

**VOLUME 1**

**THE EVACUATION OF BRITISH CHILDREN DURING  
WORLD WAR II: A PRELIMINARY INVESTIGATION INTO  
THE LONG-TERM PSYCHOLOGICAL EFFECTS**

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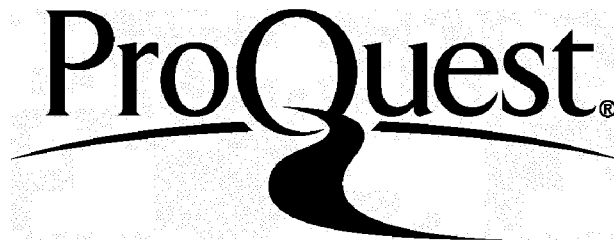
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## **Acknowledgements**

Many thanks to all the enthusiastic volunteers who participated in the study and sent so much information about their experiences, and to Steve Davies and Howard Steele for their guidance, support and encouragement throughout the study. Special thanks to Alex, for her careful reading of drafts and her constructive comments, and to Tina and Nicole for their alcoholic support in times of need. I would particularly like to acknowledge Ian for keeping me going, and my parents for their never-ending emotional and practical support.

## Abstract

This study used attachment theory to hypothesise about the possible long-term psychological effects of the evacuation of British children during World War II, focusing on the experiences of children who were evacuated without their parents. Its primary aim was to determine whether any long-term psychological effects of this experience appear to exist. It also aimed to explore factors that could mediate or moderate the possible long-term impact of childhood evacuation on present psychological wellbeing.

The study utilised a retrospective non-randomised design, comparing a group of 169 former evacuees with a group of 43 people who were children during the war but were not evacuated. No systematic differences between the two groups were found in terms of age, gender, marital status or social class. All participants completed a range of standardised self-report questionnaires relating to their present psychological wellbeing, present attachment style, present levels of social support, relationship with their parents during childhood, and a questionnaire regarding their experiences during the war.

The experiences of evacuation reported by respondents varied widely. The findings indicated that attachment style mediated a relationship between childhood evacuation and present psychological wellbeing, such that former evacuees were more likely to have insecure attachment styles and therefore lower levels of psychological wellbeing. The experience of evacuation was found to moderate the relationship between quality of parenting and attachment style such that the association between quality of parenting and attachment style was stronger for people who had not been



evacuated. Satisfaction with, but not quantity of, present social support was found to mediate a relationship between attachment style and present psychological wellbeing. The findings suggested that the age at which people were evacuated may be implicated in the effect of the evacuation on current levels of psychological wellbeing.

The findings of the study are limited mainly by the method of measurement of attachment style and the possible biases inherent in the non-randomised design and method of recruitment. Nevertheless, they offer a tentative indication that the experience of evacuation is associated with long-term psychological vulnerability through its relationship with insecure attachment. This is discussed in terms of the possible impact of these issues on former evacuees as they age, and suggestions made for future research in light of these preliminary findings.

## **1 Introduction**

### **Overview**

The evacuation of British civilians from areas believed to be under threat from air strikes and invasion during the Second World War is considered by many historians to be the greatest social upheaval in modern Britain (Parsons and Starns, 1999). There is a substantial social and historical literature documenting the events and their social and political effects, but the psychological implications of the evacuation during the Second World War have only recently been the subject of enquiry.

This study focuses on the experiences of children who were evacuated without their parents. This particular group is important to consider for several reasons. Firstly, there is a large body of research that shows good evidence for the existence of a relationship between unfavourable experiences during childhood and psychological problems in adulthood. Rutter and Maughan (1997) conducted a review of these studies and concluded that chronic childhood adversities are more likely to have long-term effects than acute, time-limited experiences. Although this study does not assume that the evacuation was an unfavorable experience for all those involved, it suggests a psychological mechanism through which the separation of children from their parental figures could be associated with adverse effects for many. Secondly, the fact that over one million children were evacuated without their parents at some point during the war means that any long-term psychological impact has the potential to affect a substantial number of people. These people are now over 60 years of age and it would be important

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to consider any long-term impact alongside other issues that are important at this stage of life. Thirdly, there are conflicts presently taking place throughout the world that have resulted in the evacuation or displacement of large numbers of children and families. Although the populations are likely to differ in many ways from the population evacuated in Britain during World War II, it may be that the findings raise considerations for the manner in which such evacuations are carried out.

This is a preliminary study into the possible long-term psychological effects of the evacuation. As such, its primary purpose is to determine whether any long-term psychological effects exist and therefore merit further investigation. It is, of course, subject to the biases inherent in any retrospective study, and to difficulties in interpretation due to the many confounding variables that will have occurred over the intervening sixty years.

This introductory chapter first outlines the historical context of the evacuation, and then addresses the emerging psychological literature and the particular relevance of attachment theory and research to the experience of evacuation. The outline of the study and its hypotheses are then detailed.

## **1.1 THE HISTORY OF THE EVACUATION**

Parsons (1998) discussed the difficulties inherent in researching the evacuation from a historical perspective. He noted that material due for public consumption during the war was, of necessity, affected by the wartime situation and the need to keep up the morale of the population. Much of the information available could therefore be conceived as propaganda. These inaccuracies and stereotypes have persisted because many accounts of the evacuation written since have been heavily based on the biased reporting that occurred during and after the event. A second reason for inaccurate or biased evidence is the reluctance of child evacuees, for a number of reasons, to talk at the time about any bad experiences they had. For example, Parsons (1998) noted the discrepancy between the significant numbers of ex-evacuees who now talk about the experience of physical or sexual abuse whilst evacuated, and the amount of primary written evidence of this occurring (one unofficial account).

