Young People's Transgenerational Issues in Northern Ireland

Prepared for the **Commission for Victims and Survivors** By the Queen's University Belfast

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April 2012
ISBN 978 0 9569923 8 3

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Executive Summary

Purpose

This report examines transgenerational issues in young people in Northern Ireland. The project is to " … provide evidence about the transgenerational needs of victims of the conflict on which to base plans for appropriate and accessible services.", and " …make recommendations that will inform the new Victims and Survivors Service of the types and levels of service provision that are required to meet the needs of victims and survivors of the conflict" (Commission for Victims and Survivors Northern Ireland, Invitation to Tender for a Research Project in relation to 'Transgenerational Issues and Young People', July 2011)

To achieve these main aims the research is presented in the following work packages.

Work Package 1 comprises a critical literature review aiming to provide a critical appraisal of the definition of transgenerational and inter-generational trauma within the context of Northern Ireland.

Work Package 2 involves a qualitative investigation of transgenerational trauma in Northern Ireland designed to investigate the impact of conflict-related trauma across the generations who lived throughout 'the Troubles'.

Work Package 3 comprises 3 parts. Part 1 involves conducting a document analysis of service literature from statutory and non-statutory trauma agencies designed to explore how these agencies address transgenerational issues related to 'the Troubles' conflict.

Part 2 comprises a qualitative individual interview study with key stakeholders relevant to both statutory and non-statutory agencies designed to explore in depth the relative effectiveness of existing services and identify future needs from the stakeholders' perspective.

Part 3 involves carrying out a survey of a larger number of stakeholders', relevant to both statutory and non-statutory agencies, views of the relative effectiveness of existing services and the future development of services.

Work Package 4 comprises a survey of young people's experiences of psychological problems which could be attributed to 'the Troubles' conflict, their views about the awareness of, and factors likely to influence their willingness to engage with, existing services. This study will focus on young people in areas of Northern Ireland identified as being at greatest risk.

Work Package 5 involves an integration of the findings of the work conducted in Work Packages 1 to 4 and deriving recommendations that could inform the new Victims and Survivors Service.

Work Package 1

Work Package 1 comprised of a critical literature review of research on transgenerational trauma to date. The review asked four main questions of the literature; what is transgenerational trauma? Is there sufficient evidence that transgenerational trauma exists as a valid phenomenon? How can trauma be transmitted from one generation to the next? What are the implications for victims and the families of victims of the “Troubles” in Northern Ireland?

It was found that the terms “transgenerational trauma”, “intergenerational trauma” and “multigenerational Trauma” were used interchangeably by researchers in the area. The literature review presented evidence that the children of people who have experienced traumatic events sometimes experience high levels of poor psychological functioning. However the link between parental trauma and poor psychological functioning is not direct or automatic but may depend more on parental reactions to the experience of trauma. Two main mediators of transmission of trauma were identified by literature; communication and parenting style. The literature demonstrated that the children of trauma survivors may come to associate the story of the trauma event with the parents emotional state at the time of recounting; mentally linking the distress of the emotion to the trauma. Conversely the literature also demonstrated that a lack of communication between parents and children regarding the traumatic events can have similar negative consequences for the child.

Caution should be exercised when attempting to extract implications from this literature to apply to the context of Northern Ireland. Whilst the limited research on trauma in Northern Ireland does indicate that victims and survivors in Northern Ireland experience similar trauma reactions to those in other conflicts there has been a dearth of research specifically examining transgenerational trauma in the specific context of “The Troubles”. This necessitates the need for further research in the area.

Work Package 2

Work Package 2 consisted of a qualitative investigation of the psychological impact of conflict related events in Northern Ireland and how this impact may have been transmitted across generations. Six participants in total were interviewed, three adults who lived through traumatic events of “The Troubles” and one adult child of each survivor.

It was found violence as an expected part of life had become normalised to survivors, this world view may have been led these survivors to see the world as an insecure place and thus to become hyper protective of their children causing them to attempt to shield the child from “Troubles” related events.

This “shielding” carried over to the parents communication styles. The parents in this study were reluctant to discuss “The Troubles” with their children hoping to protect their children from the knowledge of their own trauma and from the danger that was inherent in

talking about the conflict. Although the parents' motivation for maintaining silence regarding their conflict related trauma was an effort to shield their children, the children interviewed expressed a desire to have had talked about and understood their parents experience and "The Troubles" in general. There was some evidence that that the experience of the transmission of trauma may have contributed to anxiety, hyper vigilance and even depression in the children of survivors.

Work Package 3

Work Package 3 examined how both statutory and non-statutory trauma agencies address the issue of transgenerational trauma in Northern Ireland. It was comprised of a document analysis of service literature, an interview study with therapists and service managers, and a similarly targeted survey.

Document analysis

Whilst the term "transgenerational trauma" was not widely used in service literature, all services demonstrated a recognition that traumatic events associated with "The Troubles" affects both the survivors and the families of survivors. The document analysis revealed that in general services offer programs which could aid transgenerational trauma either directly (by helping children of survivors deal with the transmitted trauma) or indirectly (by helping survivors prevent transmission). The document analysis identified two main services which may aid in working with transgenerational trauma both directly and indirectly; therapy and the opportunity to share experiences of "The Troubles".

Interview study

Nine therapists from trauma services in Northern Ireland were interviewed on the topic of how they address transgenerational trauma. The interview study expanded the findings of the document analysis by providing more in depth information on how services directly and indirectly address transgenerational issues, how effective these stakeholders believe existing services are in achieving this aim and what future developments they would find useful in improving this work.

In working with transgenerational issues most therapists acknowledged that the majority of their work is trying to indirectly prevent transgenerational trauma through working with trauma survivors themselves rather than their children. This work may ease transmission of trauma through helping the trauma survivor to cope with their emotional and behavioural reactions to the traumatic experience as well as though aiding the survivor to support and interact with their families. However the main difficulty therapists experienced when working with transgenerational trauma indirectly is the impossibility of knowing if their efforts had any effects on the families of survivors. Also as the family has to re-acclimatize to the changes in recovering survivors, the family themselves may create barriers to this recovery.

Two main sub-themes were identified for direct work with the children of survivors; the importance of family work and the need to uncover transgenerational trauma. Trauma is experienced by whole families, not just individual survivors therefore it can be useful to work

on trauma at the family level. Also as those young people experiencing transgenerational trauma do not have direct experience of the traumatic event they may not be able to identify that trauma as the source of their difficulties, therefore therapy is often directed in helping clients uncover this.

Therapists identified two main difficulties in working with transgenerational trauma; the hidden nature of transgenerational trauma and funding. As stated earlier the link between parental trauma and negative consequences for the child is not clearly apparent for all. It is not just those experiencing transgenerational issues who may not fully understand this link but also wider society including those in positions of responsibility; with the power to make referrals for these young people or to influence policy which may affect them. Therapists also identified funding as a major issue. The short term nature of funding to non-statutory services does not match the long term commitment required to properly address transgenerational trauma.

Survey

In order to get a wider view of how transgenerational trauma is addressed in Northern Ireland, all participating trauma services were supplied with questionnaires for each of their therapists. However due to a low response rate a full quantitative analysis was not appropriate, however trends were explore and a qualitative summary was presented. The most common method of working with transgenerational trauma was psychotherapy, this along with psychological treatment and family therapy were seen as being highly effective. Therapists rated Integrative therapy, Psychodynamic Psychotherapy, Trauma Focused Cognitive Behaviour Therapy, Family therapy and Person Centred Therapy as being effective in working with transgenerational issues. Finally services reported a lack of awareness of transgenerational trauma and limited funding as significant barriers to their work on transgenerational issues.

Work Package 4

Work Package 4 comprised of a survey of young peoples' experiences of psychological problems which could be attributed to "The Troubles" conflict, their views about the their awareness of, and factors likely to influence their willingness to engage with, existing services. This work package provided evidence that transgenerational trauma is a very real issue in Northern Ireland today with all but 3.4% of respondents reporting that they had experienced trauma related events, but also reporting that their family's experiences of "The Troubles" have had a greater impact on them than their own experience. However young people were almost universally unaware of trauma services which may be able to aid them and identified several barriers which may prevent them from accessing these services including; the stigmatisation associated with accessing mental health services, a belief that counselling is ineffective and that they should be able to deal with their own problems themselves and a worry that accessing mental health services may impact their future careers.

List of Recommendations

The findings of each work package were integrated in order to produce recommendations which could inform the Victims and Survivors service.

Future research

- There is a need to conduct research that more rigorously examines the link between the experience of trauma in one generation and adverse psychological consequences in subsequent generations.
- There is a need to determine whether the adverse psychological consequences experienced by young people are a result of troubles-related trauma experienced by the previous generation or are a result of social deprivation, parenting style, or other factors. Perhaps a focus on young people's resilience, i.e. an examination of why some young people experience adverse consequences and others (who have the same background) do not, might shed some light on this question.

Widening awareness and understanding of transgenerational issues

- The knowledge gained through the interviews as to the nature of transgenerational trauma in Northern Ireland, how it may present symptomatically and some of the processes and mechanisms involved in the transmission of trauma from one generation to the next may aid both trauma services and wider health services to identify and address transgenerational trauma.
- Therapists recommended that education on transgenerational trauma assist should be targeted at those in a position to make referrals (to aid their detection of transgenerational trauma and thus to make the appropriate referral).Those who provide therapy should also be targeted (to support their understanding of transgenerational trauma and therefore improve their ability to work with it). Finally education should also be targeted at those who may be likely to be experiencing transgenerational trauma (to facilitate recognition of the causes of their issues which allows them to seek appropriate help).
- Supporting the interview study with trauma therapists the survey study found that services reported a lack of awareness of transgenerational trauma as a significant barrier to their work on transgenerational issues. Therefore it may be appropriate to develop means to gather, produce, and disseminate knowledge on transgenerational trauma to governmental agencies and to the public.
- The lack of awareness and the pre-existing beliefs about and feelings toward these services need to be appropriately challenged through education on what services do, and the benefits of these services.

- Young people need education about the normality of trauma, transgenerational trauma and the seeking of help for these issues, so as the stigma regarding mental health issues and the seeking of help does not prevent them from accessing the support they may need.
- Education regarding transgenerational trauma can take place through the schools, as per respondents preferences but parents also need to be made aware of these issues as it is to them that young people look for support in times of distress.

Engaging with Direct and indirect work on transgenerational issues

- The nature of the main identified mechanism of transmission of trauma in Northern Ireland; silence, indicates that it may be beneficial for services to pay attention to helping first generation survivors in communicating their trauma experiences in appropriate and adaptive ways, in therapy and within their families. This may mean working with issues of self stigmatisation regarding talking about one's problems, feeling that it is appropriate and safe to discuss these issues within ones family and the avoidance of the past, amongst others.
- Families may need support to understand how to best respond to survivors' trauma and therapeutic development.
- The most common method of working with transgenerational trauma identified was individual psychotherapy and this provision was seen as highly effective in working in this area, however psychological treatments and family therapy were also rated as being highly effective. It may be then that these areas which are seen as highly effective but which are used as often as individual psychotherapy are areas which could be developed.
- Therapists rated integrative therapy, Psychodynamic Psychotherapy, Trauma Focused Cognitive Behavioural Therapy, Systemic Therapy, Family Therapy and Person Centred Therapy as being highly effective in working with transgenerational issues; therefore it may in these areas that training needs to be focused for transgenerational trauma.
- Although therapists' primary concern is the individual client, if indirect work with transgenerational trauma is seen as a valid area of work on transgenerational issues, it may be useful to more directly and explicitly gauge its efficacy, rather than relying on a hope than improvements in the survivor automatically converts to improvements in transgenerational trauma.
- Much of the work conducted on transgenerational trauma is done so indirectly through aiding original survivors to deal with their trauma experiences. It may be useful to investigate the feasibility and utility of more direct work with young people on transgenerational trauma.
- When working with transgenerational trauma directly, widening the child's knowledge of the context of their parents' trauma may be beneficial. It could be useful to work

through the child's experiences of their parent's trauma, and to educate the child in a moderated manner as to some of the context of their parent's trauma experience, helping the child to understand their parents' trauma and trauma symptoms better. This may reduce their levels of insecurity regarding the dangers of the world around them and thus reduce fears and anxieties.

Interagency co-operation

Services recommended that improved inter-agency co-operation was a key factor in helping with transgenerational issues in Northern Ireland. Improved inter-agency co-operation would:

- Improve the sharing of information and knowledge.
- Allow faster and more appropriate referrals.
- Lead to established networks that would be a step closer to more efficient regional trauma services.

Funding

- When making recommendations for improvements in addressing transgenerational trauma therapists talked about funding. Additional monies was seen as necessary to improve staffing, prevent staff loss, recruit specialist staff for transgenerational work and further research and training in transgenerational trauma therapy. Longer term funding would aid many in the non-statutory sector.
- Supporting the interview study, the survey study found that services reported funding as a significant barrier to their work on transgenerational issues. Increased funding would help services to facilitate the recruitment of counsellors experienced in transgenerational work, afford longer term work with clients and develop services in terms of training and education around transgenerational issues.

Work Package 1: Critical Literature Review

Literature Review

This review of the literature on transgenerational trauma will examine the empirical evidence for the transmission of trauma down the generations and ask four main questions; what is transgenerational trauma? Is there sufficient evidence that transgenerational trauma exists as a valid phenomenon? How can trauma be transmitted from one generation to the next? What are the implications for victims and the families of victims of the "Troubles" in Northern Ireland?

It is important to note that the terms 'transgenerational trauma', 'intergenerational trauma' and 'multigenerational trauma' are used interchangeably in the literature. For simplicity we have used the term 'transgenerational trauma' throughout this review to refer to all these terms.

What is transgenerational trauma?

A predetermined definition of transgenerational trauma is most likely presumptive and premature before its nature has been examined. However it may also prove useful to provide a framework against which real experiences of trauma and its transmission can be interpreted and evaluated. Doucet & Rovers (2010) showed insight by attempting to define trauma before tackling transgenerational trauma itself. They characterised trauma as "The effects of overwhelming and extraordinary experiences that leave their victims in a state of helplessness". This helplessness can consume several or all areas of a traumatised individual's life experience; their general self efficacy, their ability to cope with stressful events and their ability to form or maintain close personal relationships. Traumatised individuals are also much more prone to developing certain types of psychopathology including; depression, anxiety, disturbances of emotional responses, psychosis, substance abuse and post traumatic stress disorder (PTSD) (Doucet & Rovers 2010). This provides a fairly broad definition and characterisation of "trauma". So, what is *transgenerational* trauma? Is it simply the transfer of trauma as defined here from the victim to members of their family in the second and third generation, who did not experience the traumatic experience for themselves? Will the second and third generation experience and exhibit the same symptoms of trauma as the victim themselves or the symptoms that have been outlined above? If not do their symptoms qualify as trauma or simply negative outcomes of interacting with a traumatised family member? Finally who is qualified to make this distinction; mental health professionals, researchers, trauma victims and family members themselves?

Is transgenerational trauma a real phenomenon?

Regardless of any strict classification that may be placed on transgenerational trauma, there does seem to be a growing body of evidence that trauma experienced by individuals can affect their children and grandchildren even when these generations have not experienced any of the initial traumatic experience themselves. Hoven, et. Al. (2009) note that the children of survivors of 9/11 displayed higher rates of psychopathology. Harkness

(1993) found that the symptoms of a parent's Post Traumatic Stress Disorder (PTSD) can lead to domestic violence, and that this violence leads to extreme distress for the children in the family. The emotional cost of living with a parent suffering from PTSD can lead to negative psychological consequences much later in life as these individuals develop more behavioural and emotional problems than those who did not have parents with PTSD (Jacobsen, Sweeny & Racusin 1993). There is some evidence that these emotional and behavioural problems may in some ways mimic the symptoms of the parent's PTSD, with the children of sufferers showing increased aggression (Krystal, 1968) signs of anxiety (Sigal, DiNicola, & Buonvino, 1988) and increased vulnerability to developing psychopathologies themselves in response to a trauma (Solomon, Kotler & Mitulincer (1988). These symptoms seem to fit the definition of trauma presented above; disruptions to normal emotional responses and the development of psychopathology and symptoms consistent with psychopathology.

However PTSD is just one potential psychological outcome of a traumatic event (Hoven et al. 2009), and may serve as an extreme example. Can trauma be transmitted from parents who do not suffer from PTSD as a result of their traumatic experiences and if so what would this trauma look like? Also what the research presented so far does not do is to examine how trauma may be transmitted, it only suggests that in some cases it may well be. An examination of how trauma may be transmitted from one generation to the next may illuminate not only the aetiology of trauma transmission but also what this transgenerational trauma may be.

How can trauma be transmitted from one generation to another?

Four main hypothesis are presented to explain how trauma may be transmitted down the generations: the transmission of trauma through the communication of the traumatic event from parent to child, the child's identification with the parent and thus their trauma also, the negative physical and psychological consequences of the traumatic event disrupting normal family interactions and the biological view of the generational transmission of trauma.

The biological perspective of transgenerational trauma transmission

There is a relative lack of literature supporting a physiological view of the transmission of trauma; Yehuda, Engle, Brand, Seckl and Marcus (2005) examined salivary cortisol levels in one year-old infants whose mothers were exposed to the September 11th terrorist attacks in pregnancy. Previous research had suggested that lower cortisol levels were linked to a vulnerability to PTSD. This study found that among mothers who developed PTSD as a result of their experiences, lower cortisol levels were observed in their infants. Despite the fact that the authors suggested that their findings provide the basis for a genetic explanation for the intergenerational effects of trauma, they also acknowledged that their results may be explained by the infant's early experiences of being parented by a mother with PTSD. On the other hand, the results suggested that infants with the lowest cortisol levels were those whose mothers had been exposed to the traumatic event during the third trimester. The authors suggested that this provides strong evidence that prenatal factors may be more

important than psychological factors in the transmission of the effects of a trauma from one generation to the next. Whilst this provides reasonable evidence that there is a physiological link between a pregnant mother experiencing a traumatic event and cortisol levels in their babies, it does not actually show a link between trauma experienced by the mother and signs of trauma in the children. One would have to make an assumption that lower cortisol levels automatically lead to negative consequences such as psychopathology, and this conjectural leap is rather large indeed. Research has also indicated that the co occurrence of psychological disorders between traumatised parent and child is not due to their genetic link but to maladaptive parental behaviour as a consequence of the trauma (Johnson et al. 2001).

Evolutionary perspectives on the transmission of trauma through the generations do not generally offer any empirical evidence. Belsky (2008) discussed the intergenerational impact of ethnic cleansing in situations of political violence. He suggested that so-called psychopathology as a response to traumatic experiences of violence, may instead be adaptive mechanisms for survival, which have maintained the species through evolution. He suggested that inter-group violence has occurred as long as humans have existed and that the intergenerational legacy of such experiences may be naturally selected. He discussed examples such as the transgenerational transmission of insecure-ambivalent attachment patterns, which result in hypervigilance, and in adulthood, may lead to a series of short-term relationships, rather than long-term attachments. This, suggested Belsky, is an adaptive mechanism in times of political conflict, when death is common, as it ensures the female reproduces with many short-term partners, rather than being in a long-term attachment to one individual who may not survive. Belsky also discussed other psychopathological consequences of political violence and suggests that the intergenerational transmission of anxiety is adaptive in that it creates hypervigilance, depression because it leads to submissive behaviour which may ensure that the female in particular is not killed, and aggression, as it can aid survival. These assertions have yet to be tested and worse yet are largely un-testable. However perhaps the strongest criticism of this approach is that it attempts to explain opposite consequences, anxiety and aggression, through the same mechanism: adaption to circumstances. This is inconsistent at best and outright contradictory at worst. Finally it is hard to identify any practical uses of Belsky's research. If the transmission of trauma is evolutionary adaptive there would be little anyone could do to aid those suffering from it as this perspective offers no potential for practical effective interventions. Perhaps psychological explanations of how trauma may be transmitted transgenerationally may prove more credible and useful.

Transgenerational transmission of trauma due to identification

Some theorists believe that trauma may be passed down the generations due to the child's desire or need to identify with a parent. When a large part of this parent's self concept is their traumatisation, the child may empathetically try to understand and in some way experience for themselves these feelings associated with trauma (Albeck, 1994; Ramzy, 2006). Other researchers believe that the transmission of trauma from parent to child through identification may occur because children tend to generally emulate and mirror their parents (Swenson et al. 1996). This identification explanation of transgenerational transmission of trauma is an

attractively simple hypothesis; however it may be perhaps too simple. It leaves a number of unanswered questions, such as when, where and in what contexts does this identification occur, and what might be the reasons for why it may happen in some but not others? Perhaps an examination of the contexts of when actual recounting of traumatic experiences occurs in the family unit could provide some answers.

