The Göteborg discotheque fire: posttraumatic stress, and school adjustment as reported by the primary victims 18 months later

Anders G. Broberg,1 Atle Dyregrov,2 and Lars Lilled3

1Göteborg University, Sweden; 2Centre for Crisis Psychology, Bergen, Norway; 3City Council of Göteborg, Sweden

Background: On October 29, 1998, around 400 young people were gathered in an old warehouse in Göteborg, Sweden, for a discotheque party. A fire erupted and spread explosively. Adolescents were exposed to dreadful scenes inside and outside the building. In all, 63 young people were killed and 213 physically injured. An 18-month follow-up with 275 adolescents (126 girls) who survived the fire, regarding the effects of the fire on symptoms of posttraumatic stress, school adjustment and performance, is reported. Methods: Impact of Events Scale (IES), Clinician Administered Posttraumatic Stress Scale (CAPS) and an interview concerning background factors and issues of public and personal support. Results: The level of posttraumatic stress was generally high, and highest among adolescents with an immigrant background. In all, 25% of the participants met DSM-IV criteria for PTSD. Twenty-three percent of the participants reported having either dropped out of school or repeated a class because of the fire. Students’ ratings of how their own school handled the situation, and school absenteeism, were related to ratings of their own performance in school as well as to the level of posttraumatic stress. Conclusions: Traditional talking cures were more sought out by girls than boys. Broad-scale interventions must be complemented with special treatment opportunities for the most severely afflicted. Victims who suffer from high levels of posttraumatic stress need special support for a long period of time to minimise the effects on scholastic achievement and adjustment. Studies of the effects of traumatic events on child and adolescent development should measure school-related effects better than has hitherto been the case. Keywords: Discotheque fire, adolescence, school adjustment, support services, follow-up, posttraumatic stress. Abbreviations: IES-R: Impact of Events Scale Revised; CAPS: Clinician Administered Posttraumatic Stress Scale, Adult version.

Adolescent survivors of natural and man-made disasters suffer from both short- and long-term psychological sequelae (Bolton, O’Ryan, Udwin, Boyle, & Yule, 2000; Dyregrov, Gjestad, & Raundalen, 2002; Goenjian et al., 1995; Reijneveld, Crone, Verhulst, & Verloove-Vanhorick, 2003; Yule et al., 2000). Yule and co-workers found that more than 50% developed PTSD over a 5- to 8-year follow-up period. Studies diverge, but many report more reactions in girls than boys (Curle & Williams, 1996; Giaconia et al., 1995; Reijneveld et al., 2003). Refugee children and adolescents have been found to exhibit fairly high levels of traumatic exposure and resulting posttraumatic problems (Geltman, Augustyn, Barnett, Klass, & Groves, 2000; Mghir, Freed, Raskin, & Katon, 1995; Papageorgiou et al., 2000). In a Swedish study it was, however, found that Kurdish children (6–18 years) showed more similarities than differences with Swedish control children regarding reported trauma and PTSD-related symptoms (Ahrman, Ahmad, & von Knorring, 2001). As Bromet and Dew (1995, p. 117) conclude in their review of the psychiatric epidemiology of disasters: ‘More information is needed on the long-term mental health consequences on children and adults, ... psychosocial moderators that could be useful for intervention, and culture-specific risk factors and effects.’ Studies of the effect of traumatic events (Stallard & Law, 1994), losses (Balk, 1983) and disasters (Yule & Gold, 1993) on schoolwork are sparse, but indicate an association with school dropout rates and scholastic impairment.