Until recently little research using the documentary evidence in the Public Record Office and the County Record Offices had been undertaken, as this was unavailable for many years. Parsons (1998) and Parsons and Starns (1999), however, have provided accounts of the evacuation based on research at a micro-level using both documentary evidence and oral history testimonies. The following brief description of the evacuation will attempt to utilize this recent research and primary sources of evidence as much as possible.

### **1.1.1 Background**

The British Government had created an Evacuation Sub-Committee as early as 1931, but no specific plans for a large-scale evacuation of people from British cities was made until the Anderson Committee was established in 1938. This committee decided that, in order to save them from the perceived perils of mass bombing or gassing, it would be necessary to evacuate children, mothers with very young children, pregnant women, elderly people, and people with disabilities.

When considering the evacuation of children, the Anderson committee liaised closely with the National Union of Teachers (NUT). They arranged that children would be evacuated with their schools. Parsons (1998) described how officials in the NUT were unsure whether parents would agree to the evacuation of their children, but decided that any children evacuated without parents would be better accommodated in private houses rather than in camps or hostels. Hosts of these evacuated children would be given the authority to act 'in loco parentis', meaning that teachers would not have sole responsibility for the children's welfare.

In January 1939, an extensive survey was carried out in Britain. Local Authorities appointed 'visitors' who together assessed over five million houses and recorded the number of people who could be accommodated (based on one person per habitable room). They also noted whether conditions were suitable for unaccompanied children, and whether the householder would be willing to care for such children. Although reasons given for not taking evacuees were recorded, it was the officers in charge of the

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survey who had to decide whether or not they were valid, and whether each household could host evacuees. This survey showed that there would be billets for 4,800,000 people (Titmuss, 1950). Evacuees who had made private arrangements took many of these places before the government scheme was initiated.

Evacuation Day, also known as 'E-Day', was on 1<sup>st</sup> September 1939. Approximately 750,000 schoolchildren left urban areas in Britain in the meticulously planned government operation, code named Operation Pied Piper. By the end of September over 825,000 schoolchildren had moved from their urban homes, but for many of these children this was only the first of several moves and evacuations.

The huge operation of September 1939 eventually became known as 'the phony evacuation'; bombs did not drop on British soil until ten months later and it appears that many people in rural and urban areas felt that the upheaval had been unnecessary. The evacuated children began to drift home, and many were back in the cities by Christmas 1939. In May 1940 however, the air-raids started and four months later the Blitz of London began, provoking a second large-scale evacuation of people from London and from other cities. By the end of 1943 the bombing raids had dwindled and people began to believe that war might soon be over. Evacuees again began to return to their homes, only to find that they were to be evacuated again in the summer of 1944 when V1 and V2 bombs, or 'doodlebugs', began to fall on British cities. For many people, therefore, the evacuation did not consist of only one event. Holman (1995) reports that, although people were leaving cities in greater panic at this stage, the later evacuations tended to be

better organised than the first because officials were able to draw on previous experience.

### **1.1.2 Reception of evacuees**

The type of reception given to evacuees varied enormously. This was partly due to misinformation provided to officers in the receiving areas, which meant that the number and category (e.g. mothers with babies) of evacuees were not as expected in many areas. The process by which evacuated children were allocated billets is well remembered in many of the accounts recalled by evacuees (Parsons, (1998); Inglis, (1990); Wicks, (1990); Holman, (1995). Children were either taken to different houses until, after several refusals, someone agreed to take them or, alternatively, the children stood in a hall or similar building where potential hosts selected a child, or children, to take home. Many people appear to recall this as a particularly traumatic experience (Parsons, 1998).

When the evacuees arrived in the reception areas, they were generally given homes by poorer people, mainly because wealthier people with larger houses frequently refused to help (Crosby, 1986). Potential hosts could be fined or imprisoned for refusing to take evacuees without a valid reason, but in reality this rarely occurred.

Anecdotal reports suggest that once cities began to suffer the devastation of bombing, host families were less hostile towards their evacuees, and people in urban areas were more convinced of the necessity to evacuate their children (Inglis, 1990). The government used propaganda films to persuade people to leave the cities, and people in

rural areas to take in evacuees. In 1940 'Westward Ho!' was made, a happy film about the journey of evacuees, and in 1941 the government released another film, 'Living with Strangers'. This film reinforced the myths about the poor education and social standards of evacuees from the cities.

### **1.1.3 Welfare of Evacuated Children**

The accounts of evacuees that are cited in the literature (e.g. in Holman, 1995) show that many hosts received evacuees with kindness, at least initially. Sometimes the attitudes of the hosts were influenced by rumours and adverse publicity suggesting that many of the evacuees were dirty and had head lice. There was indeed a high incidence of head lice in evacuees from densely populated areas, but the publicity given to this meant that some evacuees were bathed in disinfectant and their heads were shaved before being allowed to enter their host's house (Parsons, 1998). A common problem was enuresis (Isaacs, 1941), and estimates of the incidence of bed-wetting have ranged from 4% to 33% (as cited by Holman, 1995). Host families often assumed this was due to bad parenting, but in most cases it was likely to have been caused by the upheaval and stress to the children (Bowlby, 1940). Bed-wetting often put a great strain on the relationship between evacuee and host.

Further strains were caused by the financial implications of taking evacuees. The money paid to the hosts by the government was not meant to cover medical bills or clothes, but sometimes this money was not forthcoming from parents either. Some hosts therefore supplied much more than they were required to provide. Other hosts took the allowance



that was given to them for the evacuees' food and expected evacuees to work for their accommodation.

The process by which hosts were allocated evacuees was organised locally and there was no systematic screening of hosts to ensure they were suitable foster-parents. There was therefore great potential for physical, emotional or sexual abuse of unaccompanied children, and examples of abuse are cited in almost all of the recent literature on the evacuation. Children were to be visited regularly in their billets by the local billeting officer. The work of these officers is usually commended in the literature, as they were responsible for dealing with complaints and difficulties from both evacuees and hosts. However, some evacuees were spread over large distances and received infrequent visits.