Transgenerational transmission of trauma through communication of the traumatic event

It may not be initially evident how the retelling of past events has the potential to transmit the actual trauma of the event onto a new generation. Indeed why should events which are in the past, and not directly affecting the new generation, cause them trauma? Telling the story of past traumatic experiences may not in itself cause trauma for the new generational audience, however in an inappropriate context, or a mismatch of content of the story with the audience's needs, transmission of trauma is possible. Lin, Suyemoto and Nien-chu Kiang (2009) found that the expressions of traumatic events often occurred during stressful periods. Thus the communication occurs in less than optimal conditions for integration of the traumatic events by the new generation. Also these stressful periods tend to be coupled with negative emotional reactions on the part of the original victim, such that extreme anger or negative emotion is conveyed concurrently with the story of the traumatic event. Perhaps this mentally locks the two together in the mind of the new generational audience: the traumatic event and their emotional reaction to their parents' anger.

Consistent with the supposition that it is the inadequate nature of how the survivor generation communicate the traumatic events, are studies which have shown that the degree to which the traumatic events have been shared can have negative psychological consequences for the younger audience generation. Mor (1990) argued that the children of survivors of the holocaust "adopted" the parents' trauma through their parents "obsessive" re-telling of holocaust stories. Somewhat similarly Dekel and Goldblatt (2008) reasoned that extreme detail in the retelling of survivors' stories could be horrifying for children. Perhaps then it is when an excessive degree of time and detail are presented when communicating the events of the trauma, that trauma can be transmitted to the new generation.

However other researchers' work demonstrates that it is not just an over communication of trauma which may transmit it. Many researchers contend that a lack of communication regarding the traumatising event can also have negative consequences for new generations. Indeed Pender (2007) reports a presentation given by Yael Danieli, who argued that the familial silence regarding a traumatic event could be of even more harm than sub optimal overt communication of the event. Dekel and Goldblatt (2008) assert that families often avoid talking about the traumatic event in order to save the survivor any distress from reliving the experience, however the children in the family still recognise that something traumatic happened as they overhear conversations or notice the survivor parent's emotional reactions to the event; such as unexplained crying, emotional distress and a failure to function effectively. These pointers to past trauma are noticed by the children of the family but never adequately explained, thus these children are unable to understand the context and causes of their parent's trauma.

Lin et al. (2009) propose a further mediator of the transmission of trauma from one generation to the next through a lack of communication. They claim that an avoidance of conversations regarding the traumatic event may "transfer" avoidance and discomfort to the new generation. Exactly how this transfer of avoidance and discomfort occurs, and if they have any further consequences, is unclear. One final potential consequence of a lack of information may be that partial recounting of the traumatic event may lead children to "fill in the blanks", to obsess and imagine what has not been communicated to them about the event. In this way they may imagine extremely distressing traumatising occurrences (Ancharoff, Munroe & Fisher, 1998).

To summarise it appears that sub-optimal retellings of the traumatic events in terms of context quantity and quality may have the power to transmit some of the actual trauma of the event from survivors to subsequent generations. However does this mean that the next generations are themselves traumatised? Does the finding that children of parents who have suffered a traumatic event vicariously experience some of the distress of the trauma, qualify as transmission of trauma, or would evidence of severe negative consequences into adulthood be required?

Not all communications regarding the traumatic event are as unintentionally traumatic as what has been thus far covered. Whilst the styles of communication above are proposed to potentially transmit trauma, they appear to do so unintentionally. However not all retellings are as purposeless as the types mentioned above. Many survivors attempt in their recounting of traumatic events to teach their children and grandchildren "life lessons" which they learned from the traumatic event. Danieli (1985) asserted that parents who survived traumatic events often taught their children how to survive if the traumatic event occurred again in the future, thus perhaps transmitting their own anxiety and potentially causing children dread over what might happen. That dread and anxiety is conveyed in these messages is substantiated through one remembering of her mother's attempts to share the lessons of traumatic events through making her children self reliant in case the mother died; a potentially traumatising lesson for any child (Healy 2008). Survivor parents were undoubtedly attempting to communicate what they saw as vital lessons to aid their children's survival, however they may have inadvertently also passed down some of their own trauma in the process. Some "life lessons" from survivor parents may not be so benign. Klain (1998) postulated that emotions are also learned from survivors by the next generations. This research in the former Yugoslavia found that parents taught their children hatred, and a desire for revenge for opposing ethnic groups was transmitted from parents to children. Perhaps these emotions do not fit a definition of "trauma", but it certainly carries with it the potential for continuing traumatic experiences to develop and therefore seriously negatively affect generation after generation.

Transgenerational transmission of trauma through disruption to normal family interactions

Survivor parents do not just seem to communicate their "life lessons" verbally but through their patterns of interaction with their children. Ancharoff et al. (1998) describe an event where a returning soldier assured his child that he would catch the child at the bottom of a playground slide, but did not in order to teach the child not to trust people. This is just one instance and

does not directly point to the transmission of trauma but it does “open a window” into how an individual’s experience of trauma may lead them to maladaptive family interactions. Indeed many other researchers have also proposed that a disruption to “normal” family interactions could potentially be another means of transmitting trauma generationally. This is perhaps best demonstrated through the words of a second generation trauma victim the brother of a victim of Bloody Sunday: “when it affected my mother, it affected me deeply” (Hayes 2000, cited in Dawson 2007, p. 141). This disruption to family interaction can be due to either a disruption of parenting due to a parent having died or due to a change in the parenting style or ability of the victim due to the traumatic event. Whether a child physically loses a parent due to bereavement or loses a parent figure due to the trauma victim no longer being able to function effectively as a parent, responses can be surprisingly similar. Both groups talk about becoming the parent figure in the relationship and the damage that this can do. Berstein (1998) discusses how roles within the household went through forced and dramatic changes when a father was killed in World War II whilst Raphael, Swann and Martinek (1998) speak of the loss of role models in Aboriginal children who were forcibly taken from their parents.

Both second generation trauma victims who physically lost parents and also those who lost their parenting figure due to the parent’s trauma also talk of absence of emotional support and having to take on that role themselves. Healy (2008) described one second generation victim who felt she had to be the one to emotionally care for her mother rather than the other way around, and that this responsibility made her feel “very lonely”. Bar-On, Eland, Kleber, Krell and Sagi (1998) also report that trauma experienced by a parent could leave them so psychologically disabled that the child is forced to take up the parenting-caregiver role. There is some evidence that these children also feel a pressure throughout their lives, even when they are no longer in a care giver role, to subjugate their own personal desires and aspirations in order to fulfil their parents unachieved hopes for the future of their family (Ermann, Pflichthofer & Kamm 2009). So it appears that even when a parent is still physically present, the psychological trauma they have experienced may affect their ability to function effectively as a parent and this lack of parenting can push their children take up this responsibility to the detriment of their own lives, perhaps even on a long term basis. However it is not just at the extreme case of where children are forced to become caregivers to their parents that psychological damage from trauma may be handed down.

Psychodynamic researchers have long shown interest in familial patterns of interaction, and have come up with some interesting proposals about how trauma may be passed from one generation to the next. Pierce and Bergman (2006) presented a paper based on a panel held at the Congress of the International Psychoanalytic Association in which they detailed their work with mothers who were pregnant at the time of the September 11th attacks and who lost their partners during the attacks. They proposed that transference occurred between these women and their children in which the mothers re-enacted their abandonment. Agreeing with a view of the projection or transfer of trauma from parent to child, Siassi & Akhtar (2006) provided a summary of presentations made at a conference panel on multigenerational trauma. They presented arguments that suggested that the legacy of one generation’s trauma is transmitted due to the inability of the larger group from the first generation to mourn their losses and humiliation. He suggested that they instead transmit

‘images of their injured selves and object images of those who hurt them to their offspring’. Finally DeGraaf (1998) sees the transmission of trauma occurring through the parent’s projective identification of their ‘bad child’ part of themselves, with their own child. This ‘bad child’ self is usually created within an individual on experiencing extreme helplessness (DeGraaf, 1998), however in the case of intergenerational trauma, it is projected outwards upon the individual’s child. The parent therefore externalises their anger, rage, sadness, disappointment and grief onto their child, which may manifest itself as psychopathology for the child later in life. DeGraaf may have explained why and how trauma may be projected from parent to child more clearly than other psychodynamic researchers; however there is no unambiguous published evidence supporting these propositions.

The transposition or projective identification theories of multigenerational trauma have thus far not been empirically examined. However, the idea that the multigenerational impact of trauma may be a result of difficulties within the attachment relationship, and its subsequent effects on the child, is a more robust finding. Living with a parent who is dealing with the experience of a traumatic event may mean the parent is unable to provide a secure attachment for their children. Borrowing from attachment theory, which at its most basic states that the parenting style an adult adopts will have consequences for the type and quality of attachment their child forms with them, many researchers propose that a parent’s trauma could lead to a less optimal quality of attachment between parent and child (Katz 2003, Zeanah & Zeanah, 1989). Bar-On et al. (1998) suggest that a parent’s inability to share their traumatic experiences with their children in a consistent manner could lead to a “disorganised” attachment type between parent and child. They also reported that children of Holocaust survivors present a tendency to form “insecure-ambivalent” attachments with their parents. These attachment types have been associated with problems with behaviour and interactions in school (Grossman, 1988; Park & Walters 1989) and psychopathology (Brown & Harris 1980) although the immutable nature of these attachment types and their predictive ability is questionable. Therefore these attachment types may be more descriptive than set patterns of interactions which have reliable and predictable outcomes. More concrete evidence of how trauma may be transmitted through parents’ interactions with the next generation may come from research which looks at how the symptoms of PTSD may interfere with parenting.

It has been shown that the symptoms of PTSD can impinge on parental ability. Ruscio, Weathers, King & King (2002) revealed that the emotional numbing that can so often be a part of PTSD has negative consequences for the children of the victim. It severely interferes, they propose, with the ability of a parent to bond and interact with their child. This difficulty with parenting may continue down the generations from the original survivor/ victim to their children and to their children’s’ children as there is evidence that a neglectful parenting style due to trauma is associated with the children of the victim themselves becoming neglectful of their own children. This characterisation of how trauma may be transmitted down to the third generation and beyond has also been confirmed in trauma victims who were not diagnosed with PTSD. Srour & Srour (2006) reported that Palestinian mothers found it difficult to provide a stable upbringing for their children, since they themselves had no experience of stability. Thus any investigation of transgenerational trauma should look past just the second generation to the third and potentially beyond to really assess the full impact that traumatic

events can have through the generations.

Summary and conclusions

In this section, we return to the 4 questions posed at the beginning of the literature review and attempt to provide concise answers, based on the literature.

What is transgenerational trauma? Is there sufficient evidence that transgenerational trauma exists as a valid phenomenon?

Transgenerational trauma is a difficult topic to research because there is no clear definition of the concept. It is clear that children of people who have experienced traumatic events sometimes experience high levels of poor psychological functioning. However, there is no irrefutable evidence (and it is unlikely that such evidence could be generated) to show that the poor psychological functioning experienced by the children of those who were exposed to traumatic events is directly caused by the trauma experienced by their parents, rather than other factors (such as the social environment). which have either been shown to be as important as the direct consequences of the traumatic experience, or totally inseparable from these consequences (Hoven et al. 2009; Schwartz, Dohernwend & Levav 1994), Nevertheless, the research suggests that the trauma experienced by parents does play an important role in the psychological consequences for their children.

How can trauma be transmitted from one generation to the next?

A large proportion of the research in the area has attempted to determine whether the poor psychological functioning experienced by children of those who were exposed to traumatic events is a result of biological or socio-psychological factors, and what socio-psychological factors might be involved. There is no convincing research evidence to support a biological explanation.

Socio-psychological approaches suggest that the following mechanisms might be important in explaining the adverse psychological consequences among the children of people who have experienced trauma:

- Communication about the traumatic events. Children can learn to associate stories of the traumatic events with negative emotions. This can be an unintentional or intentional association made by parents. There is also evidence to suggest that lack of communication about traumatic events can have similar (if not more severe) consequences.
- Impact on parenting style. The consequences of trauma can affect a parent's ability to interact with their children, resulting in the children experiencing an absence of emotional support, insecure-ambivalent attachment and, at worst, abuse.

Burrows and Keenan (2004) lend support to this socio-psychological explanation by suggesting that the transgenerational transmission of trauma is facilitated by the processes of re-enactment and attachment and by social structures. They state:

“Re-enactment of traumatic events at the level of the family and community creates the general context (the subsoil) for inter-generational trauma to emerge. The process of attachment seems to be the main mechanism that makes it possible for trauma to travel through the generations. Social structures that develop and represent the experience of traumatic events also help to freeze and fix the experience and thus support the development of a culture of trauma.” (p. 16).

Therefore, it appears that what is meant by the term ‘transgenerational trauma’ is the poor psychological health of children that appears to result (at least partially) from the *consequences* of the trauma experienced by parents, resulting in detrimental effects on the interactions between parents and children. Therefore, there is no ‘automatic’ transmission of trauma. Rather, the experience of trauma by the parent might have an impact on the psychological health of their children, but this impact is probably mediated by a number of other social and psychological factors. Furthermore, the term ‘transgenerational trauma’ does not necessarily mean that the children of people who experienced traumatic events will also experience trauma. Rather, their negative psychological experiences are broader than common definitions of the term ‘trauma’.

What are the implications for victims and the families of victims of the “Troubles” in Northern Ireland?

Northern Ireland has experienced a long history of political violence, which has directly impacted one in ten through the loss of a family member (Muldoon, Schmid, Downes, Kremer & Trew, 2005). However trauma can be induced from other experiences of political violence and even intimidation, with Muldoon et al. (2005) also recognising that one in five people in Northern Ireland have suffered not just one potentially traumatic event but multiple experiences. It may also be argued that all people who lived through the “Troubles” in Northern Ireland, even if they suffered no direct violence against them or their family, experienced psychological distress and worry about what may happen to them or their family in the future. Also these traumatic experiences are by no means over; shootings, bombings, riots and sectarian violence may be less widespread than during the years recognised as the “Troubles” but they still continue to occur and doubtlessly cause trauma to those affected. There is hard evidence that the political violence as experienced by the people of Northern Ireland has caused psychological trauma, with an estimated 12% of the population suffering from PTSD (Muldoon et al. 2005). This 12%, whilst alarming in itself, does not accurately convey the more widespread suffering that is not diagnosable as a recognised psychopathology.

That those who lived through the Troubles or had direct experience of them suffer some subsequent trauma is not particularly contentious. What is less certain is the impact of this suffering on their children and on their children’s children. There is a lack of research showing direct evidence of transgenerational transmission of trauma in Northern Ireland One study on the prevalence of PTSD in one family affected by the troubles, showed that PTSD was evidenced at a reduced rate from immediate family to the extended family (Shevlin &

McGuigan, 2003). This indicates that it is not just the direct sufferers of the Troubles who can experience psychological trauma, but their family also. Whilst there is a relative lack of research of transgenerational trauma in the Northern Irish context, the evidence that does exist shows that parents may interact in the same perhaps maladaptive ways, as a consequence of their trauma, that have been postulated as being potential causes of the transgenerational transmission of trauma. It was hypothesised that trauma may be transferred from one generation to another through communication and research has shown that parents in Northern Ireland do indeed communicate their experiences of the Troubles through the use of storytelling (Dawson, 2007); a process which may indeed be adaptive and psychologically protective for their children but one which it has been earlier demonstrated may be hard to get right in terms of content and context. Conversely some victims in Northern Ireland have found it difficult to communicate experiences of the Troubles at all (Healey, 2008, Royal Ulster Constabulary George Cross Foundation, 2006), which was earlier postulated to have only negative consequences for family members. There is unfortunately an absence of any literature which focuses on how trauma in the Northern Irish context may affect family dynamics. Nevertheless, the socio-psychological processes that have been implicated in the transmission of 'trauma' from one generation to the next are equally likely to apply in the Northern Ireland context as in any other conflict situation where the research has taken place. Therefore, it is reasonable to speculate that the psychological research on transgenerational trauma from other parts of the world is likely to be relevant to the Northern Ireland context.

Additionally, the research in Northern Ireland that has examined transgenerational trauma has implicated the role of culture and environment. It has been highlighted that children who grow up in communities where the effect of the Troubles is still salient and where physical reminders of sectarianism and segregation still exist, are at greater risk of adverse outcomes (McAlister, Scraton & Haydon, 2009).

On this note it is very important to re-state that much of the work on transgenerational trauma has been rather speculative; it has noted that trauma may be associated with certain interactions and behaviours in families, but it has tended to fail to directly link these with actual observable trauma in the next generations. This combined with the fact that trauma and the experience of trauma is, to some degree, context dependent reinstates the need to remember that the application of research gained from conflicts around the world to Northern Ireland is indeed conjectural. The evidence is sufficient to demand that the issue be seriously and rigorously investigated, but not sufficient to make direct recommendations for the Northern Ireland context.

Consequently, the main recommendation resulting from this literature review is that there is a need to conduct research that more rigorously examines the link between the experience of trauma in one generation and adverse psychological consequences in subsequent generations. It is acknowledged that such research would be difficult to conduct, but in order to determine the nature of transgenerational trauma, there is a need to determine whether the adverse psychological consequences experienced by young people

are a result of troubles-related trauma experienced by the previous generation or are a result of social deprivation, parenting style, or other factors. Perhaps a focus on young people's resilience, i.e. an examination of why some young people experience adverse consequences and others (who have the same background) do not, might shed some light on this question.

Work Package 2: Qualitative Investigation of Transgenerational Trauma in Northern Ireland

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Introduction

The years between 1969 and 2001 in Northern Ireland are commonly referred to in the literature as the 'Troubles', a time of widespread civil conflict in which 3,524 people were killed in a population of only 1.6 million (McDonald, 2007). Of those who survived, more than 30,000 were injured as a direct result of the conflict (Lundy & McGovern, 2001). Although this means that only 2% of the entire population experienced physical harm or death due to the conflict, Burrows and Keenan (2004) remind us that, in Northern Ireland "the community is small...therefore, the extended family network and close social and cultural connections mean that everyone is connected in some way to someone who has been directly affected by the conflict" (p. 109).

Although the 'Troubles' are over, ended by the IRA ceasefire in August of 1994 and the Good Friday Agreement of 1998 (Lundy & McGovern, 2001), for some communities threats and outbreaks of violence continue (Burrows & Keenan, 2004). This perpetuation of community division, continuation of violence, difficulty in coping with past violence and adapting to the changes of current society have led to the persistence of the mental health consequences of 'the Troubles' (McDonald, 2007). In 2001, the Northern Ireland Health and Social Well Being Survey "found that 21% of people over 16 who had been affected by the conflict reported scores consistent with the presence of mental ill health" (McDonald, 2007, p. 1121). Indeed, it has been found that psychological consequences for those who have been involved in civil conflict parallel those seen in military war veterans (McDonald, 2007).

The trauma experienced by individuals during the 'Troubles' and the consequences of this trauma appears to have impacted on generations who have no direct experience of traumatic events. This 'transgenerational' transmission of trauma might occur for many reasons (see the literature review in Work Package 1) but there is little research conducted to explore this phenomenon within Northern Ireland.

Consequently, this work package aims to examine the transgenerational trauma from the perspective of individuals from different generations from Northern Ireland.

Methods

Six participants were interviewed. Three of the participants were adults who lived through 'the Troubles' and experienced at least one event which has been recognized as traumatic. One adult child of each person was also interviewed. Pseudonyms have been used for all participants (see Table 1).

Table 1 - Relationships between participants

First generation (parent)	Traumatic event experienced	Second generation (child)
Mary	Mother murdered in home	Margaret
John	Shot	Linda
Frank	Witnessed father's murder	Barbara

Upon completion, all interviews were transcribed and the data was analysed using the method of interpretive phenomenological analysis (IPA). This particular method was chosen because the aim of this method is "to explore in detail how participants are making sense of their personal and social world... [using]...the meanings that particular experiences, events, [and] states hold for participants" (Smith, 2003, p.51). This particular method of analysis is also particularly well suited to complex issues and questions of process, such as in this investigation in which the research focuses on the multifaceted issue of transgenerational trauma and the process of how it is passed from one generation to the next (Smith, 2003). Furthermore, IPA is well suited to studies in which the research question is broad and the researcher has no *a priori* hypothesis, attempting instead only to explore a particular issue or topic in detail.

IPA prescribes the use of a small, homogenous sample for which the particular research issue is significant. A sample of 6 participants is common in IPA studies, although smaller samples are encouraged (Dempster, 2011, p.149).

All the interviews were conducted by the same interviewer who was obviously not from Northern Ireland.

Findings

Several themes emerged from the interviews: the normality of violence, and a parenting-style marked by a hyper-developed instinct to shield and protect their children were themes specific to the parents. The overwhelming presence of silence and the complexity of communication about these events were themes emanating from the interviews of parents and children.