Perceived support from parents, classmates and regular teachers is associated with less posttraumatic stress after disasters (Hardin, Weinrich, Weinrich, Hardin, & Garrison, 1994; Vernberg, La Greca, Silverman, & Prinstein, 1996), and there is some indication that the support from one’s school following a disaster may be related to perceiving less distress (Robinson, 1995). Dyregrov, Bie Wikander, and Vigerust (1999) studied adolescents’ perception of support from their school after the accidental death of a classmate and found a strong positive endorsement of the school’s response. The students were appreciative of the school’s follow-up procedures, including the opportunity to talk and take part in ritual activities. To our knowledge, no systematic studies of how adolescents perceive societal support services following disasters have been undertaken. Seeking help may be in conflict with the adolescent’s increased desire for autonomy, and arousal symptoms triggered by a traumatic event, i.e., concentration difficulties, memory problems and restlessness, may run counter to keeping appoint-
ments and the use of traditional ‘talking cures’. More innovative methods for reaching adolescents, including the use of the wilderness settings, have been suggested to overcome problems with dropping out of treatment (Williams, 2000). Adolescents often access mental health services indirectly, e.g., through a teacher or a counsellor (Wu et al., 1999). It is therefore important to develop a better understanding of how adolescents experience the help offered, and to what extent they access and use such help.

The Göteborg discotheque fire

Around 400 young people were gathered for a Halloween discotheque party in an old warehouse in Göteborg, Sweden; premises into which the fire inspector, because of the emergency exit’s position and width, had agreed to allow only 150 persons. The room used for the party was situated on the second floor of a two-storey building made of brick with windows approximately 10 feet above the floor. The entrance was located at one end and the dance floor and emergency exit at the other.

A fire started around midnight in a corridor behind the emergency exit. After 20 to 60 minutes it penetrated to the dancing room, over-carburetted fumes ignited and fire blasting through the room. The adolescents were squeezed together, and started to push and shove as the room narrowed at the entrance. A hundred youngsters got trapped in a room with no exit other than windows 10 feet above the floor, and adolescents were exposed to dreadful scenes inside and outside the building.

In all, 63 young people were killed and 213 physically injured. Adolescents were treated at different hospitals, and the most severely injured required care at specialist units throughout Scandinavia. The deceased, who were all between 12 and 19 years old, came from 19 different nations.

A year of police investigations, four young men were arrested for arson; racism as a motive could be discounted, and those suspected were convicted and sentenced to prison.

Crisis intervention

A massive crisis intervention programme was instigated at the various hospitals, and most schools brought their crisis contingency plans into action, offering a variety of different services or activities to help the adolescents. Municipalities, churches and voluntary organisations put up crisis centres, and personnel from the different child and adolescent psychiatry clinics worked intensively to support victims and relatives, as well as provide consultations to local schools and hospital wards, etc. (Schütz, 1999).

A majority of the victims came from cultures where feelings of not being a part of Swedish society are common. Immediately following the fire there were intense feelings that the fire services, the police and justice departments were not doing their utmost to help victims and to find out what had really happened (Hassling, 2000). To handle these sentiments, and to forestall more serious outbursts of ethnic tension, the city of Göteborg decided to set up a special support organisation in order to: (i) strengthen existing authorities and organisations without having to reduce other services, (ii) base the support services on existing services but create local coordinating offices and (iii) create an office, reporting directly to the city officials, for the coordination of the city’s support services. The special organisation operated for almost three years, with financial assistance from the Swedish government.

Despite massive efforts to help the victims of the discotheque fire, there was a growing sense that the adolescents most in need of help did not make full use of, or benefit from, the support they were offered. A follow-up investigation of the adolescents who were at the scene when the fire broke out was therefore planned. The survivors were contacted and asked to participate in a follow-up conducted by the Child and Adolescent Psychiatry services in collaboration with the local schools and support centres. The aims of the follow-up were to give the adolescents in need of psycho-social treatment a second opportunity to get such help, and to ascertain from the victims which of the various forms of support they had been offered they found most helpful. The present report is based on the clinically motivated follow-up.