One of the myths about the evacuation is that the groups of children involved came from impoverished backgrounds and were billeted with families who had a higher standard of living. Although this was true in many cases, social histories of the evacuation (e.g. Inglis, 1990) show evidence that a large number of evacuees were accommodated with hosts living in circumstances that were much more impoverished than their own homes. In either case, many evacuees would have experienced an unfamiliar culture and way of life, for which there was little attempt to prepare them.

#### **1.1.4 Religion**

Many evacuees were billeted with hosts, or placed in schools, of a different religious denomination from their own. This caused problems for children, hosts, and teachers.

Both children's parents and the host families were under pressure from their local religious leaders to ensure that the evacuated children were able to continue to attend services of their own religion, sometimes even suggesting that this should take priority over the evacuees' safety (as described by Nicholson, 1999, in a personal account of her experiences).

### **1.1.5 Education**

Evacuated children received varying levels of education. Some joined local schools, resulting in cramped conditions. In some cases buildings were found for evacuated teachers to use as a school for the children that had been evacuated with them, although there were often few resources provided. In other cases a system was devised where the school premises were shared in shifts. A large proportion of evacuees, and also children who remained at home in evacuated areas, had a reduced level of education. Some evacuees, however, recognised that they were lucky to have received a higher standard of education than they might have received if war had not broken out (Parsons, 1998).

Educational historians appear to agree that the evacuation was a catalyst for educational and social reform (Parsons, 1998; Holman, 1995). Apart from necessitating change in teaching techniques, the teachers' role became significantly more 'pastoral' over the duration of the war (Cunningham and Gardner, 1997). Some children who were evacuated with their schools were given isolated billets, or billets that were dispersed over many miles. This made it difficult for them to attend school at all. It was also

difficult for the teachers or billeting officers to check on the welfare of these children on a regular basis.

### **1.1.6 Contact between parents and evacuated children**

Some parents were evacuated with their children and stayed in the same billet. In the majority of cases however, visiting evacuated children was expensive for parents, who had to pay for their train fare, and for accommodation where necessary. Concessions were gradually introduced on rail travel over the duration of the war, but there were restrictions on their use. Costs of visits tended to grow over the course of the war as children were sent to more remote areas. Parsons (1998) reported that several reception areas arranged for mass parental visits using special buses or trains from the evacuation area, but he also uncovered evidence that foster-parents felt under pressure to offer hospitality to parents, resulting in concern over the frequency of such visits. In these circumstances it may have been difficult for many evacuees and their parents to know when they would next see each other. In addition, the fathers of some evacuees were abroad during the war and contact would therefore have been infrequent.

By December 1939 almost 50% of unaccompanied evacuated children had returned to the cities. The Cambridge Evacuation Survey (Isaacs, 1941) found that they returned for several reasons. Most commonly the child felt homesick, the parents felt that the billet was unsatisfactory, or the parents could not afford to visit. Families often wanted their children home at Christmas. A large number of these children are likely to have been evacuated again as the risk from air raids grew.

**1.1.7 Evacuation overseas: 'Seavacs'**

Many children had been evacuated abroad under private arrangements in the early part of 1939. The British government then established the Children's Overseas Reception Board (CORB) in order to co-ordinate the evacuation of children abroad from grant-aided schools, as well as those from private schools. The response to this scheme was greater than anticipated and limitations had to be imposed on numbers because of the limitation on shipping. Over two and a half thousand unaccompanied child evacuees left Britain in the summer of 1940, going to destinations such as Canada, Australia, South Africa and New Zealand. Before leaving they were given a medical examination and those suffering from 'homesickness' at this early stage were sent home (Parsons, 1998). The official scheme was abandoned shortly after the SS City of Benares was torpedoed by a U-boat in September 1940, resulting in the loss of seventy-seven children. This did not prevent the further overseas evacuation of thousands of children for whom arrangements were made on a private basis. The CORB maintained contact with children evacuated abroad, the majority of whom remained overseas for the duration of the war.

Reflections on the long-term effects of overseas evacuation were collected by Fethney (1990) from those who were part of the CORB scheme more than forty years before. The positive effects recollected included learning about the world, becoming independent and self-reliant, and learning to adapt and to mix with others. Others believed that the emotional upheaval and feelings of parental rejection led to the subsequent loss of relationships with parents and to a confusion about their identity.

### **1.1.8 Returning home**

The government hoped that the return home of evacuees at the end of the war would be as organised as their departure, and therefore began plans for this event in 1943. When the time came, billeting officers collected information about every evacuee and the Ministry of Health collated the data and officials determined whether it was possible for evacuees to return to their homes. The main difficulties were for people whose homes had been damaged or destroyed by bombing, or who had given up their houses at the beginning of the war. Some families had grown in size over the duration of the war and there was no longer room in their original housing. Little is known about what happened to those evacuees who were orphaned during the war, or the twenty-nine evacuees who Titmuss (1950) recorded as having been deserted by their parents.

Undoubtedly, the majority of families welcomed the reunion. Nonetheless, Turner and Rennell (1995) provide an account of the familial and societal adjustments required after the war, particularly after the evacuation. It appears that evacuated children not only returned to cities that had changed following the destruction of the war, but also to families and homes that had altered significantly. Families may have moved house, gained additional members, or lost members. Some family members had seen active service and the role of the female members of the family could have changed significantly. There was potential for a significant strain to be placed on marital relationships. Families who had been split up often knew little of each other's wartime experiences, and the government actively encouraged people not to talk about such experiences in order to preserve morale (Calder, 1969).