The normality of violence

Mary voiced the belief that 'the Troubles' did not affect her later life. John, on the other hand, stated that:

> *"it does affect your whole life, your whole life changes, to be honest, mentally and physically, so it does".*

One of the most prominent effects discussed by John was changes in personality, such as increased cautiousness, fear, and a conflicted sense of identity:

> *"you're a different person in a sense, but you're the same person, but you try to be*

the same person all around"

While Frank was reluctant to directly discuss his experiences, he did state in summary of his experiences that:

> *"it took away my childhood, it took away my teenage years, and left me with very bad memories".*

Despite Mary's explicit assertion that she was unaffected by 'the Troubles', her thoughts and behaviours imply an ongoing influence from that era. For example, during the interview Mary shared that outside of her family home a grenade had been thrown that very morning. Even though Mary's family no longer resides in this house, she expressed anger at this event, and at this continued violence, comparing it to past actions and codes of behaviour by saying:

> *"whoever did that didn't do their homework because the real IRA wouldn't have done that".*

This assertion suggests that the violence of the past was in some way 'better' or more normal. In addition, when discussing modern day bomb scares, most notably in Belfast where her daughter lives, she states:

> *"I never even thought to ring her to say, because, it was normal.....I thought, oh there's a bomb scare in Belfast, but, that's normal, to me, growing up".*

This continued intrusion of violence and threats of violence in the modern day may be a factor in the perpetuation of the notion of such events as 'normal' which originated in her childhood during 'the Troubles'.

For John the events of the past are more salient: *"it's a, it's like yesterday"*. This may be because he was shot at an event which in the past several years has gained international attention. John indicated that this attention "*kind of [brings] it all really back to you again"*. Furthermore, events from John's past are often brought into his present when he walks into town and passes reminders of the day he was shot. This nearly constant reminder of past events may be why he stated of his experiences in 'the Troubles':

> *"it's something you never get over....it's something that's going to be with you for the rest of your life".*

Despite the continued presence of the past, John actively asserts control over these memories. He states:

> *"I just try to...have a normal life....but over the years...either you want to destroy yourself or you want to just keep going, so you keep going...you make a choice ... to drink all the time...or just... get on with it...so you get on with it".*

Frank had difficulty directly discussing his experiences during 'the Troubles', however, when mentioning the memory of the night that his father was murdered, he did state that "*it's*

painful to this day". Frank stated that he sees these events in his mind every night and at times during the day: "*all I can remember really is violence*".

A cycle of 'shield and protect' parenting style

This theme refers to the ongoing cycle of protection of children from the 'Troubles'. The parents in the study reported being protected from 'Troubles'-related events by their parents and adopted a similar style with their own children.

Despite her traumatic experiences, Mary stated that as a child she was "*very shielded*" from what was going on around her. However, she describes events as being in many ways unavoidable, given that "*the minute you got up in the morning you would wait to hear who, who was killed last night*". Although this protection may be part of the reason that Mary indicated that she was unaffected by 'the Troubles', she did acknowledge that her experience had influenced the way in which she raised her own family. Mary cites her experiences during 'the Troubles' as the impetus behind the protective nature of her parenting style and the emphasis which she placed on helping her daughter to keep an "*open mind*". Interestingly, however, she states of her daughter:

> *"I would try very hard to shield her from it, but obviously it didn't, wasn't, it didn't work because she's doing now what she's doing"*

In explanation, Mary's daughter is studying politics. This statement suggests a feeling of failure from Mary, a sense that she wasn't protective enough and that her own experiences are a direct cause of her daughter's current choices.

John stated that he was warned by his parents against events related to the conflict, "*in case he was to get into trouble*". In response to questions about his own children, John states that he is unaware of how his experiences have affected his children as he and his wife are divorced. As he states:

> *"I never really...raised me family, I only got them at certain times"*

When his children did visit, his general approach to parenting was to "*try and give them the best life that [he could]*". In terms of 'the Troubles', he stated that:

> *"the way I always treated them...is, they have their own choice... you don't ram anything down their throat, and I don't say any particular politics that they have to do".*

Frank appears to be the one who was most protected from the conflict. As a child he and his siblings were prohibited from reading "*the papers or anything like that*". Frank is also divorced, with the children living predominantly with their mother. Frank stated that as a direct result of his experiences during 'the Troubles':

> *"I protected my own children more, probably more protective than I should have done"*

A cycle of silence – "You keep your eyes and ears open and your mouth shut"

These interviews revealed notable overlap in the pervasive nature of silence in the lives and relationships of all participants. For Mary, the silence began when she was a child. After her mother died, her father never spoke about what happened. If the topic were even to be mentioned, "*he would never use the word 'murdered', he would have said that she 'died', or that she was 'killed'*". Mary cites this silence as a possible reason for why she is reluctant to speak to her daughter about the conflict. More specifically, she explains:

> *"I see myself dismissing her...probably that's my way of protecting her, I don't want her to feel like she has to take on my grief or...my role... my fight, my conscience".*

When the topic is discussed with her daughter, Mary seems to be conflicted about the appropriateness of the topic of conversation. She questions herself:

> *"why am I feeding her this information that she doesn't need to know....why am I putting this on her... am I turning her into what I should have been... now that I feel its ok to say, that I'm angry or that I'm upset".*

In addition, there is a sense of guilt about not always being able to regulate her expression of her emotions now that she feels that it is acceptable to talk about them in a way which was not possible in earlier life.

For John, as with Mary, the silence began with his own parents when he was a child. He states that:

> *"even though his father on at least one occasion joined in the civil rights marches, the topic of 'the Troubles' was left outside the home"*

The most that was ever said of the conflict was warning against certain areas or events where there may be violence, it was something to stay away from. As he states: "*they never really talked politics to you or talked anything to do with 'the Troubles'*". While this silence seems to have been a hallmark of his relationship with his own children, the silence for John seems to have been unintentional, a by-product of his own coping strategy. John stated that part of his way of coping with his past was to go on "*as if it had never happened*", and that he doesn't remember ever talking about the day he was shot with his children, preferring to "*let them hear themselves... as they got older and found out things*".

Again for Frank, the silence began in his own childhood. 'The Troubles' were never discussed between parent and child, and he was also forbidden from reading newspapers. When Frank became a parent, the silence continued, as he states: "*I wouldn't sit them down and tell them what actually happened*". As an explanation for this silence, Frank stated the belief that experiencing the events of 'the Troubles' first hand was unfair to those who actually lived through them, therefore, "*it wouldn't be fair to them [his children], either*". In this way the silence appears to be protective in nature, with Frank attempting to protect his children from the horrors of his own past.

For Mary's daughter Margaret, silence was and is a fact of life. While she recalls going to commemorative events related to 'the Troubles', the reasoning behind such events was never given. There seems to have been a general lack of understanding in her early years, reflected in her own response of "*I never really knew why I was there*". Even today, she reveals that silence has been maintained with her father, and was only disrupted with her mother when the case of her grandmother was re-opened. As she states:

> *"I think the only reason they did start talking about it was because...they started looking at my granny's case"*

When the silence was finally broken Margaret seems to have been acutely aware of her mother's attempt to present information in an unbiased and objective way. As she states:

> *"my mum...she tried to explain to me about what happened with my gran...she doesn't talk about it...to sort of influence on me, it was sort of just, this is what happened, and, so, it wasn't right".*

Despite the breaking of this silence, Margaret still expressed regret about past silence, saying that she wished that she had known more about 'the Troubles' when she was younger. Despite these regrets, Margaret exhibits her own understanding of her parents' silence. In the first part, she attributes silence to the fact that for her own mother as a child, silence permeated her household, with Margaret's grandfather never discussing the murder of his wife. In the second part, she states of her parents:

> *"I think it was difficult for them to think about it, and I think it's only now when they're realizing the whole, like, what actually happened"*

Here the silence was simply a side effect of the painful nature of her parents' memories.

For John's daughter Linda, while silence around 'the Troubles' was and is a constant in life, this silence seems to be of a slightly different nature. Linda recalls that, even though she asked her father for years about what happened to him on the day he was shot, he never discussed it, he would always change the subject. This is noteworthy given that John himself related only that he didn't "*really remember ever talking about [it]*", and when it came to his wounds received he states: "*I can't imagine they ever asked to see*". It is interesting that for the survivor, silence was almost unconscious, a by-product of a coping mechanism, not even recalling being asked about it, while for the second generation silence appeared to be intentional, an avoidance of past events. Indeed, Linda expresses regrets surrounding past silence, stating:

> *I "wished we had talked about it, and you were able to say I'm afraid...I am scared, I don't understand please tell me what's going on...I wish I could've...when I was younger"*

While to a degree this silence has been broken, with Linda now aware of what happened to her father, she also states that much of the silence persists surrounding certain topics: "*even*

then there's things I still can't talk about". For Linda, silence is a cultural or historical practice in Northern Ireland which she learned about from her grandmother, who always told her that:

> *"you keep your eyes and ears open and your mouth shut, and it's always been that, you never talk out of school"*

When 'the Troubles' began, silence seems to have been driven by the need for safety and protection:

> *"you didn't talk about it because you were afeared you'd say something because you never knew who was listening, and you could very easily get somebody into trouble.....what would happen to you if you did...the consequences just weren't worth it"*

Even though this danger has arguably passed, Linda relates that this silence persists, and that because of it she struggles with trusting others. Linda indicates that the culture of silence within her family led to an inability to question certain beliefs and ideals of the family while a child:

> *"because of their support for all that there was unquestionable, you didn't question it you didn't talk about it...they didn't inflict their beliefs onto you, but you grew up in a surrounding of it where you, you didn't want to question it, you were afraid to question it... because that, that's one of those unquestionable things that...that was right and that was it"*

Linda offered one final explanation for the silence in regards to cultural beliefs and practices of the time. As she states, her father may have kept his silence because:

> *"nobody talked about depression them days, nobody talked about...stuff like that... would have been a sign of weakness.... it's only now that we've stepped away from all this conflict and stuff that we can see what an effect it had on people"*

For Frank's daughter Barbara, silence seems to have taken the form of a presence with no name. She relates that she knew something was wrong, or at least had the feeling that it was, but she did not know what it was. In both the past and present, silence existed between herself and her mother, and in the past it was also true of her relationship with her father. In her younger years she states that the topic of 'the Troubles' was avoided and it is only now that silence has begun to be broken, and even now, communication is primarily written, with her father recording his thoughts and experiences and having her read them, in place of verbal communication.

Barbara expresses regrets concerning this silence, stating:

> *"it should have been discussed to a certain degree...I'm glad it was the way it was, but I wish I'd known what it was"*

It is as if Barbara desired a type of moderated disclosure from her parents. Also like Margaret

and Linda, Barbara offered explanations regarding past and present silence. In justification she stated:

> *"I think my mum kind of tried to avoid it because I had school and stuff and she didn't want to worry me"*

Regarding her father:

> *"when my dad talks about it he gets upset, and then it would make me upset, because when he's upset, it makes me upset"*

Communication – "You can't really put it into words"

Despite the many references made by all interviewees to the silence which surrounded 'the Troubles' in some form or another, there was one form of communication which was deemed to be desirable. Three interviewees referenced the importance of speaking to someone else with similar experiences to their own. John described his experience during his interview as awkward because he did not know how to put his experience into words in a way that the interviewer would be able to understand them. As he says:

> *"unless the person who is sitting talking to you went through something similar to you they wouldn't understand"*

This belief was echoed by his daughter (Linda) who stated that in regards to organisations where counselling for trauma is provided, places where counsellors:

> *"know where it's coming from and why you feel like that and they can understand what you tell them...it makes a big difference"*

Both of these excerpts speak to the implied importance of being heard by someone who shares similar experiences to ensure that their stories will be understood, and possibly be acknowledged by an individual outside of themselves. In support of this idea is the observation made by Frank, when speaking about a particular individual counsellor:

> *"I've seen 300 people, and she's the first person I've actually...said it to ... I just, I got on with her really well, she's surrounded with what I'm talking about"*

This suggests that it may be the case that having an audience of someone who shares your experience may facilitate verbal communication where it was previously impossible.

Discussion

The findings from the interview data suggest that the parents experienced the 'Troubles' as normality. Not normal in the sense that it was acceptable or that it did not affect them but normal in the sense that 'Troubles'-related events were to be expected on a daily basis. Two of the parents indicated how this has had a profound effect on their lives; how it has impacted

on their identity and how it has had a destructive effect on the self. For these individuals, the struggle to manage the effects of their traumatic experiences continues.

The result of these traumatic experiences seems to be the development of the belief that the world is an insecure place (Daud, Skoglund, & Rydelius, 2005), with individuals becoming withdrawn and cautious. Perhaps this results in the parents' desire to protect their children from this insecure world.

Despite the 'Troubles' being something which pervaded their lives, the parents in the study endeavoured to shield their children from 'Troubles'-related events. This appears to have been a parenting style that the parents learned from their parents, even though it was not an effective strategy. So, we see a continuation of a potentially maladaptive parenting style.

Some researchers have hypothesized that children of trauma survivors may assume the emotional struggles of their ancestors (Lev-Weisel, 2007) and the parents in this study acted in a way that they perceived would prevent this from happening.

Related to this desire to shield their children from the 'Troubles', there is also a culture of silence about the traumatic events. The parents in the study are reluctant to discuss the 'Troubles' with their children in an effort to protect them from the horror that they experienced. Indeed, the parents believe it would be unfair to burden the children with this information and one parent even experiences guilt when some attempt is made to talk about her trauma. This culture of silence again appears to have been learned from the grandparents and this cycle of silence is something that the children in the study can identify. Furthermore, the children in the study acknowledge that the silence of their grandparents about the 'Troubles' is a contributing reason to the silence they experience. Therefore, the children can understand their parents' silence, even though they wish it had been different.

The final theme highlights the difficulty that participants have about breaking the silence about their trauma with others. This theme highlights the importance of appropriate counselling services.

There is a notable difference between the interviews of the female parent and the male parents. Mary initially indicated that the 'Troubles' did not impact on her later life; and it appears that she has tried to discuss the issues with her daughter more than the other parents in the study. It might be that Mary is more able to address the subject with her daughter because she has been able to cope better with her own experiences. It could also be that Mary has more cohesive family support (given that the other two parents were divorced) or that there are gender differences in how people manage the effect of the 'Troubles'.

As regards the process of transmission as described by Brown (1998), features of this appeared in several places throughout the interviews. In the first place, Brown (1998) posited that what was passed on from parent to child was the heightened anxiety brought about through traumatic experiences. This is arguably the case with John and his daughter

Linda. Another part of this system was the bond between parent and child which Brown referred to as 'empathic linkage', where the child, instead of regulating their own emotions and anxiety, stays silent and instead focuses on helping the parent to manage his or her own anxiety. This may be the case between Frank and his daughter Barbara. Barbara maintains an emotional distance from her father and is more concerned with her father's well being and anxiety than her own, a phenomenon which in turn leads to an increased anxiety for Barbara which is not dealt with. As for the final aspect of Brown's (1998) theory, that many children of survivors are left without any sort of explanation for the upset, anxiety, or grief of their parents, this was seen in the case of all three children interviewed.

Measham and Rousseau (2010) seem to advocate for a type of moderated disclosure when it comes to discussing traumatic events with one's children. In terms of the interviews included here, the children similarly advocated such an approach to communicating information. Furthermore, when it comes to children of the next generation, the following is posited as the most desirable approach to tackling this topic:

> *"they have to know where they come from and at some point when they're older they'll ask about all this stuff, but I will tell them...these things happened, all these people died, it wasn't good, and it wasn't right, it's never right taking anybody's life for any reason, but you know what, you get up and get on with it". (Linda)*

Similar to the idea of modulated disclosure, Rice and Benson (2005) posited that in families of survivors where silence reigns supreme, children will often "sense very strongly the absence of a story as an inarticulate something" (p. 225). This seems to have been the case for the children in this study.

Finally, Brown (1998) discussed two types of silence which may be the hallmark of survivors of trauma, conscious and unconscious. Brown argued that conscious silence is motivated by three fears, all of which are illustrated by the three adults here interviewed. Frank is reluctant to discuss his 'Troubles'-related experiences, and his daughter states this may be because of how upset they make him. Thus, his silence may be motivated by his fear of being re-traumatized by his memories. Frank also stated that one of the reasons that he doesn't speak of his 'Troubles'-related experiences is because they weren't fair to those who lived through them, so why should he put his own children through that. Therefore, this may speak to a fear of traumatizing his children. Finally, Frank states that the first person he was able to tell his story to was a counsellor, someone who he describes as being surrounded by what he is talking about, being able to understand it. This means it may be possible that his previous silence was at least partially motivated by a fear of not being understood by others to whom who he may tell his story.

One of the most important findings outlined is that some families deal with trauma by cognitive and affective avoidance, something which was noted as a coping mechanism at the height of the conflict (Frazer, 1973) and in recent years (Healey, 2004; Reilly, 2002). It is also clear from our review of the literature, that this is a method of coping common to families in other contexts which have experienced trauma of other types. This finding is particularly

pertinent for therapists working with children and families who have been exposed to traumatic events. In families where not talking about the trauma and actively hiding the truth is pervasive, it may be more difficult to engage in trauma-focused or family therapy (Goldsmith et al., 2004). For researchers working in the area it is similarly important to consider the possibility that participants may be denying or minimising the impact which experience of the conflict may have had individually or in the context of the family.

Limitations of the Research

While this study did uncover a wealth of information regarding the transgenerational transmission of trauma in Northern Ireland, the study also had some limitations. First of all, the sample size was limited to six individuals from one particular area of Northern Ireland who also came from similar religious/political backgrounds. It may be that individuals from other areas or other faiths may have a different perspective or have been affected in different ways by the events of 'the Troubles'. The first generation participants in this study were also recruited by a single mental-health organisation, which indicated that these individuals have already sought out psychological care in the past and/or received treatment. Although it is desirable that those who suffer from trauma who require treatment do receive it, having already been through this process may also have affected participants' views of the past and their relationship to it, and thus affected how they themselves and possibly their children view and cope with their traumatic memories.

Conclusions

The responses of all three children interviewed indicated that their lives had been affected by some aspect of the trauma experienced by their parents. Both parents and children spoke of a sense of fear and uneasiness, of uncertainty at the time of the conflict which has persisted into their everyday lives in the form of anxiety or cautiousness.

This research supports some of the theories highlighted in the literature review in Work Package 1 to explain the transgenerational transmission of trauma. Specifically, there is support in the present research that the impact of traumatic events on parents can have consequences for the psychological wellbeing of their children via the communication (or lack thereof) between parents and children about the traumatic events and via the impact that the trauma has on the parents' parenting style.

Participant responses pointed to a key area which, according to them, should be a focus for practice. Two of the parents pointed to the importance of speaking to someone, especially in the case of a psychological professional, who has had similar experiences to the trauma survivor seeking help. These individuals believed that only someone with similar experiences could possibly understand and by extension, help them through in coping with the effects of the trauma. The offspring of trauma survivors also highlighted the link between uncertainty, fear, and anxiety, much of which stemmed from a lack of information or a lack of understanding of what was going on around them. In such cases, they indicated

that part of what helped them to cope with such anxiety was counselling from an informed individual with experience of the ‘Troubles’ who would fill in blanks in information so that the situation could be better understood.

Work Package 3: Service provision for transgenerational trauma in Northern Ireland

Introduction

The potential for severe trauma reactions, particularly on a societal level, to be transmitted from one generation to the next is a concept that is gathering support in the psychological literature (Ahmadzadeh & Malekian, 2004; Schwab, 2010). In Northern Ireland, "The Troubles" conflict has contributed to exceptionally high lifetime prevalence rates for standard PTSD and Complex PTSD in Northern Ireland compared to epidemiological studies in both the USA and the rest of the United Kingdom (Bunting, Murphy, O'Neill, & Ferry, 2011; Dorahy et al., 2009; Muldoon et al., 2005). Consequently, it is highly probable that with such a predominant culture of trauma in Northern Ireland that resultant mental health difficulties are passed onto subsequent generations in the form of psychological distress, low self-esteem, and impaired family functioning (Dekel & Goldblatt, 2008).

Current interventions for transgenerational trauma centre primarily on individual psychoanalytic therapy for the second generation of traumatised individuals (e.g., Fonagy, 1999; Volkan, 2010). However, it is clear that, in principle, other common trauma interventions can be potentially effective in directly or indirectly managing transgenerational trauma reactions. For example, systemic family therapy offers an opportunity to moderate family interactions and dynamics that normally facilitate the trauma transmission process (Scatura & Heyman, 1992). Phase-oriented treatment approaches for Complex PTSD contain three stages of intervention: 1) Safety; 2) Remembrance and Mourning; 3) Reconnection. The reconnection phase involves developing and improving interpersonal relationships with family, which would impact upon intergenerational trauma transmission (Herman, 1992).