Aims of the present investigation

The primary aim of the current report is to present the level of posttraumatic stress experienced at follow-up and the adolescents’ evaluation of the support offered to them, with special emphasis on the effects of the fire on adolescents’ school adjustment and performance. A second aim is to relate measures of posttraumatic stress and general psychopathology to the time missed from school reported by the adolescents, and to school adjustment 18 months after the fire. Based on existing research, we expect higher levels of posttraumatic stress reactions in girls than in boys, and in the group of adolescents not born in Sweden, as they generally have experienced more traumas in their life than the Swedish-born adolescents.

Methods

Participants

According to the police investigation, there were 397 victims of the fire, 63 of whom died. Beginning in March 2000, the survivors of the fire were contacted and asked to participate in a follow-up conducted by the Child and Adolescent Psychiatry services in collaboration with the local schools and support centres. Counsellors in the
various schools contacted adolescents known to have been at the discotheque, and asked them to participate. Two hundred and seventy-five adolescents (126 girls) aged 13 to 24 years (Girls $M = 17.35$, Boys $M = 18.09$) were contacted and agreed to participate. Of the remaining 59, a minority (mostly boys) refused to participate, and the rest were untraceable, either because the local school did not know of them, or ‘did not want to upset them’ by asking them to participate. According to responses to the background questionnaire, twelve of the participants were not victims (they had left the party just before the fire broke out). The response rate was therefore calculated to be 79% ($263/334$). Twelve of the conducted interviews (all from the same school) have subsequently been lost, because of an administrative failure.

Most of the participants ($n = 263$; girls 72%, boys 96%) had at least one parent born outside Sweden. Participants who were not victims were not interviewed, and victims with few self-reported symptoms of post-traumatic stress (IES-tot < 26) were interviewed only if the interviewer saw special reasons for it. There were 17 traumatic stress (IES-tot < 26) were interviewed only if the interviewer saw special reasons for it. There were 17 victims with a low IES-score who were not interviewed. Among victims with an IES-score below 26 who were interviewed ($n = 27$), none filled the DSM-IV criteria for PTSD according to CAPS. Twenty-two adolescents who filled in the questionnaire booklet did not return for the interview (IES-tot = 40.24), and 7 adolescents began but were unable to finish the interview because it was too stressful (IES-tot = 44.3). When calculating the number of victims who met DSM-IV criteria for PTSD, victims with IES-scores below 26 were included as not meeting the criteria.

To summarise, 263 participants filled out the questionnaires, 212 began and 205 completed the CAPS interviews, and the estimate of the prevalence of PTSD is based on 222 participants (205 + 17). The latter group represents 84% of the victims who participated in the follow-up and 66% of all the surviving victims.

**Procedure**

A letter was given to each adolescent by a school counsellor who also gave additional information and offered a time and place for the interview in the local school. Participants first filled in a questionnaire booklet individually or in small groups, and they were later interviewed individually ($1/2$–3 hours) about their experiences during the fire and about their current symptoms of posttraumatic stress. Participants were provided with two cinema vouchers.

**Measures**

*A background questionnaire*, based on a previous investigation of the aftermath of the Göteborg discotheque fire (Dyregrov, Frykholm, Lilled, Broberg, & Holmberg, 2003), contained demographic questions, and questions regarding activities at the school following the fire, as well as support from the school, family and friends.

*The Impact of Event Scale Revised* (IES-R) (Weiss & Marmar, 1997) assesses the degree of arousal (IES-Ar) in addition to the IES-scales’ intrusive thoughts and images (IES-I), and avoidance of thoughts and reminders of the event (IES-A). The sum of the subscales for intrusion and avoidance was used as the IES-total (IES-TOT) to be comparable with studies using the original IES. The IES is one of the most widely used scales for measuring posttraumatic distress following critical events but to our knowledge there are no published studies where it has been used with Swedish adolescents. Cronbach’s alphas were .84 for IES-I, .79 for IES-A, .82 for IES-Ar and .86 for IES-TOT. A mean score of 35 is often used as a likely cut-off point for severe posttraumatic symptoms in adults (Neal et al., 1994).

