Usually you can do that with someone who is Moroccan. Other nationalities may withdraw into themselves and not want to talk or be touched, but North Africans show their anguish openly. Rita keeps physical contact with the woman's arm, the woman's hand, letting the woman know she cares.

Staff members have to be able to talk as caring people who are also, secondarily, professionals. So, to a mother whose child has been injured, one of the social workers might say, 'Look, I'm a mother. I can know as a mother how much your child means'.

The staff members allow themselves to resonate with the pain being felt so that the person is not alone. They do not consider what they do to be treatment. Rather, they try to be helpful to the families in any way they can, whether it is providing information, or helping with decision-making or in any other way strengthening a family's ability to manage. Families want to know all the details: What were the injuries? What did she experience? What was done? What killed her? Staff try as best they can to obtain information, to respond.

Rita tells the mother, who is still crying on the floor, that she should see the body: it will be important to her afterwards to know that she had done that, had said goodbye to her daughter. The mother says the other children should not see the daughter, so Rita asks the son, who seems to be the one speaking for the children, if he wants to see his sister. He says, 'Of course'. All the family go in to see the girl, still blood-smeared. At first the mother cannot look. Then she turns to the form on the bed, avoiding the face. When she leaves the room she is stumbling and wailing.

Sometimes a hospital staff member raises the issue of medication to reduce a family's pain, but those who have been given medication sometimes complain later that they had wanted to react, to cry, to scream, and had not been able to. In this instance no medication was given but the mother remained in the hospital for five hours before she felt she could return home.

After the Shiva, the seven days Jews devote to mourning, the mother returned to the hospital for her daughter's shoes. She told Rita that she had known her daughter was dead as soon as Rita came out of the trauma room. There had been a male nurse, someone from the mother's neighbourhood, and he had said 'Don't worry, your daughter will be okay', and Rita had said, 'We don't know that yet', and then the mother knew.

Family members are exquisitely sensitive to the unsaid, to the way the staff look when they emerge from the trauma room, to the way the staff approach them. A staff member who does not want to make explicit the extent of injuries may be asked 'Is there something you're not telling me?'

Caring for families is a long-term responsibility. A 40-year-old man who was shot was brought into the hospital and went into coma. His mother now travels from Hebron every day, stays through the day, leaves at 6:00 pm to catch the bus back home. She is French-born and does not speak Hebrew but Rita has good French and talks to her. Just recently the man emerged from the coma and said a few words.

The social workers identify with the patients and pull for their recovery. When the social workers go home, they worry about their own children. One says she is now aware of the clothing her children wear when they leave the house. The staff get together the day after an event for debriefing, just to tell their stories and hear others' stories. There is also group supervision in which particular cases are discussed. After the bombing described here, the staff went to a vacation resort on the Golan Heights for a weekend together. They all understood how tired they all were. BC

WEB WATCH

Resources for working with traumatic loss

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Although any bereavement can be traumatic, sudden death caused by war, acts of terrorism or natural disaster can be even more difficult for survivors. From the vast number of sites on violent loss, I have selected two of the most informative. They offer resources for clients, researchers and those involved in helping others to deal with traumatic grief.

The website of the **International Society For Traumatic Stress Studies** is at **www.istss.org**. Founded in 1985 and governed by an international team of directors, the organisation's main aims are to provide a forum for the sharing of trauma research and clinical strategies, and to act as an educational resource.

The society publishes the ***Journal of Traumatic Stress***, featuring the work of leading researchers. Online versions are available, although only to members of the organisation. Titles of past articles and subscription rates are on the site. Students and trauma professionals can exchange ideas via **message and bulletin boards** although, again, these sections are for members only.

However, a lot of useful information is available to non-members in a series of detailed **fact sheets**. Titles include 'Sudden traumatic loss', which includes self-help strategies for clients, 'Children and trauma', examining possible age-related responses, and 'Indirect trauma', raising awareness of vicarious trauma.

Two documents, from Israel's Hadassah University Hospital, examine acute stress responses and the treatment of survivors following traumatic events, while the Australian Red Cross includes an article on 'Coping with a major personal crisis'*. Access these resources through Terrorism and Trauma on the main menu, then Fact Sheets.

Finally, there are excellent **links** to relevant websites with useful articles such as 'The Treatment of traumatic grief in Iraq war veterans' from The National Center for Post-Traumatic Stress Disorder. Click on Resources and Links on the home page, then on Information about the Effects of War for The Public and Professionals. Other extensive **resources** are available at a linked site created by psychologist Ken Pope. This is part of the Resources for Therapists, Clients and Others Affected By War subsite.

The **National Institute of Mental Health (NIMH)** is at **www.nimh.nih.gov**. This American-based organisation conducts research into a wide range of mental health disorders and considers reactions to crisis and terror. The site aims to provide **detailed information for researchers** and health care providers and produces clear and concise **fact sheets for the general public**.

Of particular interest is the PDF document, 'Mental health and mass violence'. This is a full (123pp) **report of a workshop** held in 2001 attended by 58 mental health disaster experts from six countries. Reviewing research on the impact of early psychological interventions after mass violence or disasters, the participants have attempted a consensus on best practice. Issues discussed include recommended interventions, levels of expertise and training necessary for such interventions, screening techniques, ethical issues, the role of current research and areas requiring further investigation. To find this report, click on Information About Coping With Traumatic Events on the main menu, then Mental Health and Mass Violence. Printed copies are also available.

Also here are a number of articles examining post-traumatic stress disorder, and anxiety and depression as disorders possibly triggerd by violent or traumatic events. Many are presented as **printable fact sheets** or **booklets**, ideal for use by clients. There are also a number of articles specific to trauma in young people. All articles are supported by extensive references throughout. Finally, those wishing to **receive updated information** regarding additions and changes to the site may do so by submitting their email address. BC

* A free booklet based on this is available from Cruse Bereavement Care, 020 8939 9543, and also on our website www. crusebereavementcare.org.uk.