Despite the potential for a number of mental health treatments to directly or indirectly target transgenerational trauma, in the context of Northern Ireland it is uncertain how local statutory and non-statutory services address this issue. Moreover, the effectiveness of such services and the additional resources required for these agencies to fully achieve this goal are also unknown. The present work package attempts to provide clarification on these issues by achieving the following objectives:

Structure of Work Package 3

1. A document analysis of service literature (e.g., mission statements, therapeutic resource summaries, descriptions of services provided) from statutory and non-statutory trauma agencies in order to ascertain how these services directly/ indirectly address transgenerational issues related to "The Troubles" conflict.

2. A qualitative interview study with main stakeholders relevant to both statutory and non-statutory agencies and identify 1) how these services directly/indirectly address transgenerational issues related to "The Troubles" conflict; 2) how effective

stakeholders believe existing services are in achieving this aim; and 3) what future service developments would be useful in assisting services to achieve this aim.

3. A quantitative survey with main stakeholders relevant to both statutory and non-statutory agencies and identify 1) how these services directly/indirectly address transgenerational issues related to “The Troubles” conflict; 2) how effective stakeholders believe existing services are in achieving this aim; and 3) what future service developments would be useful in assisting services to achieve this aim.

Document Analysis

The following document analysis was conducted on the service literature provided by the participating Trauma organisations. This literature included websites, annual reports, project descriptions, service leaflets, mission statements, booklets, newsletters, and research reports. The types and content of documents provided by each organisation is shown in Table 1. It must be acknowledged that the resources do not comprise a full and exhaustive sampling of the trauma services literature. Moreover, service literature is not robust documentation and cannot encapsulate the entire scope of the services provided by each organisation, nor give a completely accurate representation of service remit or effectiveness. Therefore this document analysis is not intended to give a complete, comprehensive picture of all the work provided by each service. Instead it aims to give an approximate outline of some of the work on transgenerational trauma of participating Trauma services, as evidenced in their own literature. The documents were analysed for content that demonstrated services’ acknowledgement and understanding of transgenerational issues, and their direct and indirect work around these issues.

Table 2 - Types and content of documents provided by each organisation

Service	Description	Documents Analysed	Transgenerational Trauma Content
Corpus Christi Services (CCS)	A non-statutory community Organisation based in West Belfast, which aims to enhance quality of life.	Website which contained mission and vision statements, information on staff and their responsibilities, and details of all services provided.	Provides indirect interventions for transgenerational trauma through therapies for first generation survivors.
Cunamh	A non-statutory community Organisation based in Derry/ Londonderry, which aims to cater for the impact of the conflict.	Website which detailed all of the services provided. Their 2010-2013 three year strategic plan.	Provides direct interventions for transgenerational trauma through programs designed for young people and families to express their experiences of trauma. Provides indirect interventions for transgenerational trauma through therapies for first generation survivors. Provides indirect interventions for transgenerational trauma through programs designed for survivors to express their experiences of trauma.
Families Acting for Innocent Relatives (FAIR)	A non-statutory community Organisation based in Markethill, County Armagh, which aims to cater and advocate for victims.	Website which detailed services, a description of the organisation its history and aims, and media releases and research reports.	Explicitly identify Transgenerational trauma. Provides indirect interventions for transgenerational trauma through programs designed for survivors to express their experiences of trauma.
Family Trauma Centre (FTC)	A statutory psychotherapy service focusing on working with and treating trauma in children, young people and their Families.	A selection of service leaflets which detailed services and offered advice to parents.	Recognises transgenerational trauma in its aims. Provides direct interventions for transgenerational trauma through psychotherapy.
Northern Ireland Centre for Trauma and Transformation (NICTT)		Website which detailed services, the rationale behind these services and the Centre's mission statement.	Provides indirect interventions for transgenerational trauma through therapies for first generation survivors.
Police Rehabilitation and Retraining Trust (PRRT)	Therapy service for police officers and their families who have developed psychological difficulties due to adversity and conflict	Website, which provides details on who the PRRT are, their history, goals and their services. A psychological therapies leaflet, a more detailed specifically constructed document detailing all therapies and the Child and adolescent Psychological Therapies service.	Provides direct interventions for transgenerational trauma through psychotherapy. Provides indirect interventions for transgenerational trauma through therapies for first generation survivors.

Service	Description	Documents Analysed	Transgenerational Trauma Content
Relatives For Justice (RFJ)	A non-statutory community Organisation	Website, leaflets detailing specific services and projects, Youth project leaflets, 2009 annual report.	Explicitly identify Transgenerational trauma. Provides direct interventions for transgenerational trauma through programs designed for young people to express their experiences of trauma. Provides indirect interventions for transgenerational trauma through therapies for first generation survivors. Provides indirect interventions for transgenerational trauma through programs designed for survivors to express their experiences of trauma.
Trauma Resource Centre (TRC)	A statutory multidisciplinary trauma therapy service for Complex "Troubles-related" trauma	Leaflets, research reports.	Provides indirect interventions for transgenerational trauma through therapies for first generation survivors.
WAVE Trauma Centre	A non-statutory community Organisation	Newsletters, Website, annual reports 2006 & 2007, organisational report 2003-2005, Service leaflets and booklets on specific projects.	Recognises transgenerational trauma in its aims. Provides direct interventions for transgenerational trauma through programs designed for young people to express their experiences of trauma. Provides indirect interventions for transgenerational trauma through therapies for first generation survivors. Provides indirect interventions for transgenerational trauma through programs designed for survivors to express their experiences of trauma.

The explicit recognition and understanding of transgenerational trauma.

Two of the reviewed trauma services explicitly use the term transgenerational trauma in their service documents. FAIR acknowledges that trauma can be transmitted transgenerationally and it is necessary to therefore work not just with victims but their family. Through their youth programs Relatives For Justice (RFJ) aim to address transgenerational trauma which they define as "trauma that is passed down the generations as a result of an experience or situation".

Implicit recognition and understanding of transgenerational trauma

Transgenerational trauma is a relatively new term, therefore the fact that just two service providers explicitly uses the term transgenerational trauma should not be taken as evidence that services do not acknowledge that trauma can and does seriously affect the family members of the original victim. Indeed most of the service providers reviewed acknowledged transgenerational trauma to some degree either in their aims and values; the types of services they provide; or in the types of people that access their services.

The Family Trauma Centre was established specifically to help and intervene with young people and their families who had been exposed to traumatic events. The service aims to not only treat the initial victims and their reactions to the traumatic event but also to focus on the victims family life and the changes it may have went through due to the victims experience of trauma. Such trauma-related systemic changes within families have been highlighted as a source of transgenerational issues in both the previous literature review and the qualitative study.

The Trauma Resource Centre offers multidisciplinary therapy to people who have experienced "Troubles-related" trauma directly or indirectly, the latter including those who have experienced transgenerational trauma. The centre has published several research documents with findings relevant to the implicit recognition of transgenerational trauma. In their report, "The experiences and consequences of The Troubles in North and West Belfast from the perspective of those attending the Trauma Resource Centre", it is acknowledged that trauma has spread through the social and personal lives of those who have both directly and indirectly experienced the conflict. Moreover, the continued perpetration of punishment attacks and paramilitary intimidation after the Good Friday Agreement and decommissioning process keeps "Troubles-related" violent trauma a very current issue. Evidence of transgenerational trauma was also found in a recent service evaluation, which revealed that 23% of 407 clients referred into the centre over a 3 year period were under 18 years old at the time of the Good Friday Agreement and purported "end" of "The Troubles", thus representing a subsequent generation who experienced "Troubles-related" trauma after the conflict.

Wave Trauma Centre was established to offer support to those bereaved of a spouse due to the conflict. However it later expanded its aim to include all those traumatized through the troubles. This phrasing opens the term to include those who did not directly experience the traumatic event itself but those who in some way experienced trauma through some other mechanism, including transgenerational trauma. WAVE also explicitly acknowledges the psychological impact of being a member of a family coping with traumatic experiences. Whilst 3,600 people died and 30,000 were injured due to the troubles, they assert that "the numbers of family members also affected reached multiple times this number". WAVE also cites a number of psychological, physical and familial consequences of such trauma, including ill health, disruption to family functioning and relationships, substance abuse and even suicide. Some of these consequences have been evidenced as potential costs of transgenerational trauma in other conflicts (Ancharoff et al, 1998; Bar-On, Eland, Kleber, Krell & Sagi, 1998; Harkness, 1993; Jacobsen, Sweeny & Racusin, 1993).

Direct Interventions for transgenerational trauma

As varied as service providers' explicit and implicit acknowledgements of transgenerational trauma are, the interventions they provide to help with transgenerational trauma are equally as varied. Despite the fact that many of the organisations reviewed did not specifically mention transgenerational trauma, they nevertheless have services which address transgenerational issues; target the vulnerable groups who are likely to experience this form of trauma; and are structured to intervene in the common areas and presenting difficulties identified as problematic for people experiencing transgenerational trauma.

Psychotherapy for young people

Some service providers specifically focus on children of those who have experienced trauma due to the "troubles", whilst others target young people in their communities generally and many do both. The Family Trauma Centre is a specific service aiming to help children who have experienced some type of trauma and their families. As such, each service they provide can be seen as aiding with transgenerational trauma. The centre provides a variety of psychotherapies: Cognitive Behaviour Therapy, Eye Movement Desensitisation and Reprocessing, Psychoanalytic Psychotherapy, Supportive Therapy and, most prominently, Family Therapy. Each of these therapies is available for children experiencing trauma either by direct experience of conflict or indirectly through their parents. Also the centre's approach to therapy is focused primarily on systemic work, engaging both individual children as well as their immediate relatives in family therapy. As family interactions and communications have been identified as a source of transgenerational trauma (Bar-On, Eland, Kleber, Krell & Sagi, 1998; Dekel & Goldblatt 2008, Harkness, 1993, Lin, Suyemoto & Nien-chu Kiang, 2009), working within the family unit could be a very useful method of addressing such trauma.

Other more general services also target young people experiencing issues regarding their parents' traumatic experiences due to the Troubles. Relatives for justice recognise the need for family therapy, and their counselling service is available to young people. The Police Rehabilitation and Retraining Trust (PRRT) provides specialist therapy for children and adolescents who experienced trauma through the experiences of their parents. The PRRT offers this service to the children of current and retired police officers who are experiencing psychological problems due to their parents' service. The organisation utilizes Cognitive behaviour Therapy, Eye Movement Desensitisation Re-programming and Creative Therapies.

The breaking of silence which surrounds trauma for young people

Other trauma service providers focus not just on therapy in helping with issues of transgenerational trauma but have wider programs that allow young people affected by the troubles to express their experiences and develop themselves in order to normalise their life experiences. Opportunities to share experiences may help with one of the main sources of transgenerational transmission of trauma, the silence within families surrounding traumatic experiences (Dekel & Goldblatt, 2008). Relatives for justice offer a youth program targeted at young people aged 5 to 25 who have had a relative who has been murdered

or injured due to the troubles. The service is specifically designed to work with issues of transgenerational trauma. It provides these young people a place to express and share their experiences through many activities; such as personal development and diversity programs, group complementary therapy sessions and arts and crafts programs. WAVE Trauma Centre offer similar provisions for their young service users. Their youth program encourages participants to express their stories through creative projects such as drama, painting, poetry and storytelling. Cunamh offer a more targeted program aimed specifically at the children of republican ex political prisoners and exiles. This program also encourages participants to share and explore their experiences of the conflict in order to increase communication within families about these traumatic events. Cunamh organised support groups for the family members of Bloody Sunday victims. These groups offered family members a safe place to talk and share their experiences, as well as relaxation training for families of Bloody Sunday victims to alleviate problems such as anxiety, insomnia, anger and depression which were often witnessed in family members.

Indirect interventions for transgenerational trauma

Generally the service providers reviewed do not focus specifically on transgenerational trauma or young people, but offer youth services as part of a wider trauma service provision. These services may be able to reduce or even prevent transgenerational trauma through the helping the original victims themselves with their trauma.

Therapies may aid adaptive parent-child interactions.

A principle component of almost all the reviewed service providers for trauma victims is some form of psychotherapy. From the available documentation, it is understood that services provide the following standard interventions. WAVE uses a psychodynamic perspective in understanding the impact of trauma as well as humanistic and cognitive approaches to increase clients' self-efficacy. Cunamh offer a more general counselling service as well as cognitive behaviour therapy. The PRRT have therapist specialising in both cognitive-behavioural therapy and Eye Movement Desensitisation and Reprocessing, whereas the NICTT offer a highly developed trauma-focussed cognitive therapy service. Rather uniquely, the Trauma Resource Centre provides a multidisciplinary "Troubles-related" trauma treatment service that includes integrative clinical psychology interventions (e.g., CBT, psychodynamic, systemic), person-centred counselling, occupational therapy, and physiotherapy. Corpus Christi services have a team of counsellors who also specialise in serving those who have experienced "Troubles-related" trauma. Other trauma service providers, such as RFJ supplemented their psychotherapy provisions with a listening ear service which clients could use when they wanted a less formalised therapy session and in emergencies. FAIR also offer this service.

Despite the differences in services and methods employed by the reviewed service providers aim to achieve roughly the same objective: to alleviate the psychological distress and common symptoms associated with trauma. This is likely to have positive consequences for the quality of victims' interactions with their family members. From the literature review and interview study it is clear that unhelpful parent-child interactions and parenting styles can be a source of transmission of trauma. Any service then which helps alleviate the stress

and outward manifestations of the psychological difficulties associated with trauma may then aid the alleviation of already present transgenerational trauma, or may even act to prevent transmission of trauma.

The complementary therapies offered by many of the reviewed service providers share the aim of alleviating symptoms of trauma and stress, which potentially have a bearing on transgenerational trauma transmission. For example Relatives For Justice offer Aromatherapy, Bach flower remedies and Aricular Acupuncture to aid with the psychological reactions to trauma such as anxiety, depression and more cognitive reactions such as difficulty dealing with the past and difficulty making decisions. Other trauma services also provide complementary therapies to alleviate similar trauma symptoms. The Trauma Resource Centre offer relaxation and limited Kinesiology sessions. WAVE offer Reflexology, Aromatherapy, Massage and Indian head massage to ease anxiety, stress and sleeplessness and Cunamh offer Reiki, reflexology, remedial massage and Indian head massage with similar goals of reducing psychological symptoms of stress. The PRRT do not have a specific complementary therapy program, however through the physiotherapy service it offers Tai Chi, Exercise therapy and Pilates, Acupunture, pain management classes and myofascial/soft tissue.

The breaking of silence which surrounds trauma in families

Another proposed mechanism of the transmission of trauma within families is the strategy of silence around the traumatic event and its consequences adopted by victims and families. Many service providers offer programs which involve giving victims a safe and creative environment in which they can express their emotions and experiences regarding their trauma. WAVE Trauma centre has organised support groups made by and for victims of the troubles, which are intended to allow those who are experiencing trauma to share their experiences. WAVE also offers many creative storytelling exercises throughout their programs which allow service users to express their stories thoughts and feeling through creative projects. Cunamh provide a similar program called creative remembering which is a collection of artistic therapies including drama, creative writing and arts and crafts which allows a collation and acknowledgement and expression of victims' traumatic experiences. Relatives For Justice also use creative art therapy to give victims a platform from which to express themselves including the remembering quilt which give those who have been bereaved due to the troubles the chance to create a patch in memorial of their loved one. FAIR use creative exercises through wreath making to allow families of victims to remember their lost family members. These services may alleviate transgenerational trauma through helping victims to express their experiences and open communications in their families.

Summary and conclusions

The majority of service providers did not use the term transgenerational trauma explicitly in the reviewed documents. However, through their aims, they demonstrated an acknowledgment that trauma is not limited to the individual who has suffered a particular event due to the "Troubles", but also extends to their families. The types of services provided for

young people, their parents and families as a whole by many of the reviewed organisations demonstrate that there is an understanding of trauma transmission. These services aim to provide psychotherapy for the “second generation”, (i.e., children of victims and survivors of the troubles) showing that trauma services in the region recognise that transgenerational trauma does have mental health consequences for the children of trauma survivors.

Many of the service providers also offer their young members opportunities to express their and their families, experiences of the troubles. These “safe places” to talk about and express shared experiences creativity, directly address a prime source of transgenerational trauma proposed by the previous literature and the qualitative investigation in Work Package 2, i.e., the silence within families that surrounds traumatic events. This silence is thought to produce confusion in the children of trauma survivors as to the context and meaning of their parent’s trauma which can lead to anxiety (Dekel & Goldblatt, 2008; Lin et al. 2009). The safe breaking of this silence then may lead to greater understanding of parents’ experience, and their own reactions to it.

Transgenerational trauma may also be indirectly addressed through the service providers’ direct work with victims and survivors themselves. Therapy, both psychotherapy and complementary therapies, aim to ease the psychological consequences of the victim’s traumatic experience. These consequences have been shown to negatively affect parenting styles and parent child interactions, and thus can be another source of transgenerational trauma. Any service then which eases these reactions may aid in reducing or preventing the transmission of trauma. The service providers also offered victims programs which could help them express their trauma through creative means. This may aid their ability to talk about, process, and express their traumatic experiences.

Many of the aims, values and services detailed in the documentation of the reviewed service providers may not at first glance be fully explicit in their recognition and understanding of transgenerational trauma. However, all organisations included in the analysis have both support and therapeutic roles that are likely to assist young people experiencing transgenerational trauma. Moreover, these services are providing eclectic interventions for victims and survivors so that traumatic experiences are not passed down through the family generations. Thus, this less obliviously applicable work may be just as important as the work which directly targets the transgenerational trauma problem.

Finally, it is important to note a caveat that although this document analysis provides a useful examination of how both statutory and non-statutory agencies address transgenerational trauma as represented in their own literature, this analysis is exploratory and limited by methodological restrictions (e.g., reliability of documentation, availability of documentation). Consequently, interpretations of the findings should be made with caution. Document analysis can only give a general overview of the literature reviewed, and there is likely much more work being carried out in the area of transgenerational trauma in the services reviewed.

Qualitative Interview Study

Nine therapists were interviewed using a semi structured interview schedule based on the research questions. Specifically, the schedule asked how services directly and indirectly address transgenerational issue related to the "troubles"; how effective stakeholders believe existing services are in achieving this aim; and what future developments these stakeholders would find useful in improving this work.

All interviews were initially transcribed and then analysed using thematic analysis. This methodology allows a rich description of the main themes emerging from the data as well as a deeper interpretation of this information (Braun & Clark 2006). After transcription, the data was read and re-read before each section of text was coded for content. These codes were grouped together into sub themes which were then clustered under three main themes. In the sections below, each theme and subtheme has been described and evidenced by quotes from the original data.

The three main themes of the interviews were: 1) Working with transgenerational trauma, 2) Efficacy of Transgenerational work and 3) Recommendations for improvements.

Working With Transgenerational Trauma

"Treating" the trauma

The majority of therapists interviewed acknowledged that their services main area of work on transgenerational trauma is through working with first generation victims to ease their trauma and in doing so prevent or reduce the transmission of further trauma to the further generations.

> **David:***"If we have someone coming in first generation trauma, I suppose the work that we would do, the hope is that that would pass on to people you never meet... you're hoping to prevent the transgenerational end of it."*

Many of the therapists offered the same hope and the same method of prevention; individual work with first generation trauma survivors. This work is designed to aid in the prevention of transgenerational trauma in three main ways; through helping the victims deal with their own trauma, through intra-psychically reconnecting the survivor to themselves and world around them and through practical services which aid the survivor to access this world.

An essential part of the prevention of trauma transmission is to help a survivor to emotionally and psychologically come to terms with their trauma experiences, and a large part of the interviewed therapists work is to facilitate this healing.

> **David:** *"We create a safe place...allow them to tell their story, to help them move on."*
>
> **Geraldine:** *"Sometimes they want to feel heard so they want to hear themselves."*

Here David demonstrates that a main aim of the psychotherapy he provides is to help trauma survivors to begin to heal from their experiences, to "move on", and both David and Geraldine identify the need for the expression of their story as an essential tool to help survivors move on. This moving on may be an important mechanism of the prevention of further trauma transmission:

> **Caroline:** *"If trauma is dealt with, if meaning is made of it.... less likely to act out"*

> **Chris:** *"What we can do is enable the person to participate and live fully to the best of their capacity as opposed to unconsciously,... acting out or living out these traumas for generations."*

Here Caroline is explicitly identifying that the improvement in the survivor's cognitive and emotional reactions to the trauma, leads an improvement in their behavioural reactions, this may well have positive consequences for the survivors ability to interact with others as well as their ability to function, two key modes of trauma transmission identified in previous sections. Chris too shows conviction that individual psychotherapy as preventing transmission of trauma, but emphasises the survivors "participation". This brings us to a second mechanism of the prevention of trauma through counselling, aiding the survivor out of the pattern of isolation so common in those experiencing trauma.