*The Clinician Administered PTSD Scale* (CAPS) (Blake et al., 1995) is a semi-structured interview for PTSD according to DSM-IV (American Psychiatric Association, 1994). The adult version, translated into Swedish (Örjan Frank, 1999, Institutionen för psykologi, Uppsala University unpublished data), was used in this study. Adolescents were interviewed by one of 36 specially trained psychologists, medical social workers or psychiatrists from the local child and adolescent psychiatry clinics. In order to enhance inter-rater reliability the interviewers were first trained by the Swedish translator of the CAPS interview and, when interviewing had started, bi-weekly meetings were arranged where interviewers could discuss issues related to the interview. Because of the large number of interviewers, inter-rater reliability could not be calculated, but mean values for each interviewer’s CAPS-scores were calculated, and they did not indicate systematic interviewer bias.

The CAPS contains questions regarding the traumatic event, and covers intensity and frequency of the 17 symptoms listed for criteria B, C and D in the DSM-IV. We used it only for current symptoms. The CAPS provides a categorical diagnosis of PTSD, as well as continuous scores of frequency and intensity of the 17 symptoms. Cronbach alphas for the severity scores were .79 (B-criteria, 5 items), .75 (C-criteria, 7 items) and .73 (D-criteria, 5 items) respectively.

**Results**

*Posttraumatic stress reactions*

The average level of self-reported posttraumatic stress was high, as indicated by the IES total score (Table 1). Girls had somewhat higher scores than boys ($F = 3.98$, $p = .047$). More definite differences were found in relation to ethnicity. MANOVAs (sex*ethnicity) were significant for ethnicity on all IES-variables ($F = 6.04–11.45$, $p = .001–.015$) but no main effect for sex and no interaction effect were found.

Interview data (CAPS) confirmed IES-scores. Total scores for frequency and intensity of posttraumatic symptoms were considerably higher among adolescents who were not born in Sweden ($F = 8.06 & 7.75$; $p = .005$ & .006). Again we found no main effects for sex and no interaction effects. As shown in Table 1, the percentage of adolescents who met all criteria for a PTSD-diagnosis at follow-up
varied between 17% (boys born in Sweden) and 31% (boys not born in Sweden), with an average of 25%.

**Support from public services**

Very few adolescents (3%) reported that they had asked for but not received support, and 206 adolescents (80%) reported having utilised at least one type of support. Fewer adolescents born in Sweden reported a need for support from the public services ($\chi^2 = 10.38, p = .006$). This difference was due to more girls not born in Sweden reporting a need for support than girls born in Sweden ($\chi^2 = 7.22, p = .007$). Adolescents who reported not having a need for public support had the lowest, and those who reported needing but not getting support had the highest IES- as well as CAPS-scores, significantly so on the IES-D ($F = 4.51, p = .01$) and on the CAPS total score ($F = 4.82, p = .009$).

There were few gender-based differences with regard to the use of various support measures, but girls reported having talked to personnel from the Child and Adolescent Psychiatry Clinics more than boys had ($\chi^2 = 8.94, p = .003$). There was a similar tendency with regard to using the support centres ($\chi^2 = 3.02, p = .08$). The vast majority (85%) were content (4 or 5 on a 5-point scale) with the reception they had met.

**Effects on schoolwork**

According to the victims’ own descriptions, schoolwork was strongly affected by the fire in many different ways.

In all, 23% of the victims indicated that they had either dropped out of school because of the fire or that they had to repeat a class. School absence was not related to age or ethnicity (Table 2). A minority (13%) reported that schoolwork had become more important to them. Consistent with the experience that schoolwork had become more difficult was the opinion that results of exams, and consequently grades, had gone down as a result of the fire (59%).