### **1.1.9 Previous research into the long-term impact of evacuation**

Bowlby contributed to a study of the evacuation that was prepared during the first eight months following E-day (Bowlby, 1940). He suggested that the majority of children were likely to experience some anxiety and therefore recommended that parents and children visit each other regularly so that children could be reassured that their parents were safe and that they still loved them. He also pointed out that children were likely to settle into foster-homes with varying degrees of success. This would not only depend on the foster-home, but on the child's age and on the level of security that the child had experienced in his/her own home. Bowlby was especially concerned about the evacuation of children under five years of age without the company of their mothers. He stated "Small children when in the hands of strangers for long periods, especially when those strangers come and go, become more and more emotionally isolated until in some cases they cease to be able to become attached to anyone at all." (p.189).

Davies (1997) highlights the lack of empirical research into the long-term psychological effects of the evacuation, although two surveys investigated its immediate effects. These were the Cambridge Evacuation Survey (Isaacs, 1941), and a survey by the Barnett House Study Group (1947).

The Cambridge Evacuation Survey gathered information about more than 500 children from the children themselves, their teachers and parents. There was some evidence that children over the age of thirteen were more likely to be unhappy in their billet, and the authors suggest that the onset of adolescence may be a causal factor. There was also

some evidence that children who were billeted with foster-mothers over the age of sixty adjusted less successfully. Children whose parents visited more frequently were more likely to be happy in their billets, and the presence of siblings in the billet also appeared to have a positive effect. Another factor that appeared to be important in successful adjustment was the number of times that a child changed billet; the greater the number of billet changes, the less the likelihood that the child adjusted successfully. The authors had two main hypotheses as to why this might be the case. They noted that billet changes were sometimes due to the child's temperament leading to difficult relationships with foster-parents, and therefore less successful adjustment or alternatively, a change in billet may have involved a child leaving a foster-mother to whom s/he had become emotionally attached. This survey was completed by July 1940, and there was no follow-up either later during the war, or after the evacuees had returned home.

A similar survey was carried out on 319 senior school children who were evacuated from London to Oxford (Barnett House Study Group, 1947). The study took place in 1942-3 and used school attainment, out-of-school activities, relations with other children, and general behaviour as variables to measure successful adjustment. No apparent differences were found between children who were accompanied by their parents and those who were unaccompanied. Factors that appeared to relate to a positive outcome on these measures included permanency of billet, co-operation between parents and foster-parents, peer companions for only children and 'devotion of foster-mothers to children coming from homes where family affection was not strong' (p.29). Again, there was no long-term follow-up in this survey.

A further study was undertaken by Maas (1963). This study included twenty people in early adulthood, all of whom had been placed in wartime nurseries as children. Their ages when separated from their parents ranged from two months to sixty-one months, and length of placement in the nursery ranged from twelve months to fifty months. Measurements were made of five variables: personal relationships, feeling life, intellectual functioning, role performance and inner control. The results showed that “most of them give no evidence in young adulthood of any extreme aberrant reactions..... where there is evidence in individual cases of aberrancy in the adjustment of these young adults, in almost every case the data on their families seems sufficient to explain it.” (p. 67). Although this study can be criticized for a number of reasons, including the small number of participants, and lack of a comparison group, it is important to consider this study as it appears the only attempt at long-term follow-up of children separated from their families during wartime in Britain.

There is anecdotal evidence that the evacuation remains a significant event for those involved. Indeed, the 60<sup>th</sup> anniversary of Evacuation Day was marked by a service at Westminster Abbey in London attended by an estimated 6000 former evacuees. James Roffey (1998), ex-evacuee and founder of the Evacuees Reunion Association, stated, “Many studies have been made of the great evacuation .....What has generally been overlooked is the long-term effects that evacuation had upon those who were involved. Many of these former evacuees try to avoid speaking or even thinking about this crucial part of their lives. Most cannot do so without finding long-repressed emotions welling



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up inside them, emotions that have affected them throughout their adult lives and which will never go away.”

## **1.2 ATTACHMENT THEORY**

In order to investigate the possible long-term psychological effects of the evacuation, we must first hypothesise about a mechanism through which this experience could have long-term sequelae. Attachment theory has as its focus the effects of childhood separation from parents and familiar surroundings, and it also stresses the importance of the nature of the reunion that follows the separation. There has been a significant amount of research using this theory to investigate the effects of different types of separation and this theory is therefore used to hypothesise about the possible long-term effects of childhood evacuation.

### **1.2.1 An outline of attachment Theory**

Attachment theory is an explanation of how a child's relationship with his/her primary caregiver could influence the child's social and emotional development, and thereby determine adult attachment and love relationships, and influence the onset of psychopathology. The theory focuses on the quality of the relationship between the child and his/her caregiver (traditionally the mother), and makes specific predictions about the effects on the child of separation from the caregiver.

Attachment theory was first proposed by John Bowlby (1969, 1973, 1980) following his work with children who had a history of maternal separation or deprivation. The evacuation was an event that contributed to his interest in the effects of maternal separation. An important strength of attachment theory is that its foundations rest on the direct observations of infants and their caregivers, and this was extended through

empirical investigation to the classification of attachment phenomena in children and in adults. Bowlby (1969) proposed that an infant develops an attachment relationship with his/her primary caregiver(s) due to biological necessity. More explicitly, he suggested that an attachment system exists in order to allow an infant to monitor his/her proximity to the primary caregiver, and also to increase proximity when necessary for survival by inducing careseeking behaviour. The theory proposes that the quality of the attachment relationship depends primarily on the quality of the care that the infant receives, although it does not propose that the infant plays no role in the attachment process. The crucial issue in attachment theory is that the response of the caregiver to the child's careseeking behaviour not only determines the physical safety of the child, but also impacts upon the child's inner sense of security.

Bowlby suggested that the child develops internal representations of the relationship between him/herself and attachment figures. These representations form the child's 'internal working models', which are mental pictures of all attachment relationships based on memories and expectations from the relationship with his/her primary caregiver. Bowlby initially proposed that there was a "critical period" in the infant's development in which internal working models were formed, but this notion was later rejected (Bowlby, 1988).