Reconnecting the survivor

A behaviour pattern that leads a survivor to be withdrawn from themselves, the other members of their family, from society and from work has been shown to have detrimental effects on subsequent generations through maladaptive patterns of interaction and through a lack of emotional and financial support. Caroline describes how she attempts to address this isolation:

> **Caroline***: "Aim to reconnect with self, reconnect with family, eventually reconnecting with work, or training, employment or education."*

Caroline also describes how the service she works for aims to reconnect the survivor to themselves and the world in a practical way, matching services to the clients need:

> **Caroline:** *"Occupational therapists deal with functioning with the impact of the event, Physiotherapists deals with the impact of the event on the body."*

Geraldine also sees trauma recovery as a reconnection, beginning with a psychical reconnection to themselves:

> **Geraldine:** *"Trauma drives you out of your body, it causes you to dissociate... one of the ways we help is to provide some reflexology or massage to help them feel their bodies again."*

This practical re-connection with the world may too aid in improving a survivors ability to support their family. Whilst many of the therapists interviewed did not work directly with those experiencing trauma transgenerationally, others did have this experience.

Two main subthemes were highlighted by therapists; the importance of family work, and the need to uncover transgenerational trauma.

Importance of family work

Sara and Holly work in the same service and Sara's description of their work indicates that trauma, and naturally transgenerational trauma is a family experience and as such can be, and perhaps at times should be, worked with at this family level.

> **Sara:** *"So perhaps myself as a consultant family therapist will be providing the family therapy for the whole family and Holly as a consultant clinical psychologist will be providing the individual treatment for that particular child and you do so both simultaneously or one before the other."*

Here the interconnected nature of each individual family members' trauma related experiences mean that work on their trauma issues also needs to be interconnected.

Geraldine too implicitly stressed the importance of interconnected family work when she highlighted that the service she works for works with whole families;

> **Geraldine:** *"We provide direct family support, so that families can decide what type of help they need."*

However despite the benefits of working with a family as a unit Holly believes that the service she works for is a rarity in their approach to looking at and working with trauma at the family level;

> **Holly:** *"And our service is unique in that we really prioritise the family in our intervention and think about the family and think about the family connection to people."*

Even though Amy does not herself practice family therapy she still recognises its importance in working with transgenerational trauma.

> **Amy:** *"There needs to be more work done in bringing together families, more family work. There needs to be cohesion of knowledge within families, to come together in some kind of shared experience."*

Whilst the importance of family work has been stressed by therapists, there is a concern about the way it may be used

> **Andrew:** *"sometimes children can have a lot of issues with their parents; parents saying things to children "like you're the only good thing in my life", "if it wasn't for you I couldn't go on" and for this reason we often keep them separate at the start of therapy."*

Thus Andrew believes family interactions in therapy may provide a barrier to effective intervention in the initial stages. It is a possibility that children may in certain circumstances

need individual space to work on therapy issues, before their family can become involved in the therapy. In this way, flexibility of working and individualised care pathways are likely to be important in therapeutic working with transgenerational trauma.

However even given this caveat, Andrew still indicates that he sees the great value in working if not always with the entire family together, working with the family as a unit.

> **Andrew:** *"What we do is we will often have the survivor in treatment, their partner in treatment and children in treatment separately and then towards the end we bring them back together and we see how things have moved on."*

> **Andrew:** *"When families are all in treatment they have a common language and goal they can see each others' progression."*

Despite the differences in perspectives between therapists who have engaged in direct transgenerational work, and the relative lack of this experience among the interviewed therapists, there was general agreement on one of the main goals of transgenerational work, i.e. the uncovering and processing of transgenerational trauma.

The need to uncover transgenerational trauma

Transgenerational trauma may not be as easily recognised and identified as first generation trauma, by the individual who is experiencing it. Those experiencing trauma have an event or events which is very significant and therefore may be highly salient to the survivor, those experiencing transgenerational trauma may not have this clarity of connection to the traumatic event, as Sara explains;

> **Sara***: "but at least if you saw the trauma it at least makes a bit of sense, whereas if its handed down transgenerationally you dunno where it came from."*

This may lead to a whole generation of young people dealing with transgenerational trauma from "The Troubles" without even knowing it. David has experienced working with individuals experiencing issues around transgenerational trauma and whilst the client acknowledges have some problems to deal with, they are oblivious to their causes;

> **David:** *"A lot of people who come to counselling services in the community don't recognise that they have been affected by the troubles they have no insight that they are experiencing transgenerational trauma."*

This is echoed by Amy:

> **Amy:** *"Young people come here to the trauma centre with symptoms, they can talk about events in their past... but can't see the link between them, thinking that it's in their past."*

So a significant part of the interviewed therapist's work on transgenerational trauma is to help those experiencing these issues to identify the true causes of their problems;

> **Amy:** *"To find a language for it, trauma and transgenerational trauma is unthinkable knowledge.... the work is to begin to help them communicate this sensation or vagueness."*

Or as Sara puts it:

Sara: "... to make the invisible, visible."

Efficacy of Transgenerational Work

Improvements in the first generation survivor passed on to families

Many therapists talked about the benefits of therapy to original victims and how this may positively impact their family members, yet others (a minority of others) discussed their experiences of the positive impact of their work on trauma experienced transgenerationally.

Therapists whose primary work around trauma, is with the first generation survivors talked about their own experiences of how the therapy with the survivor had beneficial effects for their family. Caroline expressed a strong belief that her work can have a wider effect through the individual client;

> **Caroline:** *"I have no doubt that reconnecting victims to self, to family and then to wider society would help with trauma and transgenerational trauma."*

This belief was not uncommon among the therapists interviewed, with the majority of therapists indicating that therapeutic benefits from working with individual clients could permeate across the family and potentially into wider social networks. However, some therapists could also evidence specific therapeutic effects on the next generation. Discussing a follow up study of clients one year post-discharge, Damien details some evidence that an improvement in a client's trauma reactions could have a wider positive impact.

> **Damien***: "with symptom reduction we also found a reduction in problems at work and in the family."*

Experience of families improved functioning

Some therapists reported that family interventions directly targeting transgenerational trauma has obvious positive outcomes. Andrew stressed how his service directly and deliberately seeks feedback on the efficacy of their transgenerational work:

> **Andrew:** *"we do reviews one three six and twelve months after discharge with psychometric measures but also with just checking how they are, are you maintaining your gains, are you using your tools, are you ok?"*

Holly spoke of how her role in family therapy has a positive impact:

> **Holly:** *"Well certainly any time we have talked to the families about how they thought the service... they felt heard, they felt listened to, they felt better able to cope."*

However other subthemes addressed the difficulties that the psychotherapists face in working with transgenerational trauma.

Difficulty in gauging the impact of work at the transgenerational level

Whilst some therapists did mention evidence that their work had an effect at the transgenerational level, much more of the discourse was around their inability to actually gauge the impact of their work at this level. In this discourse the word hope is being used frequently;

> **Chris:** *"working with the individual in the hope that that may impact the family system."*

> **David:** *"If we have someone coming in first generation trauma, I suppose the hope is that that would pass on..... you're hoping to prevent the transgenerational.... you would hope to stop it at that generation."*

The uses of the word hope indicates a degree of uncertainty, as many of these therapists are only able to work with first generation survivors, this uncertainty may be due to an inability to see the impact of their work at a wider level for themselves. David confirms that this is a problem; when speaking about the impact of his work with original survivors;

> **David***: "many times you don't get the opportunity to see it feeding back."*

Families as a potential barrier to recovery

Quite often then, therapists deal with the difficulty of not knowing if improvements witnessed in the original survivor impact on the family. Moreover, the scenario is further complicated in that this process is bidirectional. Just as survivors can impact on the functioning and well-being of their family, the family can also have an impact on the recovery of the survivor. Such a process can be detrimental if 1) there is a lack of knowledge on how to support the survivor; 2) there is a lack of resources to support the survivor; or 3) the family contributes to an environment which is not conducive to change.

For example, families may simply not know how to best adjust and facilitate the new changes they see in the survivor. They may struggle to come to terms with positive change due to therapy work:

> **Damien:** *"sometimes you have to work with families at this time because families don't know how to cope with the new recovered person."*

Furthermore, family members may lack the emotional resources needed to properly support the individual in their recovery. Families of survivors tend to also be affected by "The

Troubles" and may be recovering from their own experiences of trauma or their experience of the survivor's trauma. Consequently, they may have a reduced ability to provide emotional support.

> **Damien:** *"part of the challenge is that for families who have experience high levels of um... the capacity for social support may be greatly diminished."*

> **Andrew:** *"Clients get better and sometimes clients expect to slip straight back into family life, but the family have been through years of this so may be quite angry and annoyed so you have to work with these issues too."*

Either consciously or unconsciously, families may be reluctant for the survivor to change. As well as not having the knowledge and resources to facilitate change, they may actually resist such a process. Families may have been living with the survivor's reactions and adaptations to trauma for extended periods of time and have become accustomed to it, and this can lead to resistance;

> **David***: "sometimes people around us don't want to see the change because they have got used to us the way we are."*

This may lead to an environment that is not conducive to change for the survivor. Also feeding into this resistance is a culture of dependency and victimhood that, with all the best intentions from the family, can develop in the home. Understandably, families are not aware of the appropriate level of support required in order to improve the psychological wellbeing of the survivor. The line between helpful/supportive and overly supportive/fostering dependence becomes blurred, encouraging unhelpful cognitions of victimhood as Caroline explains:

> **Caroline***: "They become dependent on families to cook for them, manage medication... and the understandable attention family members give to the victim may encourage a victimhood mentality."*

This impeded recovery of the original trauma survivor can, in turn, then further extend the period that the family system is affected by trauma. It also reinforces a potential source of transgenerational trauma; the parentisation of children, if children are offering support even in times when it may not be conducive to the parent's recovery, the problem of parentisation is compounded.

Transgenerational trauma produces inherent difficulties for therapy

Barriers and resistance to change comes not just from the families of survivors. The process of therapy can be made even more difficult by the often complicated nature of trauma. Trauma is often not a singular issue; it is often the case that the survivor presents with a complex set of issues which has their origins in the traumatic event but have compounded the trauma. Co-morbidity and multiple mental health presentations after in the trauma population increase the level of complexity in working with trauma and transgenerational issues. Trauma and addiction are common co-morbid difficulties that complicate the treatment of either and both psychological difficulties. One therapist

specifically found addictions difficult to deal with therapeutically:

> **Interviewer:** *"what do you find especially difficult in working with trauma and transgenerational trauma?"*
>
> **Chris:** *"The addictions to be honest with you."*

Depression, low self-esteem and subsequent withdrawal and isolation are also key co-morbid issues, which can impact on therapeutic attendance:

> **Chris:** *"people because their self esteem and they have become so damaged, feel like they do not deserve... so regular attendance is difficult for some."*
>
> **Chris:** *"isolation is a big problem for trauma... in terms of people coming to us."*

It appears trauma survivors often isolate themselves from the outside world, cutting themselves of from the community around them. This can lead to survivors not accessing therapy as they are cut off from these services, and cut off from any healthcare professional who may be able to refer them for therapy. Not only does the nature of trauma often prevent survivors from accessing the services they need, but even if therapy is accessed it may cause survivors to then drop out. Trauma alone or with co-morbid depression can severely impact on an individual's sense of self worth and lead them to believe they do not deserve the work that the therapist or service is putting into them.

Lack of awareness of transgenerational trauma

The nature of trauma also influences another major difficulty sub theme to emerge from the interview data; awareness of transgenerational trauma. Therapists' spoke of a general lack of awareness that the trauma caused experiences of the troubles could be transmitted to those who had no direct experience of traumatic events of the troubles. This lack of awareness appears to be due to 1) the nature of transgenerational trauma and how it presents; 2) limited understanding of transgenerational trauma among individuals experiencing problems due to transgenerational trauma; and 3) limited understanding of transgenerational trauma among referral agents who provide individuals with access to trauma services.

Young people who are experiencing issues due to their family and community experiences of the troubles are often totally unaware that the problems they are experiencing are in any way related to "The Troubles", their community, or their family experiences.

> **Chris:** *"most people don't see themselves as victims of the troubles and certainly don't make the connection between transgenerational stuff that's going on in the wider family and themselves."*
>
> **Amy:** *"I worked in a community with high degrees of trauma, with a lot of traumatised people, lots of addiction, alcohol abuse and poverty... but no one could recognise that they had trauma."*

Compounding this, even those who do recognise the impact “The Troubles” have had on their lives, may not see this impact as unusual and worthy of attention. They may have grown up with the impact of “The Troubles” from a very young age, perhaps in communities where a large proportion of people were experiencing the same issues, and thus the events and experiences of “The Troubles” and their legacy are completely normal to them. This may negatively influence a decision to seek help for these issues, or even prevent recognition that there are any problems at all.

> **David:** *“Part of a problem of identifying transgenerational trauma is that it has affected individuals through their family from a very young age, leading to assumption problems they are experiencing are innate to them; a part of who they are.”*

Referral agents also demonstrate a lack of awareness of what transgenerational trauma is and how it presents, which impedes their ability to refer patients to appropriate services:

> **Sara:** *“I can’t think how many referrals we ever receive “please see this family who are affected very severely by transgenerational trauma? Very few! So it isn’t something that people see, observe and refer; it’s invisible”*

> **Andrew:** *“then they are not getting the right help... the cause effect are not being linked.”*

The Assumption and desire for “The troubles” to be in the past

Beyond the limited awareness of transgenerational trauma, there is also a general lack of understanding in three other areas relevant to this issue: 1) how “The Troubles” can still be affecting people in the present; 2) how “Troubles-related” traumatic events and elements of the conflict are still occurring in the present day; and 3) the existence of an unrealistic desire to actively push “The Troubles” neatly into the past without addressing pervading issues.

“The negative sociological and psychological impact of “The Troubles” upon those who experienced them is has been supported in multiple research studies (e.g., Dorahy et al., 2009). However the interviewed therapists maintain that this was not always the case both in political circles and in vulnerable communities. The mental health aspect of the troubles was not sufficiently acknowledged in previous years and the problem has a history of being under resourced. This late recognition of the need for mental health services for those affected by the troubles has consequences for the service provisions of today in terms of levels of infrastructure, skills and knowledge;

> **Damien***: “we have come very late to the realisation that we have a public health issue in terms of the impact of “The Troubles”... the issue of mental health consequences has not been taken seriously, appropriate responses has not been put in place.“*

However therapists working on the “coal face” of trauma also queried whether “The Troubles”

is fully in the past. “Troubles-related” events unique to Northern Ireland continue today in the form of sectarian attacks, intimidation, and paramilitary control of housing estates. This according the some of the therapists interviewed is not being recognised at present.

> **Sara:** *“one of the greatest frustrations I have is that how services in Northern Ireland takes no account of brand new victims today.”*

This view is mirrored psychologically as denial within survivors. Many people desire to psychically push “The Troubles” into the past, despite “live” emotional and behavioural issues persisting in the present day for these individuals, and the need for them to be dealt with effectively.

> **Amy:** *“Why bother with the past because the past has caused us so much tension ...people don’t want to bring up the past.”*

> **Caroline:** *“people don’t want to go back to the past...but some people have to deal with the past.”*

> **Geraldine:** *“As a society we are in a stage of overwhelm... we want to get away or push it away.”*

This may also extend to people in positions of power and influence:

> **Sara***: “the impact of the conflict has always been ignored, part of it is financial. We really need to address the legacy of the conflict and current victims right now cost a fortune, the government shy’s away from it all the time.”*

> **Geraldine:** *“there is quite a cynical response which says “well see the ones affected they’ll all be dead soon” like it doesn’t affect the children.... because the financial implications are huge.”*

Funding

Almost all of the therapists interviewed found that funding was a severe barrier to their work, particularly in terms of providing the appropriate services for transgenerational work. This is mainly due to the high level of non-statutory trauma services in Northern Ireland whose funding is renewed on a short term basis. This leaves a limited number of statutory agencies (e.g., primary care, TRC, FTC) to provide such services. As David, a non-statutory service worker states:

> **David***: “we live from year to year, sometime quarter to quarter.”*

The short term nature of funding puts a lot of pressure on those who manage services, they find it difficult to maintain a workforce that is prepared to live with the job insecurity that goes with short term funding.

> **Damien***: “The reason why we are closing is that we are incapable of retaining*

specialist staff, because of repeated funding."

Interviewer: *"so you were losing staff to places that could give them more permanent..."*

Damien: *"yes exactly."*

The funding issue not only makes managing a service difficult but makes working with transgenerational trauma very challenging. Transgenerational trauma, as evidenced earlier, can take some time to identify with the client in therapy, and is understandably complex, chronic and involves wider familial and societal factors. Such a complicated presentation often requires longer term and well-coordinated interventions. However the short term nature of funding in non-statutory agencies does not match the long term need of those experiencing transgenerational trauma.

Geraldine*: "Most voluntary and community services are forced, due to funding, to put people through a revolving door of six weeks of therapy and out again."*

David*: "twenty or thirty year olds come into the service who have been carrying twenty or thirty years of transgenerational trauma, and the difficulty is trying to do that in a twelve week model is just not realistic... we need the resources there to allow us to do significant long term pieces of work."*

The nature of short term funding may prevent optimum delivery of transgenerational services, but even more worryingly it could prevent the delivery of a transgenerational service at all. When asked if his service offered any direct transgenerational work Chris replied;

Chris: *"We don't specifically... because we don't have the capacity due to funding ...we are limited to what we can do about transgenerational."*

This was supported by Geraldine who stressed the need for funding to train counsellors in transgenerational trauma;

Geraldine: *"The counsellors know this is a problem, the see it with their clients, they want to do the work they want to get the training but they can't get it; there is no money."*

<u>Recommendations for Improvements</u>

As well as a need for increased funding evidenced above the primary recommendations from services for improvements in addressing transgenerational trauma centred on enhanced, education and inclusivity.

Education around transgenerational trauma

This development of research and knowledge was seen as essential as there is a lack of transgenerational research generally and this may be especially so in the context of Northern Ireland;

> **Caroline**: *"not enough evidence for people here to work with transgenerational, so we need more research"*

Enhanced education about transgenerational trauma is not just required for those who provide therapy, but also referral agents in terms of signs, symptoms, and typical presentations.

> **Damien**: *"We need to gear up our primary care services and community care services to become more attuned to detecting when there is a trauma problem behind the need that somebody presents with."*

> **Andrew:** *"Education about what it is....there is a lot of children around who to me are very obviously experiencing transgenerational problems, but that's not what they are being diagnosed with or referred for.. it's the behavioural symptoms."*

It should also target those who may be experiencing transgenerational trauma, as well as this society generally and there was generally limited understanding here too in terms of its causes, consequences, and how to access helpful services;

> **Caroline:** *"Educate people... you have a condition that can be worked with, the more people we can get to come forward, the less likely it is to be handed down."*

Finally there needs to be education at a much wider level to improve awareness of transgenerational issues, to help families and the wider community that transgenerational trauma is a real issue, and that it is a natural reaction to the troubles that this society experienced;

> **Caroline:** *"let people understand reactions to trauma, people have a hard time understanding trauma reactions when the conflict is supposed to be over"*

In this way awareness of the problem can be increased along with an understanding of it with the associated reduction in stigma that may occur for someone who is experiencing problems due to the troubles. However for this to occur to a significant degree education would need to be widespread;

> **Geraldine**: *"anybody who is involved with the lives of children needs to be educated... about coming out of conflict; the traumatic impacts of conflict... everybody needs to be educated; teachers, parents groups, medical and social work professions, religious professions, everybody needs to know"*

> **Amy:** *"Instead of waiting for people be able to come ask for help, when they can't say what's wrong we need to be out in the public... we need to use the media"*

Increasing inclusivity

Finally one therapist strongly recommended that any new victims' services should be more inclusive to potential users so that no young people that could benefit from the service are

unable to access that service. His concern was that the definition used by any new service of what a victim is or what trauma is may miss those that should be eligible to use the service.

> **Andrew:** *"I'm a great fan of being more inclusive than exclusive... better to let the service be open to only things which appear marginally due to the troubles rather than rule out young people that need the help... its far more helpful to look at impact and to base your eligibility for a service on impact rather than you have been through this then you must have that"*

Survey Analysis

Due to a low survey response rate (ten surveys from three organisations), full and comprehensive quantitative analysis of the data is beyond the scope of this section. However, general trends and exploratory qualitative reports are provided below to give a flavour of some of the issues identified in the questionnaires.

The most common method of working with transgenerational trauma was individual psychotherapy with almost all respondents using this mode of intervention. Services used treatments as varied as family counselling, psychological interventions, personal and social skills training, relaxation, meditation training, complementary therapies, health and fitness programs, training and employment assistance, welfare and benefits advice, physiotherapy and occupational therapy when working with transgenerational trauma.