The most negative influence on schoolwork was reported for subjects demanding high concentration

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**Table 1 Posttraumatic stress reactions at follow-up**

<table>
<thead>
<tr>
<th></th>
<th>Girls Born in Sweden (n = 73)</th>
<th>Not born in Sweden (n = 54)</th>
<th>Boys Born in Sweden (n = 34)</th>
<th>Not born in Sweden (n = 102)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IES-R</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IES-Intrusion</td>
<td>20.12 ± 9.14</td>
<td>23.19 ± 8.64</td>
<td>17.00 ± 8.68</td>
<td>20.36 ± 8.00</td>
</tr>
<tr>
<td>IES-Avoidance</td>
<td>19.65 ± 9.76</td>
<td>22.52 ± 8.77</td>
<td>18.79 ± 10.12</td>
<td>21.10 ± 8.65</td>
</tr>
<tr>
<td>IES-Arousal</td>
<td>17.78 ± 9.14</td>
<td>20.85 ± 8.93</td>
<td>13.79 ± 8.98</td>
<td>18.51 ± 8.84</td>
</tr>
<tr>
<td>IES-TOT (IES-I + IES-A)</td>
<td>39.77 ± 16.51</td>
<td>45.70 ± 14.06</td>
<td>35.79 ± 17.71</td>
<td>41.46 ± 14.48</td>
</tr>
<tr>
<td>CAPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensity – total</td>
<td>19.93 ± 13.09</td>
<td>23.19 ± 10.91</td>
<td>16.40 ± 8.45</td>
<td>23.32 ± 12.83</td>
</tr>
<tr>
<td>Frequency – total</td>
<td>20.42 ± 12.58</td>
<td>24.04 ± 11.51</td>
<td>16.60 ± 8.59</td>
<td>23.77 ± 14.21</td>
</tr>
<tr>
<td>PTSD (CAPS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>12</td>
<td>19</td>
<td>13</td>
<td>26</td>
<td>5</td>
</tr>
</tbody>
</table>

*a = the figures do not include adolescents with a IES-total score < 26 who were not interviewed. Six CAPS interviews were incomplete. They could be used to establish categorical PTSD but they could not be used for calculating continuous scores.

**Table 2 Absence from school in relation to gender and ethnicity**

<table>
<thead>
<tr>
<th>Effect on school work</th>
<th>Girls Born in Sweden (n = 73)</th>
<th>Boys Born in Sweden (n = 34)</th>
<th>Girls Not born in Sweden (n = 54)</th>
<th>Boys Not born in Sweden (n = 102)</th>
<th>All (n = 259*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dropped out/repeated a class</td>
<td>13 ± 18</td>
<td>8 ± 24</td>
<td>11 ± 20</td>
<td>28 ± 29</td>
<td>24 ± 19</td>
</tr>
<tr>
<td>'A lot'^</td>
<td>18 ± 25</td>
<td>5 ± 15</td>
<td>15 ± 28</td>
<td>25 ± 26</td>
<td>33 ± 26</td>
</tr>
<tr>
<td>'Some'</td>
<td>10 ± 14</td>
<td>8 ± 24</td>
<td>9 ± 17</td>
<td>22 ± 22</td>
<td>19 ± 15</td>
</tr>
<tr>
<td>Not much/no'</td>
<td>32 ± 44</td>
<td>13 ± 38</td>
<td>19 ± 35</td>
<td>23 ± 23</td>
<td>51 ± 40</td>
</tr>
</tbody>
</table>

*a = four adolescents did not respond to this question. Ethnicity: $\chi^2 = 5.60, p = ns$; Gender: $\chi^2 = 7.51, p = .06$; Gender within ethnicity: Swedish-born: $\chi^2 = 2.96, p = ns$; Not born in Sweden: $\chi^2 = 3.28, p = ns$. 


Posttraumatic stress in relation to school absence and perceived support

Both self-reported and interview-based measures of posttraumatic stress were related to ratings of how the students reported that the school had handled the situation and to reported absence from school (Table 3). Adolescents who were fully satisfied with what the school had done, as well as those who reported little or no school absence related to the fire, had much lower scores on all measures except the avoidance subscale of the IES.