The important aspects of internal working models are firstly that they are thought to be an accurate reflection of the reality of the individual's early experience with attachment figures. Secondly they include beliefs about the self, e.g. as a person worthy (or not) of

love and affection, and of others, e.g. as trustworthy and responsive (or not). This allows predictions of the behaviour of others, and the likely response of the self in terms of thoughts, feelings and behaviour. This model helps the child to make sense of new situations (Bowlby, 1973) and the bonds that develop between an infant and his/her primary caregiver(s) can therefore be seen as essential forerunners of social relationships in later life.

Attachment theory was developed further following Ainsworth et al.'s studies using a laboratory procedure called 'The Strange Situation'. This is a controlled procedure designed to allow observation of parent-child attachment interactions. It focuses particularly on the child's behaviour when reunited with the parent after a brief separation. Ainsworth et al. (1978) identified three distinct types of reaction in this situation. Children labelled secure showed distress at separation from the parent and on reunion showed some clinging behaviour before eventually resuming play. This was the most commonly observed reaction. Children described as insecure-avoidant showed distress at separation but did not acknowledge the presence of the parent when reunited. Those described as insecure-ambivalent were also distressed at separation but would display evidence of anger or rejection of the parent upon reunion.

The study by Ainsworth et al. (1978) suggested that these three patterns of attachment behaviour are a function of the caregiver's sensitivity and responsiveness to careseeking signals. Children with caregivers who are consistently responsive have the confidence to explore the environment knowing that their caregiver would respond if necessary. Such

children would have internal working models of the self as worthy of love, and of the caregiver as responsive and comforting, and therefore show evidence of secure attachment. Children whose caregivers often reject or deflect their careseeking signals would have internal working models of the self as unworthy of support and of caregivers as unavailable, and show evidence of insecure-avoidant attachment. Alternatively, if the caregiver's response to the child's signals was inconsistent, sometimes available and possibly intrusive, and sometimes unavailable and rejecting, the child is likely to exhibit insecure-ambivalent attachment.

Further research has supported the initial work by Bowlby and Ainsworth. Main and Weston (1982) carried out prospective studies that showed a strong correlation between maternal relationship with the infant during the first year and the infant's attachment status at one year old. The studies indicate a relationship between responsive mothers and securely attached infants, between unresponsive mothers and insecure-avoidant infants, and between inconsistently responsive mothers and insecure-ambivalent infants. It appears that the quality of the relationship is more important than the quantity of interaction (Rutter, 1981).

Importantly, Bowlby (1973) hypothesised that child-parent attachments remain of consequence throughout childhood and into adolescence in order to promote the growth of self-reliance and individuation. He concluded that "confidence in the unfailing accessibility and support of attachment figures is the bedrock on which stable and self-reliant personalities are built." (p.322). Research has shown that those children who are

securely attached have better quality relationships with others during childhood, and that secure attachment in infancy is also associated with future emotional and cognitive development (Ainsworth, 1989). Thompson (1999) provides a review of the evidence that secure attachments in infancy predict successful peer relationships, academic achievement, and coping mechanisms throughout childhood.

### **1.2.2 A critical appraisal of attachment theory**

Field (1996) criticises the basis of attachment theory for several reasons. She points out that classifications of attachment status based on the Strange Situation are measuring differences between children in how they cope with short periods of stress, and the pattern of responding to parents after a separation of several days may be very different. This study will therefore formulate its hypotheses after considering research into the effects of both short-term and long-term separations. Attachment classifications using the Strange Situation have also been criticised because the high correlations between maternal sensitivity and attachment have never been replicated. De Wolff and Van IJzendoorn (1997) conducted a meta-analysis of studies that attempt to replicate the results. They concluded that the results “attest to the important, but not exclusive, causal role of sensitivity in the development of infant attachment” (p. 585). Other factors in the maternal interaction were also found to be important. It is therefore important that, when measuring the quality of children’s relationships with parents, aspects other than sensitivity are also considered.

Rutter (1972) concluded from the available evidence that, in order to avoid distress, a child needs the presence of a person to whom s/he is attached (not necessarily the mother) and also the child needs adequate maternal care, but not necessarily by the attachment figure. He deduced that Bowlby's link between attachment and maternal care was misleading. Bowlby's later work (e.g. Bowlby, 1984) described a possible hierarchy of attachment figures, and the relevance of these ideas to the present study will be considered.

Lamb (1987) reviewed studies using the Strange Situation and found that there is a relationship between behaviour in this situation and other child characteristics, but only when comparing children classified as secure with children classified as insecure. There were no differences between other attachment classifications. This review therefore casts doubt on the reliability and validity of attachment classifications using the Strange Situation, and on some of the methods of assessing adult attachment. This is considered where relevant to the research methodology.

Attachment theory has also been criticised for its cultural specificity. It is based upon Western capitalist ideas about caregiving, independence and individuation and is not applicable across all cultures. The consequences of these criticisms are not considered in detail here, as the population involved in this study is homogenous in terms of cultural background.

### **1.2.3 Adult attachment**

It has only been relatively recently that attachment theory has been applied to relationships in adulthood (e.g. Main et al., 1985; Fishler, Sperling and Carr, 1990). Adult attachment is a more complex process than parent-child attachments (Weiss, 1982). Sperling, Berman and Fagen (1992) point out that in parent-child attachments the child contributes temperament and interactional aspects to the relationship, whereas in adult attachment relationships both people contribute their mental representations from prior experiences. These not only influence behaviour, but also impact upon how each person experiences the other's behaviour. The caring role is interchangeable.