In assessing the effectiveness of each type of intervention in helping with transgenerational trauma there was unanimous support for the efficacy of individual psychotherapy, psychological treatment and almost unanimous support for family therapy. Other provisions which generally scored highly in effectiveness include personal and social skills training, occupational therapy, complementary therapies and relaxation and meditation.

A variety of psychotherapy modalities were available in services for transgenerational trauma, including Cognitive Behaviour Therapy, Person Centred Therapy, Psychodynamic Psychotherapy, Integrative Therapy, Systemic Therapy, Addictions Therapy, Trauma Focused Cognitive Behavioural Therapy, Group Therapy, Behavioural Therapy, Supportive Counselling, Structured Therapy, Relationship Counselling, and EMDR Therapy. No respondents reported using Family Therapy for transgenerational trauma, despite highlighting that this would be a critical element of therapy for such a mental health difficulty. It must be acknowledged that this anomaly is likely due to the fact that discrete family therapy services did not submit any survey returns.

In terms of preferred interventions, Integrative therapy (i.e., treatments integrating elements of numerous therapies rather than one purist model) received the highest ratings for successfully addressing transgenerational trauma. The Psychodynamic Psychotherapy, Trauma Focused Cognitive Behavioural Therapy, Systemic therapy, Family Therapy and Person Centred Therapy were also seen as very effective by the majority of respondents. Other forms of therapy, including Group Therapy, Behavioural Therapy, Structured Therapy,

Relationship Counselling and Addictions Therapy, were considered moderately effective in working with transgenerational trauma.

In terms of percentage of therapeutic time working with transgenerational trauma, the majority of respondents reported spending 50-60% of their time working with this issue. Respondents were mixed in reporting which services they liaised with in relation to transgenerational trauma, possibly reflecting the heterogeneity of services and the unique practices within each organisation. However there were some general patterns with admittedly large variations. Understandably, services liaised most often with GP surgeries, followed by other trauma services, non statutory agencies and psychiatric services. Child and family services, benefits agencies, clinical psychologists, housing executive, and youth services were also liaised with on a relatively regular basis in relation to transgenerational trauma. In comparison, schools and social services were rarely liaised with regarding this issue.

The survey revealed that significant barriers exist in working with transgenerational trauma. Respondents viewed lack of public and governmental awareness of transgenerational trauma as significantly impeding progress on addressing this issue. Limited funding and resources were also a significant problem, particularly for non-statutory agencies.

When assessing their own service's overall effectiveness in helping with transgenerational trauma, each service rated their own organisation very highly. However, when these respondents rated the overall effectiveness of Trauma services in Northern Ireland generally, they rated these services much lower. When asked what may aid services in Northern Ireland in helping with transgenerational issues, organisations identified increased funding and improved inter agency co-operation as key factors.

Reasons given for the need of increased funding included: 1) to facilitate the recruitment of counsellors experienced in transgenerational work; 2) to afford longer term work with clients; and 3) to develop services in terms of training and education around transgenerational issues. Improved inter-agency co-operation was seen as necessary as this would 1) improve the sharing of information and knowledge; 2) allow faster and more appropriate referrals; 3) lead to established networks that would be a step closer to more efficient regional trauma services.

Work Package 4: Young People's Experiences of Problems and Views about Services

Introduction

Northern Ireland has experienced a history of violent conflict. As a consequence of this violent conflict many victims and survivors have experienced trauma which can have a detrimental effect on their mental health (Muldoon, Schmid, Downes, Kremer, & Trew 2005). This trauma may have even wider consequences as researchers and practitioners find evidence that the trauma caused by conflict can have negative consequences for victims' families, particularly their children (transgenerational trauma). Research has shown that the children of Post Traumatic Stress Disorder, a common reaction to traumatic events, sufferers may be exposed to mal-adaptive family interactions which can lead to the development of emotional, behavioural and mental health problems, (Harkness, 1993; Jacobsen, Sweeny & Racusin, 1993; Krystal, 1968; Sigal, DiNicola, & Buonvino, 1988; Solomon, Kotler & Mitulincer, 1988).

PTSD is just one potential outcome of a traumatic event. Researchers have found that "normal" family interactions can also be negatively impacted due to the trauma experienced by a parent. It has shown the ways that victims have communicated or failed to communicate their traumatic experiences to their family members can potentially have harmful consequences (Ancharoff, Munroe & Fisher, 1998; Dekel & Goldblatt, 2008; Lin, Suyemoto & Nien-chu Kiang, 2009). It is from parents and other family members that children in Northern Ireland appear to learn the majority of their knowledge of the history of "The Troubles" (Bell, Hansson & McCaffery, 2010) and there is mounting evidence that this transgenerational trauma is a real concern in the Northern Irish context (Dawson, 2007; Hayes, 2000; Healy 2008). Indeed research has shown that it is children in Northern Ireland who were exposed to their parents' anxieties over "The Troubles" developed higher rates of problems such as sleep disturbances, anxiety attacks and phobias (Frazer, 1971, 1973; Lyons, 1979).

It is possible then that many young people in Northern Ireland may be affected by issues of transgenerational trauma; one aim of this work package then is to gauge the extent of transgenerational issues in North and West Belfast, two areas of Northern Ireland which young people have been shown to be a greater risk. Research has confirmed these areas continue to demonstrate elevated levels of sectarianism and hostility (Leonard, 2004) and it is expected that in these areas increasing numbers will come forward to seek help in dealing with the legacy of the troubles as the political and security situation stabilises (Smyth, Morrissey & Hamilton ,2001).

Young people in general display a tendency not to access therapeutic services. Although a range of services exist research has suggested that less than 40% of people experiencing mental health problems will seek out any professional help (Andrews, Issakidis & Carter, 2001), with the under utilization of mental health services particularly high

for young adults (Biddle, Donovan, Sharp & Gunnell, 2007; McMichael & Hetzel, 1974). In fact it has been suggested that that only a third of children and adolescents who are suffering mental health problem actually seek help from a mental health professional (Andrews, Hall, Teesson, & Henderson, 1999; Zachrisson, Rodje & Mykletun 2006). Indeed as much as 30% of young people self report that they would definitely not seek professional help if they were experiencing any mental health problems (Donald, Dower, Lucke & Raphael 2000). The human cost of this under utilisation is high, for example, in Northern Ireland from 2000-2004 there were approximately 150 suicides per year, rising to 213 in 2005 (Rethink, 2007) and in the year 2004/5 there were almost five thousand admissions to hospital as a result of self harm. In financial terms, the social and economic cost of mental illness is approximately £3 billion per year in Northern Ireland alone (NIAMH, 2004).

Literature in this area has suggested some potential causes for the low uptake of therapeutic services include stigma (Wilson, Clarke, & Green, 2006), a belief that the individual should be able to cope with situations without any outside help (Gould, Velting, Kleinman et al., 2004) structural barriers such as health care systems, and the referral systems in schools and GPs' offices (Rickwood, Deane & Wilson, 2007). Previous research has found that 67% of participants stated that they would be embarrassed if a family member found out they had accessed mental health services (King, Newton, Osterlund & Baber, 1973). A survey by the Health Promotion Agency Northern Ireland (HPA, 2006) found that although 98% of people agreed that anyone could suffer from mental illness, 54% would not want anybody to know if they were experiencing mental health problems themselves. The perception of being stigmatised is not unfounded as many studies have shown that people who experience mental health problems are indeed stigmatised by others. It has been found that mentally ill people experience greater social rejection (Link, Cullen, Frank & Wozniak, 1987), and are perceived by others as weak or disturbed (King et al, 1973), with those who seek out professional help considered particularly unstable (Ben-Porath, 2002).

Given then the potential for negative emotional and mental health consequences to young people in Northern Ireland from transgenerational trauma it is essential to investigate its prevalence and what may prevent young people from seeking help around these issues as well as what may encourage them to seek help. Within Northern Ireland previous research has shown 52% of survey respondents were not aware of any local organisations that help those with mental illness (Health Promotion Agency Northern Ireland, 2006). Knowledge about symptoms and services may also help explain the findings that individuals who have previous experience of seeking help for mental health problems hold more positive attitudes towards help seeking and are more willing to seek help again if problems arise (Halgin, Weaver, Edell & Spencer, 1987).

A survey design was utilised to address young people's views on trauma services. The need to involve young people and understand their views is an important but deficient component in the design and delivery of existing trauma services in Northern Ireland (McAlister, Scraton & Haydon, 2011). This survey sought to identify young people's experiences of psychological problems and knowledge of the current services available, any potential barriers they perceive in accessing services and to ascertain the resources &

provisions that they believe are most important.

Aims
To assess:

1. Do young people have any negative experiences of the troubles personally and through their families?

2. What consequences can these experiences have?

3. Are young people aware of services which can help with trauma due to the troubles?

4. What prevents young people from using these services, and what may improve these services?

Methods

Participants
Due to the limited time frame available it was important to concentrate on the areas of Northern Ireland which have suffered most during the Conflict. The risk of becoming either victims or perpetrators is not uniformly distributed across Northern Ireland (Fay, Morrisey, Smyth & Wong, 1999; Smyth, Fay, Brough & Hamilton, 2004). Therefore this survey was focused on the areas of North and West Belfast where young people have been shown, quantitatively and qualitatively, to be at most risk (Morrisey & Smyth, 2002).

The narrow age range of 14-16 year olds were surveyed (years 11-12; key stage 4) as a broader range would introduce methodological issues in terms of questionnaire design and appropriateness of language. These pupils also have completed the 'Local and Global Citizenship' (which will have exposed them to topics such as conflict resolution, community relations, sectarianism etc.) in stage 3.

After obtaining permission from schools and parents 60 (40 female 20 male) 14-16 year old students were recruited from two schools West Belfast.

It was expected that the sample size would far exceed these numbers, however of the 67 schools contacted by letter, email and telephone only two schools agreed to participate. As both the schools which agreed to participate were Catholic schools, this biases the sample and may have implications for the generalisability of the conclusions to the protestant community. However despite the smaller than expected sample size the study had sufficient power to detect statistically significant differences. Therefore whilst the sample size and make up is not as representative as we would have hoped it does allow important inferences to be made regarding the experience of transgenerational trauma of young people in areas which have most acutely experienced the impacts of "The Troubles".

Measurements

The following scales were integrated into one questionnaire entitled "Experiences of the troubles, consequences and seeking help". For a detailed examination of each scale, including all items, please see appendix 2.

The Troubles-Related Experiences Questionnaire

The TREQ is a recently developed self-report measure for assessing exposure to Troubles-related incidents in Northern Ireland in both childhood and adulthood. This questionnaire was developed by Dorahy, Shannon & Maguire (2007). It was amended to better target inter-generational trauma in adolescents. Permission to make these amendments and approval for the changes made was granted by Dr. Martin Dorahy. The amended questionnaire assesses not only individual exposure to Troubles related events in Northern Ireland but also the respondents' knowledge of their family's exposure to these events. The questionnaire also assesses the impact of these exposures.

Respondents were asked if they themselves or a member of their family have experienced each of the 32 statements, an example of which is:

> *"Been present during a street parade or demonstration that turned violent?"*

Respondents were asked to respond on the following scale:

> *I have personally experienced this?*
> 0 (never) / 1 (once) / 2 (2 to 5 times) / 3 (more than 5 times)
>
> *What impact did this/these experiences have on my life?*
> None / a little bit / a moderate amount / quite a bit / an extreme amount
>
> *A member/s of my family have experienced this?*
> 0 (never) / 1 (once) / 2 (2 to 5 times) / 3 (more than 5 times)
>
> *What impact did this/these experiences have on my life?*
> None / a little bit / a moderate amount / quite a bit / an extreme amount

In this way respondents were able to separately express experience of the event, their knowledge of their family's experience of these events and the impact of these on their lives.

Perception of Stigmatization by Others for Seeking Help Scale

The Perception of Stigmatization by Others for Seeking Help Scale (PSOSH; Vogel, Wade & Ascheman, 2009) was used to assess the participants' perception of how negatively people would view them if they were to seek help for mental health problems. An example of an item is, "If you sought counselling services to what degree do you believe that the people you interact with would: See you as seriously disturbed". This scale contained five items and was measured on a five point Likert scale, ranging from 1 (not at all) to 5 (a great deal). The possible score ranged from 5-25, with a higher score indicating a more negative perception of others' responses and thus a higher perception of stigma. Previous research has reported

that this scale demonstrated good reliability with a Cranach's alpha of .84 and a test-retest of .77(Vogel, Wade & Ascheman, 2009).

Self-Stigma of Seeking Help Scale

The Self-Stigma of Seeking Help Scale (SSOSH; Vogel, Wade & Haake, 2006), which measured how the participants would feel if they themselves were to access mental health services. An example of an item is, "I would feel inadequate if I went to a therapist for psychological help". The scale contained ten items scored on a five point Likert scale, ranging from strongly disagree (1) to strongly agree (5). The possible score ranged from 10-50, with a higher score indicating a more negative self perception and higher self stigma. The scale has previously demonstrated a high level of reliability with a coefficient alpha of .91 and a test-retest reliability of .72 (Vogel, Wade & Haake, 2006)

Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire. The version used in this study was developed specifically for 11 to 17 years old UK adolescents. The SDQ is one of the most frequently used screening tools for children and adolescents and has been translated into over 60 languages (Goodman, 1997). The questionnaire is equally valid and for both research and clinical applications and has demonstrated good psychometric properties (Bourdon , Goodman , Rae , Simpson & Koret, 2005; Koskelainen , Sourander , & Kaljonen, 2000; Goodman & Scott, 1999).The questionnaire is scored to produces 5 subscales reflecting, emotional symptoms, conduct problems, hyperactivity, peer relation relationship problems and pro-social skills. Responses to questions from the first four subscales are added to give a total difficulties score. Developed by Goodman R, Meltzer H, and Bailey V (1998). This scale is a measure of general mental wellbeing for young people. It is comprised of twenty five items an example of which is: "*I get very angry and often lose my temper"* Respondents replied by ticking one of three options; Not at all true, somewhat true, or certainly true.

Barriers to seeking help questionnaire

A specifically designed questionnaire designed to identify and measure any potential barriers young people experience in seeking help from trauma services. This scale was composed of sixteen items; respondents were asked if any of the barriers would influence their decision to seek help. An example of these items is:

> *"I would be concerned about the potential time commitment required."*

Awareness of trauma service in Northern Ireland questionnaire

A short questionnaire of 13 items designed to measure young people's awareness of the different trauma services available in Northern Ireland. The 10 trauma agencies which have participated in the report along with three made up services were listed. Participants were asked to indicate their awareness (or not) of each of the services. Three of the items were not functioning services but names created to check for acquiescence responses.

Sources of help questionnaire

A short questionnaire designed to identify where young people seek help and support from (for example from a parent, a teacher and/or a GP). Participants were given a list of nine potential sources of support and asked if they would or would not seek support from this service or individual in the event that they experienced distress or trauma due to the troubles.

Young people's recommendations questionnaire

A series of questions seeking to identify what provisions and resources young people themselves believe are important in aiding trauma services help young people in Northern Ireland. These questions covered where the respondent would prefer to access counselling services, where they believe would the best source of information dissemination regarding counselling services, where they would prefer to have the opportunity to express their experiences of the troubles and who they believe it would be most effective to educate regarding young people's experiences of the troubles.

Procedure

Initially schools in North & West Belfast were approached by a researcher who explained the nature of the survey and sought permission to ask the pupils to take part after receiving permission from the parents. The survey was administered in classrooms to facilitate the collection of the large sample size required to gauge meaningful and representative views. This survey design allowed the researchers to collect large amounts of anonymised data while avoiding problems of interviewing in front of peers, parents or teachers.

Respondents were given full information regarding the aims and procedures of the study and full informed consent was gained. The respondents completed the survey in shared classrooms during school hours and the survey took around twenty five minutes to complete. Students were thanked and given the contact details of the researchers should they have any questions, and the contact details of trauma services should the material in the survey have affected them in any way. The survey assessed young peoples' experiences of the troubles and family disruption due to the troubles, potential psychological outcomes of these experiences, their awareness of trauma services in Northern Ireland, Factors which affect their willingness to contact these services or look for help elsewhere, potential barriers to seeking help from these services and the provisions that these young people themselves believe are important in helping with the continuing impact of the troubles.

Results

Behavioural difficulties

Table 3 - Descriptive Statistics for the overall sample

		N	Mean	SD	Range	Potential Range
Self-stigma of seeking help		57	28.05	6.06	13-48	10-50
Perception of stigma		56	8.64	3.94	5-19	5-25
SDQ	Emotional symptoms	57	3.92	1.89	0-8	0-10
SDQ	Conduct problems	57	1.88	1.87	0-10	0-10
SDQ	Hyperactivity	58	4.19	2.28	0-9	0-10
SDQ	Peer relation problems	58	1.67	1.65	0-7	0-10
SDQ	Pro-social	58	8.28	1.57	4-10	0-10
SDQ	Total difficulties score	57	11.65	5.72	2-30	0-40
TREQ	Personal experience	27	12.48	11.88	0-52	0-87
TREQ	Impact of personal troubles related events	25	12.88	14.65	0-54	0-116
TREQ	Family experience	23	29.21	15.42	0-60	0-87
TREQ	Impact of family troubles related events	24	25.38	20.91	0-85	0-116

The mean SDQ scores are broadly in-line with British norms for children of a similar age indicating this sample did not differ substantially from a British community sample in terms of behavioural or emotional problems (see table 1). Furthermore it was possible to use the SDQ to determine if any of the participants had scores which could potentially reflect problematic behaviour.

- Emotional symptoms – 12.1% (n=7) borderline; 8.6% (n=5) abnormal
- Conduct problems – 5.2% (n=3) borderline; 6.9% (n=4) abnormal
- Hyperactivity – 15.5% (n=9) borderline; 12.1% (n=7) abnormal
- Peer relation problems - 10.3% (n=6) borderline; 3.4% (n=2) abnormal
- Pro-social - 1.7% (n=1) borderline; 3.4% (n=2) abnormal
- Total difficulties score – 10.3% (n=6) borderline; 10.3% (n=6) abnormal

The number of participants reporting scores in the borderline or abnormal bandwidths is reflective of community sample norms where 10% of participants are expected to score in the borderline band and 10% scoring in the abnormal band.

Troubles-related experiences and impact

The personal impact scores on the TREQ (which reflect the impact that trouble related events had on the participants) were lower than the scores from individuals receiving psychological treatment following direct exposure to Troubles-related violence that had been reported in previous research (Dorahy et al. 2007). The impact scores were however broadly similar to a Northern Irish adult sample who were seeking mental health treatment for non-troubles related issues (Dorahy et al. 2007).

Participants reported experiencing a range of troubles related events with only 3.4% (n=2) of the sample reported experiencing none of the trouble related events listed in the TREQ. The most frequently reported events related to being called sectarian names (79.3% of the sample experienced this at least once), being caught in a riot (79.3% of the sample experienced this at least once), being present during a street parade that turned violent (51.7% experienced this at least once) and experiencing harassment or discrimination because of religion (61.3% experienced this at least once).

Participants reported that their families experienced significantly more troubles related events than they had witnessed (t (22) =5.08; p.>001). The most frequently reported events were similar to personal experiences (being called sectarian names; being caught in a being present during a street parade that turned violent; being caught in a riot). More serious events were also had high endorsement rates; for example, 75.9% of the participants reported that a family member had experienced a violent death of a family member or friend. Only 1 person reported that their family had experienced none of the events listed in the TREQ.

When asked about the impact of the troubles only 25% reported that the troubles had no impact on them where as 39.3% of the participants reported that the troubles had a moderate to an extreme impact on their lives. The personal impact scores on the TREQ (which reflect the impact that trouble related events had on the participants) were lower than the scores from individuals receiving psychological treatment following direct exposure to Troubles related violence that had been reported in previous research (Dorahy et al. 2007). The impact scores were however broadly similar to a Northern Irish adult sample who were seeking mental health treatment for non-troubles related issues. Participants reported that the trauma experienced by their family had a greater impact on them than the trauma they personally experience (t (21) =3.33; p=.003). This suggests that the troubles related events experienced by families have an impact on the young people and this can be greater than the events they experience personally.

Awareness of services

Table 4 - Awareness of services that provide help & support for young people and their families

Name of services	Yes (n)	Yes (%)
WAVE	3	5.2
Cunamh	3	5.2
FAIR	4	6.9
T.R.E.E House	5	8.6
Trauma Resource Centre	6	10.3
Top of the Rock counselling	6	10.3
Family Trauma Centre	8	13.8
Relatives for Justice	8	13.8
Trauma Support NI	8	13.8
Police Rehabilitation and Retraining Trust	8	13.8
Northern Ireland Centre for Trauma and Transformation	9	15.5
Survivors	9	15.5
Corpus Christi Counselling	13	22.4

To gauge young people's awareness of the services available participants were asked if they were of a range of agencies that provided help and support to young people. Responses indicated that the participants were not aware of many of the agencies. In fact the agency that was reportedly recognised most after Corpus Christi Counselling was Survivors. Survivors is not an official agency but a name created to check for acquiesce bias; the tendency to respond positively to questions on a survey.