Discussion

The effect of the discotheque fire on adolescents throughout Göteborg was extensive, making the task of setting up a follow-up investigation a delicate matter. It had to be a compromise between clinical, ethical and methodological considerations, which resulted in methodological limitations, which we acknowledge before turning to our results.

Of the adolescents who survived the fire, almost 80% agreed to participate in the follow-up. Data from a separate follow-up (‘A quantitative follow-up of the support-centre organisation’, Lars Rönmark, Dept of Social Work, Göteborg University, 2002, unpublished data), indicate that our figures for school absenteeism, if anything, may underestimate the true figure, since dropping out of school could have been the case for as many as a third of the non-responders (mostly young men). A majority of them, however, had long-term social problems, of which only some were related to the fire. For the majority of the students who did not take part in the follow-up, the reason for not doing so (according to above-cited investigation) was lack of cooperation from the local school, or that they did not have the information needed to identify the victims of the fire attending their school. Given our results regarding students’ ratings of their school in relation to their own well-being, we assume that, if anything, the failure of some schools to enrol the students in the follow-up led to an underestimation of the impact of the fire.

The administrative loss of 12 interviews from one school was another threat to representativity. However, responses from less than 5% of all interviews could hardly change the thrust of our results. The mean IES-tot score for the 29 victims who could not be included in our estimation of the prevalence of PTSD was 41.11. Among the 122 interviewees with an IES-tot score of 41 or above, 36% met the criteria for a PTSD diagnosis. We therefore conclude that our results are representative, or a conservative estimate, of the effects of the fire on posttraumatic stress reactions and school adjustment among the victims of the Göteborg discotheque fire.

Studies in which psychopathology is assessed retrospectively are more likely to show higher disaster–psychopathology relationships than studies that assess it prospectively or on an alternate control group. On the other hand, assessments of psychopathology that take place further in time from the disaster show lower estimates than those closer in time to the disaster (Rubonis & Bickman, 1991).

Table 3 IES- and CAPS-scores in relation to absence from school (ANOVAs)*

<table>
<thead>
<tr>
<th></th>
<th>School absence (4 levels)</th>
<th>School has done enough (4 levels)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Values Means</td>
<td>Significance</td>
</tr>
<tr>
<td>IES – C (avoidance)</td>
<td>19.21–22.13</td>
<td>1.56</td>
</tr>
<tr>
<td>IES – D (arousal)</td>
<td>14.00–21.32</td>
<td>10.81</td>
</tr>
<tr>
<td>IES – ‘TOT’ (invasion + avoid)</td>
<td>35.79–45.42</td>
<td>6.35</td>
</tr>
<tr>
<td>CAPS – TOT</td>
<td>33.77–50.95</td>
<td>5.29</td>
</tr>
</tbody>
</table>

*Gender and ethnicity used as covariates. * = p < .05; ** = p < .01; *** = p < .001; **** = p < .0001.

*Refers to mean values for the 4 levels of self-reported school absence (1 = none or very little to 4 = dropout or repeated a grade).

*Refers to mean values for the 4 levels of perceived help/support from the school (1 = yes definitely to 4 = absolutely not).
These factors may have balanced each other out in their impact on our estimate of PTSD.

Many of the victims were of immigrant descent, with a history of stressful or traumatic life events. It is therefore impossible to tease out the specific effects of the fire on their current adjustment with the design used in this study. Unfortunately, it was not possible to set up a control group of adolescents with a similar background, who were not victims of the fire. In order to minimise this flaw, our interview questions and self-report measures were specifically directed toward reactions related to the fire, and participants were in general able to differentiate their reactions to the fire from other negative influences (previous trauma, problematic home background, etc.).