The development of the Adult Attachment Interview (AAI; George, Kaplan and Main, 1985) has provided classifications of adult attachment that map onto the system of child attachment classifications developed by Ainsworth et al. The AAI questions interviewees in detail about their memories of attachment relationships in childhood, and asks them to consider the influence of those relationships on their subsequent development. It asks interviewees to account for why their parents behaved as they did during the interviewees' childhoods. Classifications of attachment status are based on the extent to which an interviewee has been able to integrate childhood experiences into an autonomous account that is consistent and objective.

Internal working models in adult pair relationships have also been studied using a self-classification procedure originally developed by Hazan and Shaver (1987). The Adult Attachment Styles questionnaire (AAS) consists of three paragraphs that describe



desires, concerns and feelings about relationships. The three paragraphs correspond to Ainsworth et al.'s (1978) classification system, and respondents are effectively asked to classify their own attachment style. This method assumes that the individual's assessment of their own attachment style will not be unduly biased by their defensive processes. This assumption is supported by evidence indicating that many individuals select one of the insecure styles even though it may not be regarded as preferable (see Bartholomew and Shaver, 1998, for a review). Preliminary research and theoretically expected correlates suggest that self-classifications tap into similar constructs to the AAI (Bretherton and Munholland, 1999).

There are two reasons for which adult attachment is important. Firstly, it is likely to impact upon adult relationships and pair bonds when individuals are presented with stressful situations, as summarized by Holmes (1993). He noted that insecure attachment styles will influence the vulnerability of an individual to the experience of stress within his/her relationships, that insecure attachment styles will increase the likelihood of pathogenic grief and depression following bereavement or separation from an attachment figure, and finally that attachment style will also influence the degree to which an individual perceives his/her relationships as supportive, and therefore influence the protective nature of social support during stressful times. There has been much research into the influence of attachment on relationships in adulthood that supports Holmes' ideas. For example, a study of 144 dating couples found that people with insecure styles of attachment, especially avoidant, tended to have relationships with less interdependence, trust, commitment and satisfaction than those with secure attachment

styles (Simpson, 1990). In addition, there were higher levels of positive emotion and lower levels of negative emotion in the relationships of people with secure attachment styles. A number of other studies have found that the relationships of people with insecure avoidant attachment styles were characterized by fear of intimacy and difficulty depending on others, and the relationships of people with insecure-ambivalent attachment styles were characterized by jealousy and worry about abandonment (e.g. Feeney and Noller, 1990; Collins and Read, 1990; Mikulincer and Nachshon, 1991).

Secondly, Bowlby (1969, 1973, 1980) suggested possible mechanisms through which attachment-related events in childhood, such as loss of the attachment relationship due to psychological unavailability, separation or death, could lead to internal working models consistent with insecure attachment styles, and suggested that these can be related to psychopathology throughout adulthood. The review outlined later in this chapter will only consider circumstances hypothesized to be associated with the development of anxiety and depression as these are the most common forms of psychopathology, especially for the present age group of former evacuees, but attachment-related experiences have also been linked with adult psychopathologies such as dissociative disorders (Liotti, 1996), eating disorders (e.g. Palmer, Oppenheimer and Marshall, 1988) and personality disorders (e.g. Zanarini et al., 1989).

In summary, attachment theory and research suggests that the quality of childhood relationships with primary caregivers provide the basis for future social, emotional and

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cognitive development. Insecure attachment styles could therefore affect psychological wellbeing across the lifespan.

### **1.3 ATTACHMENT THEORY AND THE EVACUATION**

The above description of the evacuation illustrates that it was a very varied experience for those involved. The following discussion, through necessity, initially takes the rather simplistic view of evacuation as a separation experience. Later some of the other important factors and confounding variables are considered.

#### **1.3.1 Theoretical aspects**

Attachment theory raises several important issues when considering the possible psychological impact of evacuation. Firstly, it proposes that a child's internal working models will tend to remain consistent throughout childhood and into adulthood. However, if the child experiences an attachment-related trauma, this may cause a revision of internal working models and therefore impact upon the child's attachment style. Events originally thought to result in possible modification of internal working models include loss of, or prolonged separation from, an attachment figure (Bowlby, 1973). Later work by Bowlby and others has shown that separation from caregivers is not in itself the main risk factor, but that associated features such as disorganization, rejection and a change in the quality of care received have greater implications. As the evacuation involved separation from primary caregivers and familiar environments, and also the likelihood of the associated risk factors, it could therefore be considered an event with the potential to force a change to internal working models.

Prior to evacuation, children's attachment styles would have varied according to the quality of care received from their parents. Bowlby described a mechanism called

'defensive-exclusion', by which both insecure-avoidant and insecure-ambivalent attachment styles are prevented from becoming more adaptive, even if the individual experiences an attachment relationship that is inconsistent with his/her previous experiences. Bowlby suggested that feelings of rejection, neediness and anger, which predominate in insecure attachment, are removed from consciousness as a defensive action and therefore cannot be updated or developed. Bretherton (1991) proposed that insecure attachment patterns could be harder to modify because they contain inconsistencies in their organisational structure. It may therefore not be possible for new information about relationships to access the relevant part of the internal working model without reorganising its structure. Dozier, Chase-Stovall and Albus (1999) propose that children with insecure-avoidant attachment styles cope with distress using defensive strategies that turn attention away from their distress and from their caregiver's unavailability. This could predispose the child to externalising disorders mainly because such children may have limited access to their own feelings, and because negative representations of self and other are rarely resolved. They also suggest that children with insecure-ambivalent attachment styles focus on their own distress and on assessment of their caregiver's availability. This may predispose a child to internalising disorders because negative internal representations remain salient. These ideas therefore suggest that children who had insecure attachment styles prior to being evacuated may have had defensive strategies that prevented modification of their internal working models, even if they had positive experiences with alternative attachment figures whilst evacuated.