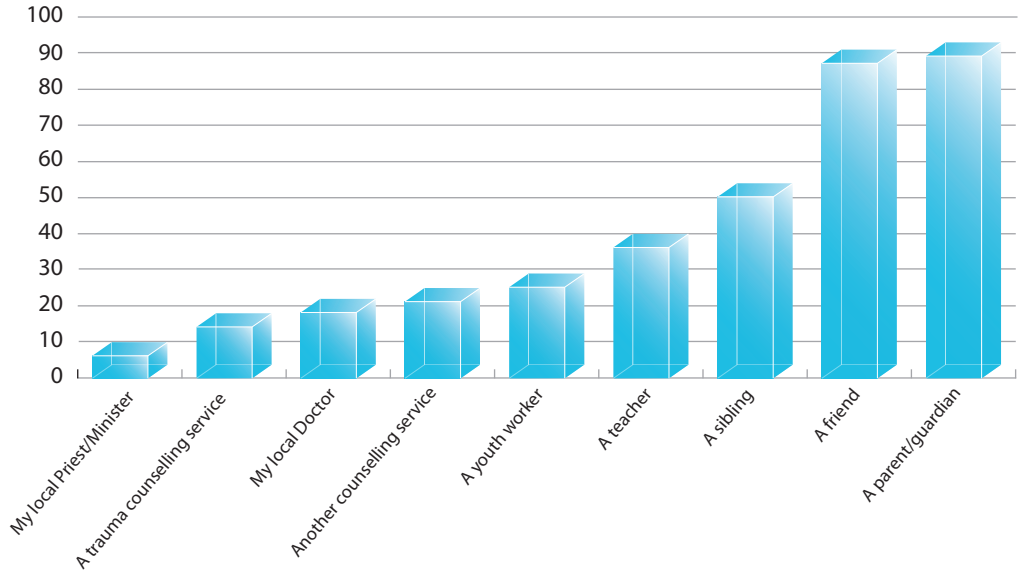
Potential contacts in times of need

Table 5 - People that would be contacted for support in times of distress of a young person

Support person	Yes (n)	Yes (%)
My local Priest/Minister	6	10.3
A trauma counselling service	11	19
My local Doctor	12	22.4
Another counselling service	15	25.9
A youth worker	17	29.3
A teacher	23	39.7
A sibling	32	55.2
A friend	53	91.4
A parent/guardian.	54	93.1

Participants were asked if they would or would not contact a range of individuals if they had experienced distress or trauma due to a troubles related event. The vast majority of participants would seek support from a parent or guardian (93.1%) or friend (91.4%). Only a quarter of participants would seek help from professionals (e.g., local doctor or counselling services) trained to offer appropriate support.

Figure 1 - People that would be contacted for support in times of distress of a young person



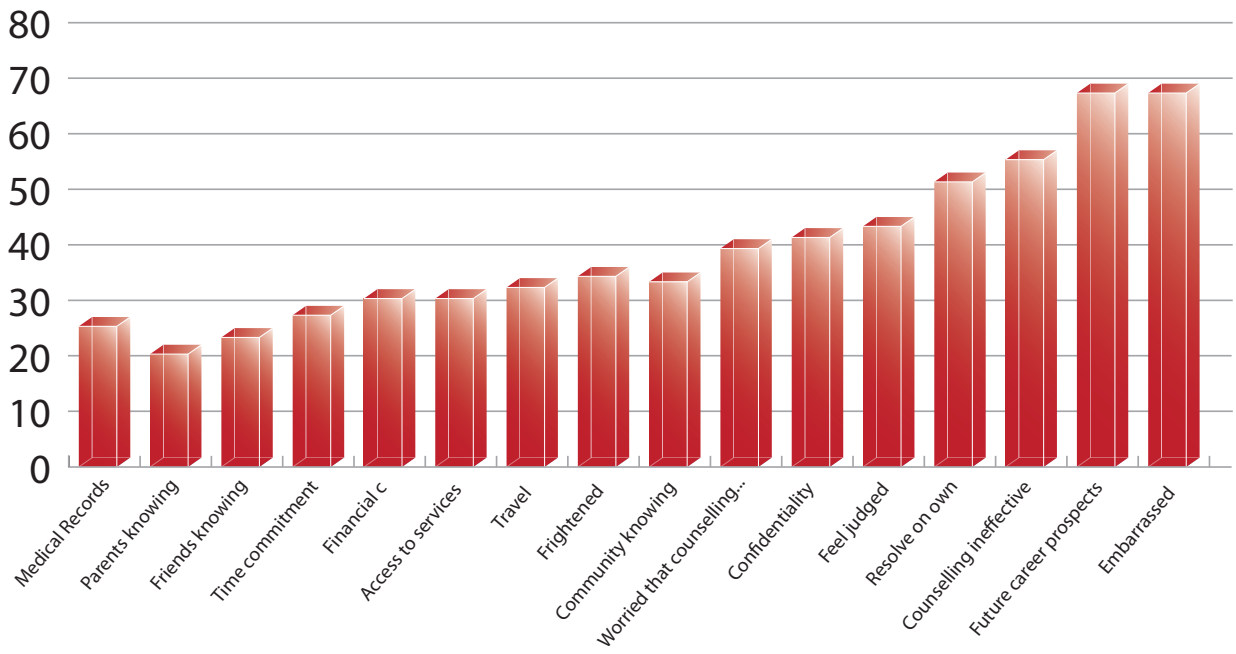
Barriers to seeking help

Table 6 - Frequencies of Potential Barriers to Seeking Help

Potential Barriers	Yes (n)	Yes (%)
Worried about my parents knowing	13	22.4
Worried about my friends knowing	15	25.9
Reluctant to have problem noted on medical records	16	27.6
Worried about the potential time commitment required	17	29.3
Worried about the potential financial commitment required.	19	32.8
Do not know how to access to services	19	32.8
Having to travel outside my community to access services	20	34.5
Frightened of what would happen in counselling	21	36.2
Worried about other people in my community knowing	21	36.2
Worried that counselling would be boring.	24	41.4
Worried about confidentiality	25	43.1
Feel judged by therapist	26	44.8
Feel that the problems can be resolved my one's self	31	53.4
Do not believe that counselling would work	33	56.9
Concerned it may negatively affect future career prospects	40	69
Feel embarrassed to talk about emotions with a stranger	40	69

In order to ascertain if young people believed there were specific particular barriers to seeking help a range of concerns were listed and participants were asked to respond if each statement would be influential (or not) in their decision to seek help. The most commonly endorsed statements related to the fact that seeking help may affect future career prospects (69%), feeling embarrassed (69%), believing that counselling is ineffective (56.9%) and feeling that they could deal with problems without help (53.4%). These results are similar to responses from an older sample (mean age 21 years old) NI University students who rated the greatest barriers to potential seeking help would be concerns it may affect future career prospects (70% endorsements) and feelings of embarrassment (62% endorsement) (Mulholland & Hanna, unpublished data).

Figure 2 - Frequencies of Potential Barriers to Seeking Help



Suggestions to improve services

Participants were asked if a range of interventions would (or would not) be useful in helping young people experiencing problems relating to troubles. The most popular endorsed ideas were the ability to access counselling services through school (89.7%) and providing more information on counselling services through schools (74.1%).

Table 7 - Ways to improve services for young people

Suggestion to help young people experiencing problems	Yes (n)	Yes (%)
The ability to access counselling services through		
School	52	89.7
Doctor's surgery	21	36.2
Youth groups	31	53.4
Community centre	25	43.1
More information on counselling services through		
School	43	74.1
Doctor's surgery	22	37.9
Youth groups	27	46.6
Community centre	26	44.8
More opportunity to express experiences related to the troubles		
At school	33	56.9
At home	30	51.7
In Youth groups	30	51.7
With friends	28	48.3
Education on young peoples' experiences and problems related to the troubles for		
Parents	40	69
Teachers	32	55.2
Youth leaders	32	55.2
Doctors	11	19

Discussion

Although the Good Friday Agreement was signed in 1998, signalling the end of the Conflict in Northern Ireland, the finding that only 2 (3.4%) of the young respondents had self reported as not personally experiencing any troubles related events show that for this sample of young people "The "Troubles" may not be in the past, rather these events are a continuing reality. The types of events that these young people are continuing to experience most often include; being called sectarian names, being caught up in a riot, being present in a parade that has turned violent and experiencing harassment or discrimination due to their religion.

Although young people are continuing to experience troubles related events, it is perhaps unsurprising to find that respondents reported that members of their family had experienced significantly more troubles related events than they themselves had. The most common events that their families had broadly matched the respondents own experiences. However respondents also reported that members of their families had experienced significant numbers of more serious events, with the majority of respondents reporting that their family experienced the death of another family member or friend.

Perhaps the most noteworthy and novel finding is that participants reported that the troubles related experiences of their families had a greater impact on them than the troubles related

events they had personally experienced. This suggests that the family experience of trauma due to the “troubles” can have a very real and significant impact on the children of those who had experienced the troubles. Given the age range of respondents (14-16) it seems unlikely that these young people were impacted by the most of the reported events, through their families when the events actually occurred but rather the impact is through communication of the events or through the consequences of the events to the first generation survivors in their families. This supports the hypothesis that transgenerational trauma is a valid phenomenon in the Northern Irish context.

Despite the confirmed existence of transgenerational issues, young people do not appear to be accessing services which could aid them with these issues. Respondents were not aware of many of the presented trauma agencies. Also there may be a reluctance to access these services even if awareness was not an issue. Respondents reported that they may be deterred from accessing such services due to a worry it may affect their future careers, feelings of embarrassment, a belief that counselling is ineffective and a belief that they should be able to deal with their problems themselves.

Looking at where respondents would seek help in times of distress it is evident that family and friends are the Key sources of social support for these young people. However the respondents wanted to be able to access information regarding counselling through their schools, as well as the ability to actually access this counselling through the school.

Work Package 5: Integration of Findings and Recommendations

Work Package 1

Work Package 1 was an extensive literature review which introduced the idea of transgenerational trauma and explored what it may mean, how trauma may be transmitted, the validity of the concept itself, in the context of literature which looked at evidence gathered from international conflicts. Transgenerational trauma proved to be difficult topic to research because there is no clear definition of the concept. It is clear that children of people who have experienced traumatic events sometimes experience high levels of poor psychological functioning. However, there is no irrefutable evidence (and it is unlikely that such evidence could be generated) to show that the poor psychological functioning experienced by the children of those who were exposed to traumatic events is directly caused by the trauma experienced by their parents, rather than other factors (such as the social environment) which have either been shown to be as important as the direct consequences of the traumatic experience, or totally inseparable from these consequences (Hoven et al. 2009; Schwartz, Dohernwend & Levav 1994). Nevertheless, the research suggests that the trauma experienced by parents does play an important role in the psychological consequences for their children.

A large proportion of the research in the area has attempted to determine whether the poor psychological functioning experienced by children of those who were exposed to traumatic events is a result of biological or socio-psychological factors, and what socio-psychological factors might be involved. There is no convincing research evidence to support a biological explanation. Socio-psychological approaches suggest that the following mechanisms might be important in explaining the adverse psychological consequences among the children of people who have experienced trauma:

> *Communication about the traumatic events*
> Children can learn to associate stories of the traumatic events with negative emotions. This can be an unintentional or intentional association made by parents. There is also evidence to suggest that lack of communication about traumatic events can have similar (if not more severe) consequences.
>
> *Impact on parenting style*
> The consequences of trauma can affect a parent's ability to interact with their children, resulting in the children experiencing an absence of emotional support, a parentisation effect whereby the child becomes the parent of the parent, insecure-ambivalent attachment and, at worst, abuse.

Therefore, it appears that what is meant by the term 'transgenerational trauma' is the poor psychological health of children that appears to result (at least partially) from the consequences of the trauma experienced by parents, resulting in detrimental effects on the interactions between parents and children. There is no 'automatic' transmission of trauma; rather the experience of trauma by the parent might have an impact on the psychological

health of their children, but this impact is probably mediated by a number of other social and psychological factors. Furthermore, the term 'transgenerational trauma' does not necessarily mean that the children of people who experienced traumatic events will also experience trauma. Rather, their negative psychological experiences are broader than common definitions of the term 'trauma'.

What does this mean for mean for the victims of the Troubles and their families? Northern Ireland has experienced a long history of political violence, which has directly impacted one in ten through the loss of a family member (Muldoon, Schmid, Downes, Kremer & Trew, 2005). However trauma can be induced from other experiences of political violence and even intimidation, with Muldoon et al. (2005) also recognising that one in five people in Northern Ireland have suffered not just one potentially traumatic event but multiple experiences. That those who lived through the Troubles or had direct experience of them suffer some subsequent trauma is not particularly contentious. What is less certain is the impact of this suffering on their children and on their children's children. There is a lack of research showing direct evidence of transgenerational transmission of trauma in Northern Ireland.

Recommendations

- There is a need to conduct research that more rigorously examines the link between the experience of trauma in one generation and adverse psychological consequences in subsequent generations.
- There is a need to determine whether the adverse psychological consequences experienced by young people are a result of troubles-related trauma experienced by the previous generation or are a result of social deprivation, parenting style, or other factors. Perhaps a focus on young people's resilience, i.e. an examination of why some young people experience adverse consequences and others (who have the same background) do not, might shed some light on this question.

Work Package 2

Work Package 2 attempted to examine the nature of transgenerational trauma in Northern Ireland and to identify the mechanisms through which trauma may be transmitted. The study was conducted in Derry, an area of Northern Ireland with a significant history of "Troubles" related events. Three adults who had experienced a traumatic event due to the troubles were interviewed along with one adult child of each adult. This allowed an examination of transgenerational trauma from both first generation survivors and their children; the possible "recipients" of transgenerational trauma.

All three children of survivors interviewed indicated that they had experienced problems related to their parent's experiences of the troubles. This confirms that the transmission of trauma can occur in the context of the Northern Ireland Conflict. The key mechanism of transmission identified was silence. Silence regarding the troubles is pervasive in Northern

Ireland. The issue of the dangers of talking about “The Troubles” was given as one reason why silence about the conflict may be the norm in Northern Irish society. There was a feeling that if conversations were overheard it would lead to negative consequences. However the danger surrounding talking about the troubles was not the only explanation of first generation survivor’s silence. In one of the adults experience it was a sign of weakness to need to talk about your issues regarding the conflict, and was therefore avoided. This avoidance of the topic of the troubles and the survivors own experience of it was also a way for the survivor to attempt to cope with their past experiences, by pushing them back into the past and not dealing with them. Finally survivor parents’ expressed a desire to protect their children from the troubles, to shield them by maintaining a silence on the topic. However this may have been the major mediator between silence and the transmission of trauma.

The children of survivors interviewed expressed that their parent’s attempts to shield them from the conflict and from the parent’s experience of it were not successful. These children knew that something was happening with their parent but did not know what. Therefore these children experienced the anxiety of the situation but did not have any explanation for it. This incomplete knowledge of, and therefore understanding of, their parents trauma may have led to a feeling of insecurity about the safety of the world (a potential consequence of transgenerational trauma in Northern Ireland) and which one experiences to the present. The other consequences of transgenerational trauma in the context of Northern Ireland evidence in the interviews were anxiety, (experienced by all three children’s survivors), signs of hyper-vigilance and, in one case, depression. This demonstrates that transgenerational trauma is a very real issue in Northern Ireland with very significant consequences.

Recommendations

- The nature of the main mechanism of transmission of trauma in Northern Ireland; silence, indicates that it may be beneficial for services to pay attention to helping first generation survivors in communicating their trauma experiences in appropriate and adaptive ways, in therapy and within their families. This may mean working with issues of self stigmatisation regarding talking about one’s problems, feeling that it is appropriate and safe to discuss these issues within ones family and the avoidance of the past, amongst others.
- When working with transgenerational trauma directly, widening the child’s knowledge of the context of their parents’ trauma may be beneficial. It could be useful to work through the child’s experiences of their parent’s trauma, and to educate the child in a moderated manner as to some of the context of their parent’s trauma experience, helping the child to understand their parents’ trauma and trauma symptoms better. This may reduce their levels of insecurity regarding the dangers of the world around them and thus reduce fears and anxieties.
- Finally a the knowledge gained through the interviews as to the nature of transgenerational trauma in Northern Ireland, how it may present symptomatically and some of the processes and mechanisms involved in the transmission of trauma

from one generation to the next may aid both trauma services and wider health services identify and aid transgenerational trauma.

Work Package 3

Work Package 3 examined how both statutory and non-statutory trauma agencies address the issue of transgenerational trauma in Northern Ireland. It consisted of a document analysis of service literature, an interview study with therapists and service managers, and a similarly targeted quantitative survey.

Document Analysis

The document analysis examined service literature for evidence of services acknowledgement and understanding of transgenerational issues as well as their direct and indirect work around these issues.

Only a minority of services used the term transgenerational trauma in the reviewed literature. However many more implicitly recognised the existence and nature of transgenerational trauma in targeting of services, aims, values and mission statements. Services that engage with transgenerational trauma either work with the trauma directly, by supporting young people have experienced it, or indirectly, by working with first generation survivors in attempting to prevent further transmission of trauma. Direct work involves psychotherapy for young people and programs which allow young people to talk about their personal and family experiences of the troubles, which may aid with breaking the silence which surrounds trauma due to the conflict in families. Indirect work with transgenerational trauma involves individual therapy with first generation survivors and aiding survivors to communicate their experiences and trauma. By easing psychological symptoms arising from the original trauma, therapy may reduce the transmission of trauma.

Interview Study

In the qualitative interview study, therapists and service managers were interviewed to assess how their organisation directly and indirectly address transgenerational issues, how effective these stakeholders believe existing services are in achieving this aim and what future developments they would find useful in improving this work.

In working with transgenerational issues most therapists interviewed acknowledged that much of the work done on this area is indirect, i.e., working with first generation survivors to reduce or prevent further transmission of trauma. In achieving this, two main areas of work were highlighted by interviewee's;

1. Helping trauma survivors to heal from their experiences by remediating emotional/ cognitive reactions to their traumatic experiences and improving survivors' psychological wellbeing. Such mental health recovery enhances survivors' ability to interact with their family as well as their everyday functioning.

2. Helping survivors out of wider patterns of isolation and to a reconnection with their family

and the wider world. This reconnection may aid survivors to better emotionally and practically support their families.

When working with transgenerational trauma directly two main themes were found: 1) the utility of family work; and 2) the need to uncover transgenerational trauma. This indicates that family work and family therapy may be useful tools when working with transgenerational trauma. When working on transgenerational trauma itself therapists have found that this form of trauma is not easily identified by the person experiencing it, they have not experienced the traumatic event themselves therefore the root cause of their issues or problems is more difficult for them to recognise. A significant part of direct transgenerational work then is the uncovering of the true causes of the young person's problems.

A major challenge for trauma services when attempting to work with transgenerational trauma is its hidden nature. Those who are experiencing transgenerational issues often do not recognise that "The Troubles" can be affecting their mental health in the present. However it is not just those who are experiencing transgenerational issues who may be ignorant of transgenerational trauma. Interviewees also identified a lack of awareness of transgenerational issues on behalf of those who have a duty and the power to make referrals as a major difficulty. Interviewees expressed a belief that the mental health legacy of the troubles was not recognized, leaving services unable to cope with this problem. Moreover, it was highlighted many funders do not recognise that "Troubles" related violence and intimidation continues to persist in the present day. Such a lack of recognition affects ability of services to help new victims. Not only is there an assumption that the Troubles is in the past there may be a desire for some to "push" the troubles into the past so as pervading issues do not have to be addressed.

Finally when talking about difficulties they face almost all interviewees mentioned funding. The short term nature of funding to non-statutory services produced issues with staffing, with the ability to perform the long term work that may be necessary for transgenerational work, and with keeping the service open at all.

Recommendations from Interviews

- When making recommendations for improvements in addressing transgenerational trauma interviewees again talked about funding. Additional monies was seen as necessary to improve staffing; prevent staff loss, recruit specialist staff for transgenerational work and further research and training in transgenerational trauma therapy. Longer term funding would aid many in the non-statutory sector.
- Education on transgenerational trauma was also recommended to aid with transgenerational issues. This education should be targeted at those in a position to make referrals to aid their detection of transgenerational trauma and thus to make the appropriate referral, for those who provide therapy aid their understanding of transgenerational trauma and therefore improve their ability to work with it, and those who may be likely to be experiencing transgenerational trauma to aid recognition of the causes of their issues which allows them to seek appropriate help.