Our measure of school adjustment relies on self-reports, which limits the conclusions that can be drawn from our results, and we therefore regard them as preliminary and tentative. Not all school problems in the period following the disaster were caused by the disaster. This should be kept in mind when evaluating the school data.

Posttraumatic stress reactions were measured with self-reports (IES) as well as with a standardised interview-based measure (CAPS). The correlation between the IES-tot and the CAPS-tot was highly significant (.48 for adolescents born in Sweden and .54 for adolescents of immigrant descent), which lends support to the validity of the IES-measure and indicates that ethnicity did not affect responses to the self-report measure. Furthermore, the relations between self-reported school adjustment and posttraumatic stress reactions were also strong when posttraumatic stress was measured with the standardised CAPS interview.

Posttraumatic stress reactions 18 months after the fire

IES-scores were high, with means well above the often-used cut-off point of 35, but many fewer adolescents filled DSM-IV-criteria for PTSD. In the DSM-IV the avoidance criterion (C) requires three symptoms, compared to only one in the ICD-10. The discrepancy between DSM- vs. ICD-based diagnoses of PTSD is known from adult research (Peters, Slade, & Andrews, 1999).

Contrary to many other studies, girls and boys scored about the same on most measures. More boys than girls were born outside Sweden, had a refugee background and were somewhat older. Maybe these boys normalised their situation and underreported their impact on our estimate of PTSD.

Not surprisingly, given the fact that many children with immigrant backgrounds had war-related experiences, adolescents born outside of Sweden scored higher on all measures of posttraumatic stress. The higher IES- and CAPS-scores in this group may thus reflect the complicated background that many of these adolescents had before the disaster, rather than ethnic differences per se. For some of them, a lack of social support from their families in the aftermath of the fire complicated matters further. Clinical interviews with adolescents indicate that some fathers, who themselves suffered from severe war traumas, minimised the impact of the fire and their children’s need for support and restorative work.

The fire had a dramatic effect on the surviving adolescents’ schoolwork. Previous studies have reported that traumatic events and losses are associated with school difficulties and scholastic impairment (Balk, 1983; Stallard & Law, 1994; Yule & Gold, 1993), but ours is the first to document school dropout as well as lower grades (albeit through self-reports). Many primary victims, who suffered from flash-backs, nightmares, hyper-vigilance, etc., were unable to return to ‘normal school routines’. Problems were especially often reported for subjects demanding high concentration (e.g., mathematics, physics and grammar). Around 60% reported lower marks as a specific result of problems related to the fire (often comparing their general adjustment in school before and after the fire).

Previous research regarding the sequels of traumatic events has not put focus on how school adjustment and performance are related to schools’ handling of traumatic experiences. The accounts of the adolescents in the present follow-up indicate a continuum with regard to how the schools integrated the fire into their daily reality. Some, especially the most afflicted school, saw no alternative to adjusting school routines to the new reality created by the fire. They arranged ceremonies as well as places for mourning and remembrance. For a long period of time they also adjusted the curriculum, and rules for attendance, to the fact that many students were unable to cope with the regular school situation. Other schools placed a high value on returning to normal routines as soon as possible, arguing that normalising the school situation was a way of providing structure for the mourning adolescents. According to the primary victims’ accounts, the former handling of the situation was preferred over the latter, a picture that is essentially supported by other data (Bäck-Wiklund, Johansson, & Sernhede, 2002; Rönemark, 2001). We must seriously consider the fact that traumatic experiences affect functions of special importance for schoolwork (e.g., sustained attention, concentration, irritability). What is regarded as best for the many ‘secondary victims’ – for whom the regular routine may indeed provide structure – may therefore not suit those
suffering from high levels of posttraumatic stress, who need special support in school for a long period of time.

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Correspondence to

Anders G. Broberg, Department of Psychology, Göteborg University, P.O. Box 500, SE 405 30 Göteborg, Sweden; Tel: + 46 31 773 1703; Fax: + 46 31 773 4628; Email: Anders.Broberg@psy.gu.se

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