The predictions for the effect of evacuation on children who had secure attachment styles prior to being evacuated are less clear. On the one hand, attachment theory would appear to predict that evacuation could force a change in internal working models, for example, a child may revise previous models of reliable and trustworthy caregivers following an experience of loss or abuse that leaves him/her vulnerable and without emotionally available attachment figures. On the other hand, attachment theory also suggests that children with secure attachments would be better equipped both emotionally and cognitively to form new relationships and to adapt to a change in environment.

For the majority of children involved, the evacuation presented an experience of extended separation from parents over which the child had little control. Bowlby (1980) suggested that a lack of control over loss of, or separation from, the attachment figure could predispose a child to feel hopeless and despairing when confronted with future losses. As he pointed out, this is compatible with Seligman et al's (1979) learned helplessness theory of depression. Alternatively, if the child interpreted the evacuation as a rejection by his/her parents, this may result in internal working models of the self as unlovable, and of others as unloving, which could lead to the expectation of future rejection by others when in need. The experience of evacuation may therefore be linked with a predisposition to depression. During the evacuation many children were aware that their parents had been left in a dangerous situation and were therefore worried about their parents' wellbeing for a significant length of time. According to Bowlby (1973), such a childhood concern may lead to a predisposition to anxiety disorders in adulthood.

Research studies that are pertinent to the above theoretical discussion are now reviewed.

### **1.3.2 A review of the relevant research**

Much of the research into the long-term effects of separating children from their caregivers and home environments has had difficulty in distinguishing between the effects of separation, and adverse factors that occurred both prior to the separation and during the separation. The usual causes of childhood separation e.g. parental illness, marital disharmony, abuse, neglect etc. are all likely to be associated with a decrease in quality of parenting, or a significant change in the parent-child relationship, prior to the separation. The evacuation was a cohort event and, as such, it provides an opportunity to investigate the long-term effects of childhood separation without issues of prior anomalous parenting presenting such a strong confounding factor. Any research into the effects of evacuation will, however, have difficulty in distinguishing between the effects of the experience of separation and the effects of the diversity of experiences that children encountered whilst evacuated.

Studies of children placed in foster-care could provide a helpful parallel for hypothesizing about the effects of the evacuation, given the paucity of research into this event. There could be important differences between the experience of evacuation and that of being placed in foster-care; children placed in foster-care are likely to have had adverse experiences prior to their placement, evacuated children may have been made less welcome in their foster families than children placed in families for foster-care and, as much of the foster-care research has been carried out in the last three decades, there

are likely to be some cohort effects. There are, however, some important similarities between the two types of separation experience. For example, children placed in foster care have often had little, or no, contact with the foster family prior to their placement, they may or may not be placed with their siblings and have contact with their family, and there is often initial uncertainty about the length of time of the placement.

Literature regarding the effects of recent wars and conflicts on the psychological wellbeing of children who directly experienced such conflicts, or were displaced because of them, may also be a useful source of comparison. However, such studies are not directly applicable to the experience of the majority of children evacuated in Britain during World War II for several reasons. For example, many recent studies would have included children who had experienced the occupation of their country by enemy forces. There will also be important differences and cohort effects between the refugee children in these studies and those children evacuated in World War II and, in addition, there will be differences in terms of cultural factors. It could be hypothesized, however, that war is such a salient and traumatic event that to some extent this will override the influence of many of the cultural and cohort differences, and this literature therefore warrants review.

The first issue that requires consideration is whether the experience of evacuation could impact upon an individual's attachment style. Research findings generally confirm the idea that internal working models remain consistent over time, especially if the contextual determinants remain stable. Grossman and Grossman (1991) found an 87% correspondence between attachment style predicted by the Strange Situation at one year



of age and at six years. They noted that children with secure attachments could manage conflict with peers more easily and had more positive social perceptions. A longitudinal study measured attachment styles of children at 12 and 18 months, and at 4, 10 and 11 years of age, and found that attachment style and its effects on interpersonal relationships were largely consistent over the 10 year period (Elicker, Englund and Sroufe, 1992). Main (1991) obtained a 75% correlation between attachment classification at one year and at ten years old and therefore argues that the type of attachment relationship that the infant develops with caregivers becomes stabilised at an early age. Although these correlations are moderately high, they allow for the possibility that attachment status in some children may change.

Further studies have indeed shown that internal working models can be modified with the development, or loss, of the attachment relationship, and also in response to life stresses on parents and changes in caregiving arrangements. Internal working models may require restructuring if the child is to make sense of any inconsistency between inner and outer realities. Vaughn et al (1979) studied changes in attachment between the ages of twelve and eighteen months in a poor urban population. They found that 38% of attachment relationships changed over the six-month period and that changes from secure to insecure attachment were associated with a higher frequency of stressful events reported by the mother. The authors compared this result with a study by Waters (1978) who selected a stable middle-class sample and found that only 4% of attachment relationships changed over the same period.

Main and Weston (1981) found that the attachment status of infants with their mothers was independent of their attachment status to father. In addition, the results showed that infants who showed a secure attachment with mother and insecure with father had a greater readiness to establish a friendly relationship with a stranger than infants who were insecure with mother but secure with father. This latter group, in turn, showed a greater readiness to form a relationship with a stranger than infants who were insecure with both parents. On the basis of these results the authors concluded that children could form different attachment relationships with people with whom they have sufficient opportunity for interaction and that “the effects of an insecure relationship can be mitigated by a secure relationship” (p. 939). This finding refers to concurrent relationships, rather than sequential ones.