- Additional to the interviewees' explicit suggestions, other recommendations can be derived from this analysis. Much of the work conducted on transgenerational trauma is done so indirectly. It may be useful to investigate the feasibility and utility of more direct work with young people on transgenerational trauma. Some potentially useful forms of therapy were discussed in the analysis.
- Although therapists' primary concern is the individual client, if indirect work with transgenerational trauma is seen as a valid area of work on transgenerational issues, it may be useful to more directly and explicitly gauge its efficacy, rather than relying on a hope than improvements in the survivor automatically converts to improvements in transgenerational trauma.
- Finally families may need support to understand how to best respond to survivors' trauma and therapeutic development.

Survey

Like the interview study the quantitative survey was designed to explore how both statutory and non-statutory trauma agencies address the issue of transgenerational trauma in Northern Ireland. Due to low survey response rate a full quantitative analysis of surveys was not appropriate. However the returned surveys were explored for trends and a qualitative summary was presented. Some recommendations can be extracted from this analysis.

The findings from the survey highlight the potential extent and significance of the transgenerational issue in Northern Ireland with the majority of respondents reporting that 50-60% of their therapeutic time was spent working with these issues.

Recommendations from Survey

- The most common method of working with transgenerational trauma was individual psychotherapy and this provision was seen as highly effective in working in this area, however psychological treatments and family therapy were also rated as being highly effective. It may be then that these areas which are seen as highly effective but which are used as often as individual psychotherapy are areas which could be developed.
- Respondents rated Integrative Therapy, Psychodynamic Psychotherapy, Trauma Focused Cognitive Behavioural Therapy, Systemic Therapy, Family Therapy and Person Centred Therapy as being highly effective in working with transgenerational issues; therefore it may in these areas that training needs to be focused for transgenerational trauma.
- Supporting the interview study services reported a lack of awareness of transgenerational trauma and limited funding as significant barriers to their work on transgenerational issues. Therefore it may be appropriate to develop means to gather, produce, and disseminate knowledge on transgenerational trauma to governmental agencies and to the public. Increased funding would help services to:

1. facilitate the recruitment of counsellors experienced in transgenerational work;

2. to afford longer term work with clients;

3. to develop services in terms of training and education around transgenerational issues.

- Finally services recommended that improved inter-agency co-operation was a key factor in helping with transgenerational issues in Northern Ireland. Improved inter-agency co-operation would:

    1. improve the sharing of information and knowledge;

    2. allow faster and more appropriate referrals;

    3. lead to established networks that would be a step closer to more efficient regional trauma services.

Work Package 4

Work Package 4 comprises a survey of young people's experiences of psychological problems which could be attributed to 'the Troubles' conflict, their views about their awareness of, and factors likely to influence their willingness to engage with, existing services.

This work package provided evidence that transgenerational trauma is a real phenomenon affecting young people in Northern Ireland today, that young people are still dealing with continuing "troubles" related events today and that despite the clear need young people are not accessing the services which could aid them.

It was found that all but two of the respondents have personally experienced trauma related events. This supports the conclusions of the interview study in Work Package 3, and also re-emphasis the importance that services need to understand that young people still experience real traumatic events despite the fact that the conflict is officially over.

Work Package 4 also delivered a very important finding; participants reported that the troubles related experiences of their families had a greater impact on them than the troubles related events they had personally experienced. This suggests that the family experience of trauma due to the "troubles" can have a very real and significant impact on the children of those who had experienced the troubles. This supports the hypothesis that transgenerational trauma is a valid phenomenon in the Northern Irish context.

Despite this young people do not appear to be aware of or accessing the services which can help with these issues. Young people would be deterred from accessing these services due to a worry it may impact their future careers, and a feeling of embarrassment, quite possibly due to the stigma of seeking help and accessing mental health services. Other barriers which

may deter young people from accessing services is a belief that counselling is ineffective and a feeling that they should be able to deal with problems without help.

Recommendations

- The lack of awareness and the pre-existing beliefs about and feelings toward these services need to be appropriately challenged through education on what services do, the benefits of these services.
- Young people need education about the normality of trauma, transgenerational trauma and the seeking of help for these issues, so as the stigma regarding mental health issues and the seeking of help does not prevent them from accessing the support they may need.
- Education regarding transgenerational trauma can take place through the schools, as per respondents preferences but parents also need to be made aware of these issues as it is to them that young people look for support in times of distress.

Conclusion

Transgenerational trauma is not an easily definable concept, its causes, consequences and modes of transmission are varied and difficult to clearly identify. However, Work Package 2 and 4 demonstrate that young people are having issues related to the trauma experienced by their parents. In Northern Ireland it appears that the silence which was so prevalence and perhaps necessary during the “Troubles” may have been a significant mechanism of transgenerational trauma. This silence may have produced or contributed to a sense of fear, anxiety and insecurity amongst the children of those affected by the “Troubles”. However trauma services have been attempting to address this transgenerational trauma, but in order to continue in the future, they may require further support. The young people experiencing this transgenerational trauma also require support and education; to help them understand their experiences and help them access the support they need. It is hoped that this report offers ideas and directions that will aid services in the vital work of addressing transgenerational trauma.

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Appendix 1: Work Package 3 survey

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Transgenerational trauma provision in Northern Ireland.

The purpose of the study is to gain perspective on how local trauma services directly and indirectly address transgenerational issues related to "the troubles" conflict.

We define Transgenerational Trauma as:

The impact that traumatic events have on family members, particularly the next generation, through the trauma survivor.

We also wish to investigate how effective you, the service provider, believe existing services are in achieving this aim; and finally what future developments you believe would be useful in assisting services to achieve this aim. It is not the aim of this study to evaluate your service's validity or effectiveness, but to provide the Commission for Victims and Survivors with information that can help develop trauma provision in the region

The study involves answering a series of ten questions which should take no more than twenty minutes to complete. You will not be asked to supply personal identifying information therefore the data you supply will not be traceable to you. You are free to withdraw from the study at any time, for any reason and without explanation. In case you want to completely withdraw from the study, your data will be destroyed.

If you should have any questions regarding the questionnaire please do not hesitate to contact the researcher.

QUESTION 1:

(A) Which of the following Services do you provide?:

	Individual Psychotherapy		Family Counselling
	Complimentary Therapies		Occupational Therapy
	Artistic Therapies		Physiotherapy
	Community Groups		Youth Programs
	Training and employment help		Relaxation/meditation training
	Health & Fitness Programs		Psychological intervention
	Befriending service		Personal/social skills training
	Consultancy with other organisations		Psychiatric treatment
	Welfare/Benefits advice		
	Other (please specify):		

(B) Please rate how effective you believe each of the services you provide are in helping with transgenerational trauma. Please indicate how effective you believe each service is by circling the appropriate number using the following scale: 0 = not at all effective to 10 = very effective.

Individual Psychotherapy	0	1	2	3	4	5	6	8	9	10
Family Counselling	0	1	2	3	4	5	6	8	9	10
Artistic Therapies	0	1	2	3	4	5	6	8	9	10
Complimentary Therapies	0	1	2	3	4	5	6	8	9	10
Occupational Therapy	0	1	2	3	4	5	6	8	9	10
Physiotherapy	0	1	2	3	4	5	6	8	9	10
Community Groups	0	1	2	3	4	5	6	8	9	10
Youth Programs	0	1	2	3	4	5	6	8	9	10
Welfare Advice	0	1	2	3	4	5	6	8	9	10
Training and employment help	0	1	2	3	4	5	6	8	9	10
Relaxation/meditation training	0	1	2	3	4	5	6	8	9	10
Health & Fitness Programs	0	1	2	3	4	5	6	8	9	10
Psychological intervention	0	1	2	3	4	5	6	8	9	10
Psychiatric treatment	0	1	2	3	4	5	6	8	9	10
Befriending service	0	1	2	3	4	5	6	8	9	10
Personal/social skills training	0	1	2	3	4	5	6	8	9	10
Consultancy with other organisations	0	1	2	3	4	5	6	8	9	10
Other (Please Specify)	0	1	2	3	4	5	6	8	9	10

QUESTION 2:

(A) Which types of psychotherapy does your service provide that are useful in working with issues of transgenerational trauma? Tick all which apply.

	Psychodynamic		Person Centred Therapy
	Cognitive Behavioural Therapy		Group Therapy
	Family Therapy		Systemic Therapy
	Trauma Focused CBT		Relationship Counselling
	Cognitive Therapy		Behavioural Therapy
	Addictions Therapy		EMDR Therapy
	Supportive Counselling		Psychoanalytic
	Integrative Therapy		Structured/Brief Therapy
	Other (please specify):		

(B) Please rate how effective you believe each of these types of psychotherapy are in helping with transgenerational trauma? Please indicate how effective you believe each service is by circling the appropriate number using the following scale: 0 not at all effective to 10 very effective.

Psychodynamic	0	1	2	3	4	5	6	8	9	10
Person Centred Therapy	0	1	2	3	4	5	6	8	9	10
Cognitive Behavioural Therapy	0	1	2	3	4	5	6	8	9	10
Group Therapy	0	1	2	3	4	5	6	8	9	10
Family Therapy	0	1	2	3	4	5	6	8	9	10
Systemic Therapy	0	1	2	3	4	5	6	8	9	10
Trauma Focused CBT	0	1	2	3	4	5	6	8	9	10
Relationship Counselling	0	1	2	3	4	5	6	8	9	10
Cognitive Therapy	0	1	2	3	4	5	6	8	9	10
Behavioural Therapy	0	1	2	3	4	5	6	8	9	10
Addictions Therapy	0	1	2	3	4	5	6	8	9	10
EMDR Therapy	0	1	2	3	4	5	6	8	9	10
Supportive Counselling	0	1	2	3	4	5	6	8	9	10
Integrative	0	1	2	3	4	5	6	8	9	10
Structured/Brief	0	1	2	3	4	5	6	8	9	10
Other (Please Specify)	0	1	2	3	4	5	6	8	9	10

(C) Roughly how much clinical time is taken up in your service with dealing with issues of transgenerational trauma?

	0-10% of clinical time		10-20%
	20-30%		30-40%
	40-50%		50-60%
	60-70%		70-80%
	80-90%		90-100%

QUESTION 3:

Which other services do you most often liaise with to help with transgenerational trauma? (Please rank from number from 1: who you would most often liaise with, # 2 would be the second service you most often liaise with and # 3 the 3rd etc. Feel free to not number those services you do not liaise with.)

	GP's		Housing Executive
	Other Trauma Services		Psychiatry
	Clinical Psychology		Child and Family Services
	Non-Statutory Agencies		Social Services
	Schools		Youth Services
	Benefits Agencies		Child and Family Services

QUESTION 4:

What are the most significant barriers your service faces in dealing with issues of transgenerational trauma? Please rank in order of most significant barrier to least significant from 1: most significant barrier, # 2 second most significant barrier # 3 the 3rd etc. Feel free to not number potential barriers which you feel are not relevant to your service)

	Funding		Lack of specific interventions for transgenerational trauma
	Staffing/Resources		Interagency Co-operation
	Public awareness of transgenerational trauma		Governmental awareness of transgenerational trauma
	Awareness of transgenerational trauma in other services		Awareness of transgenerational trauma within your service
	Understanding of transgenerational trauma within your service		Youth Services

QUESTION 5:

(A) Overall how would you rate how effective your service is in helping with transgenerational trauma? Please indicate how effective you believe your service is by circling the appropriate number using the following scale: 0 not at all effective to 10 very effective.

0 1 2 3 4 5 6 8 9 10

(B) How would you rate the overall effectiveness of trauma services in Northern Ireland (both statutory and non-statutory) in helping with transgenerational trauma? Please indicate how effective you believe trauma services in Northern Ireland are overall is by circling the appropriate number using the following scale: 0 not at all effective to 10 very effective

0 1 2 3 4 5 6 8 9 10

(C) Which of the following provisions do you think would most efficiently aid services in Northern Ireland generally in helping with transgenerational trauma? (Please rank in order of most useful to least useful, from 1: most useful, # 2 second most useful # 3 the 3rd etc. Feel free to not number any which you feel would not be useful)

	Regional Co-ordination		Increased Funding
	Better Inter-agency Co-operation		Development of Regional Trauma Services

Please briefly explain your choices:

Thank you very much for taking part in the study.

Appendix 2: Work Package 4 questionnaire

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EXPERIENCES OF THE TROUBLES, CONSEQUENCES and SEEKING HELP

Dear student,

The following questionnaire investigates young peoples' views and experiences of "the troubles" in Northern Ireland and their knowledge of and attitudes to services which can offer them help in this area. This study will be used to inform departments who have responsibility for providing services for young people.

This questionnaire should take less than twenty five minutes to complete. Questionnaires will be anonymous in the sense that no identifying personal information will be asked from you. Therefore, there will be no way to trace particular responses to any one individual. You can decide to withdraw from the study at any time if you feel any discomfort while answering the questions or for any other reason, without question. This will have no repercussions for you or your education.

If you should have any questions regarding the questionnaire as a whole or any individual questions please do not hesitate to ask the researcher.

SECTION 1: STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings			
I am restless, I cannot stay still for long			
I get a lot of headaches, stomach-aches or sickness			
I usually share with others (food, games, pens etc.)			
I get very angry and often lose my temper			
I am usually on my own. I generally play alone or keep to myself			
I usually do as I am told			
I worry a lot			
I am helpful if someone is hurt, upset or feeling ill			
I am constantly fidgeting or squirming			
I have one good friend or more			
I fight a lot. I can make other people do what I want			
I am often unhappy, down-hearted or tearful			
Other people my age generally like me			
I am easily distracted, I find it difficult to concentrate			
I am nervous in new situations. I easily lose confidence			
I am kind to younger children			
I am often accused of lying or cheating			
Other children or young people pick on me or bully me			
I often volunteer to help others (parents, teachers, children)			
I think before I do things			
I take things that are not mine from home, school or elsewhere			
I get on better with adults than with people my own age			
I have many fears, I am easily scared			

SECTION 2: SOURCES OF HELP

Are you aware that the following organisations provide help and support to those individuals and their families, who are experiencing from trauma due to the Troubles?

Please put an X beside either yes or no for each organisation.

Trauma Resource Centre	Yes		No	
Family Trauma Centre	Yes		No	
T.R.E.E House	Yes		No	
WAVE	Yes		No	
Top of the Rock counselling	Yes		No	
Relatives for Justice	Yes		No	
Trauma Support NI	Yes		No	
Cunamh	Yes		No	
Northern Ireland Centre for Trauma and Transformation	Yes		No	
Corpus Christi Counselling	Yes		No	
FAIR	Yes		No	
Survivors	Yes		No	
Police Rehabilitation and Retraining Trust	Yes		No	

“In the event that I experienced some distress or trauma due to the “troubles” I would be likely to seek support from:”

A parent/guardian	Yes		No	
A sibling	Yes		No	
My local Doctor	Yes		No	
A trauma counselling service (such as mentioned in the previous question)	Yes		No	
Another counselling service	Yes		No	
A teacher	Yes		No	
A youth worker	Yes		No	
My local Priest/Minister	Yes		No	
A friend	Yes		No	

SECTION 3: BARRIERS TO SEEKING HELP

If you were experiencing any emotional problems due to the troubles would any of the following influence your decision to seek help? For each question please mark a X beside either yes or no.

1. I would be reluctant to have the problem noted on my medical records.	Yes		No	
2. I would be concerned that it may negatively impact my future career prospects.	Yes		No	
3. I would be worried about the potential financial commitment required.	Yes		No	
4. I would be concerned about the potential time commitment required.	Yes		No	
5. I would feel embarrassed to talk about my emotions with a stranger.	Yes		No	
6. I would be worried about confidentiality.	Yes		No	
7. I would feel I was being judged by the therapist.	Yes		No	
8. I would be worried about my parents knowing.	Yes		No	
9. I would not be willing to travel outside my community to access these services.	Yes		No	
10. I feel I can solve these problems by myself.	Yes		No	
11. I would be concerned that counselling would not work.	Yes		No	
12. I would be frightened of what would happen in counselling.	Yes		No	
13. I would worry that counselling would be boring.	Yes		No	
14. I would not know how to access these services.	Yes		No	
15. I would be worried about my friends knowing.	Yes		No	
16. I would be worried about other people in my community knowing.	Yes		No	

For each of the following statements please indicate the degree to which you agree or disagree using the 5 point scale.

1= Strongly Disagree 2= Disagree 3= Agree and Disagree Equally 4= Agree 5= Strongly Agree

1. I would feel inadequate if I went to a therapist for psychological help.	
2. My self-confidence would NOT be threatened if I sought professional help.	
3. Seeking psychological help would make me feel less intelligent.	
4. My self esteem would increase if I talked to a therapist.	
5. My view of myself would not change just because I made the choice to see a therapist.	
6. It would make me feel inferior to ask a therapist for help.	
7. I would feel okay about myself if I made the choice to seek professional help.	
8. If I went to a therapist, I would be less satisfied with myself.	
9. My self-confidence would remain the same if I sought help for a problem I could not solve.	
10. I would feel worse about myself if I could not solve my own problems.	

If you sought counselling services to what degree do you believe that the people you interact with would:

1=Not at all 2= A little 3= Some 4= A lot 5= A great deal

1. React negatively to you.	
2. Think bad things of you.	
3. See you as seriously disturbed.	
4. Think of you in a less favourable way.	
5. Think you posed a risk to others.	

SECTION 4: IMPROVING SERVICES FOR YOUNG PEOPLE

Do you think any of the following resources would be useful in helping young people experiencing problems related to the troubles: (tick as appropriate)

The ability to access counselling services through

	School		Doctor's Surgery
	Youth Groups		Community Centre

More information on counselling services through

	School		Doctor's Surgery
	Youth Groups		Community Centre

More opportunity to express experiences related to the troubles

	At School		At Home
	In Youth Groups		With Friends

Education on young peoples' experiences and problems related to the troubles for

	Parents		Teachers
	Youth Leaders		Doctors

An advertisement campaign targeted at young people to increase awareness of the available services.

	Yes		No
	Not Sure		Community Centre

Other? (please detail below)

SECTION 5: TROUBLES RELATED EXPERIENCES QUESTIONNAIRE

The following questions relate to experiences you and/or any members of your family may have had as a direct result of the Troubles. You are asked to make 4 responses to each question, 1) how often you personally experienced the event in, 2) What impact this personal experience had on your life. 3) How often (to the best of your knowledge) a member of your family experienced the event. 4) What impact this family experience had on your life. Please limit your responses to only those things that were a consequence of the Troubles. You are not required to put your name on this questionnaire and your responses will remain strictly confidential.

Age:		Gender:	M	F

Do you regard yourself as belonging to any particular religion?

	None		Muslim
	Jewish		Protestant
	Catholic		Buddhist
	Sikh		Hindu
	Other (Please write in):		

<u>As a result of the Troubles, have you OR any member of your family</u>:

1. Been present during a street parade or demonstration that turned violent?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

2. Experienced the violent death (e.g., murder) of a family member or friend?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

3. Had a family member or friend die by suicide as a direct result of the Troubles (e.g., due to paramilitary threats)?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

4. Experienced a murder attempt on a family member or friend?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

5. Had a murder attempt on your own life?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

6. Been a bystander in bombing (explosion), including blast or petrol bombs?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

7. Been a victim of a bombing (explosion), including blast or petrol bombs?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

8. Experienced a robbery or hold-up by a paramilitary group (e.g., bank, post offices)?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

9. Been unable to travel to or from work, school or home due to security situation, barricades or violence?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

10. Been a victim of a 'punishment' attack (e.g., shooting, beating)?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

11. Had a family member or friend being a victim of a 'punishment' attack (e.g., shooting, beating)?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

12. Experienced intimidation or threats from individuals *within* your community?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

13. Experienced intimidation or threats from individuals *outside* your community?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

14.Been a victim of a sectarian assault (e.g., beating)?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

15.Experienced harassment or discrimination because of your religion?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

16.Had your home attacked?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

17.Been forced out of your home?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

18.Had to end a relationship due to religious or political reasons?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

19.Been forced to leave your own community?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

20.Had your own or your family car hijacked?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

21.Been held hostage or captive against your will?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

22.Had your house raided by a paramilitary group or security forces?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

23.Been arrested or held in custody as a result of the troubles?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

24.Been caught up in a riot?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

25.Felt your own safety was seriously at risk?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

26.Been called sectarian names?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

27.Asked to pay blackmail or protection payments?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

28.Been shot at with any type of bullets?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

29.Been hit by any type of bullets?				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

30.Been involved in any other type of troubles-related incident?				
If yes, briefly explain:				
I have personally experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount
A member/s of my family have experienced this?				
0 (never)	1 (once)	2 (2 to 5 times)	3 (more than 5 times)	
What impact did this/these experiences have on my life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

31.How much was the community you live in effected by the Troubles?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

32. In general, what impact do you think the Troubles have had on your life?				
None	a little bit	a moderate amount	quite a bit	an extreme amount

Thank you very much for taking part in the study.

Produced by:

Published by:

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ISBN 978-0-9569923-8-3