.g., war, terrorism, or natural catastrophes), reflecting the multiplicity of resilience. Classic studies have analysed child resilience in both conditions, involving poverty and deprivation (Werner & Smith, 1982), parental neglect and maltreatment (Curtis & Cicchetti, 2003), and parental mental illness (Beardslee, Gladstone, Wright, & Cooper, 2003), as well as major catastrophes (Masten & Obradovic, 2006).

Although resilience is considered common among war-affected children (Betancourt, 2011; Eggerman & Panter-Brick, 2014), its prevalence has seldom been empirically studied. Majority of the studies have analysed resilience-related factors that protect child mental health in extremes conditions (Tol et al., 2013a; Tol et al., 2013b) or considered the relatively low percentages of PTSS as the indication of resilience (Bonanno & Mancini, 2008). A Palestinian study ( $N=604$ , 10–16-year-olds) classified children according to the severity of their war trauma (low vs. high) and occurrence of psychiatric disorders (no vs. yes) (Punamäki, Qouta, Miller, & El Sarraj, 2011). The resulting  $2 \times 2$  – grid showed that about a fifth (21%) of the children were resilient (i.e. exposed to severe war trauma, but did not suffer psychiatric disorders). In the present study we define mental health in positive terms as psychosocial well-being and prosocial behaviour, which accords with the classic definition of resilience as 'blossoming despite adversity' (Werner, 1985).

Researchers attempt to understand what contributes to the resilience among war-affected children, typically conceptualizing factors on three levels in the spirit of ecological models (Betancourt et al., 2013; Dubow et al., 2009; Ungar, 2013). The first level describes children's individual characteristics and ways of coping with hardships. Resilient children typically appraise traumatic events as less harmful, realize the available social resources and apply salient cognitive-emotional process that fit the demands of specific traumatic events (Tol et al., 2013a; Tol et al., 2013b; Betancourt et al., 2013).

Second, family is the main source of support contributing to child's healthy development, especially in traumatic circumstances. In times of danger humans seek affiliation and safety from each other (Bowlby, 1982), which explains the

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