*Research into the effects of separation through placement in foster-care*

Marcus (1991) studied 52 foster-children using information from the children, from foster-care workers and from foster-parents. A measure of attachment to foster-parents was used that was based on the theoretical constructs of Ainsworth et al. (1978). The results showed that longer placements with the foster-parents were associated with better quality relationships with foster-mothers, but negatively related to secure attachment with the foster-father. The child’s age was unrelated to attachment to the foster-parents. Children who felt more secure with foster-parents and received physical affection from them experienced fewer achievement problems in school and were psychologically better adjusted, but attachments to natural parents did not appear predictive of later adjustment. The authors suggest two explanations for this; firstly that early attachments

may become less important in predicting social and emotional development as they are overshadowed by later ones. They support this hypothesis with the finding that time in care led to a strengthening of attachment to foster-mothers, and also the finding that those children who were visited frequently by their natural mothers maintained stronger attachments to them. The second explanation was that foster-children might initially have had poorer quality attachments to their natural parents that were more easily overshadowed by better quality attachments to foster-parents. This suggestion is not supported by attachment theory and a longitudinal study would be required to investigate the hypothesis.

Other research has looked at attachments of children in foster-care, but has focused on whether attachment exists rather than on the quality of that attachment with respect to security. A five-point scale was developed by Fanschel (1982) on which children were rated on a continuum from devoid of a relationship with their natural parents and having no identification with them, to showing that they were deeply conscious of their relationship with their natural parents and closely identified with them. It may be that children who were rated at the latter end of this continuum represented children with secure attachments or insecure ambivalent attachments. Using this definition of attachment, Fanschel and Shinn (1978) found that children placed in foster-care at a young age had stronger attachments to their natural families than older children, but that placements at a younger age were also associated with stronger attachments to foster-families. Longer placements were associated with weaker attachments to natural parents, but the authors noted that parental visits declined with length of time in foster-

placement, which may account for this finding. Poulin (1986) used the same rating scale and found a positive relationship between the frequency of parental visiting and attachment to the parents, and also a negative correlation between children's attachment to their biological families and their attachment to their foster-families. This supports the findings of Marcus (1992) described above.

Shealy's (1995) findings indicate that children in foster care might exhibit higher rates of behavioural and emotional disorders than non-fostered children from similar backgrounds, but it is not clear whether attachment has a mediating role. The studies described above also do not address the question of whether separation has impacted upon internal working models, but they do suggest that children can form important attachments to alternative figures.

#### *Research into the impact of war on children*

The total number of internally displaced people and refugees globally has been estimated at approximately 50 million, half of who are thought to be children and adolescents (UNHCR, 1997). Ressler (1988) estimated that the total number of unaccompanied children is likely to be in the hundreds of thousands, a figure which could have increased over the years following that estimate. Such children are found in refugee centres, orphanages and in the homes of extended family.

The research into such unaccompanied children unequivocally supports the importance of keeping families together whenever possible (Boothby, 1988). The UN-Machel study

(1996) recommends that children be evacuated with their siblings or other relatives if parents are unavailable. This recommendation is based on studies such as Kinzie et al. (1986, 1989), which found that living with a sibling or other relative was protective against distress in a group of unaccompanied refugee Cambodian children in America. No nonparental family relationship was a stronger predictor for distress than exposure to traumatic events in Cambodia. Rutter et al. (1974) found that for West Indian children, separation from parents for extended periods of time during migration could lead to a failure to re-establish bonds upon reunion. In this study, separation for long periods was implicated in both behaviour problems at school and rates of depression in the children.

Sourander (1998) studied 46 unaccompanied refugee children who were seeking asylum in Finland. The mean duration of the flight from their home country was 14 months, and the mean time in the asylum centre was 9.2 months. The majority had experienced persecution before leaving their country, and the main concerns of the children were for the wellbeing of the parents at home. When evaluated with the Child Behaviour Checklist (Achenbach, 1991), about half the children were functioning in the clinical or borderline range. Children under the age of fifteen years showed more behaviour problems and emotional distress than those 15–17 years old.

The UNICEF project in Croatia, 'Psychological and educational assistance to war-affected children' (Kuterovac et al., 1994), included over 4000 elementary school children and is perhaps the largest study of the psychological impact of war on this age group. The project used the Impact of Events Scale (Horowitz et al., 1979) to estimate

children whose development could be at risk due to high levels of experienced stress. Of those children considered to be at high risk, 39% were refugees and 35% were displaced. High levels of distress among other children appeared to relate to indirect exposure to the war, which indicates that all children in Croatia could have been affected to some degree by the war, even though risk increased with direct exposure.

There is some evidence to suggest that placement of unaccompanied refugee children with adults belonging to a different ethnic or cultural community can exacerbate difficulties in the children's adjustment, and that ethnically congruent care can be related with wellbeing, peer integration and school achievement (Porte and Torney-Purta, 1987). This could be relevant to children who were evacuated abroad from Britain.

Exposure to violence and trauma e.g. mutilation and death, was found to be associated with increased PTSD symptoms, emotional and behavioural disorders and lower cognitive ability when children exposed to such events were compared with children from the same culture who were protected from war violence (Espino, 1991; Sack et al., 1994). Pynoos et al. (1995) argue that there is strong evidence of a direct relationship between the extent of exposure to traumatic events and the severity of PTSD symptomatology in children and in adults.

Studies of children who have been displaced but not separated from their parents also provide useful information about the impact of war on children. Ajdukovic and Ajdukovic (1998) reported the results of three psychosocial assessments, carried out

over five years, of refugee and displaced children in Croatia. All children were together with their mothers, and other family members. The results of the final assessment showed that the level of stress-related symptoms had significantly decreased over time. Nonetheless, the possibility of delayed effects must be considered. Children's depression appeared to be related to the family situation, the child's age and the child's poor coping abilities, rather than to their level of trauma exposure.

Levels of psychiatric disturbance in children who are displaced during wartime, but not separated from parents, have been associated with mental health difficulties of other family members. Parents themselves have often experienced persecution, violence, powerlessness, and exhaustion (e.g. Sack et al., 1986), and forced migration also imposes a severe strain on marital relationships (Richman, 1993). As Gabarino (1991) notes, parental functioning is dependent upon parents not being pushed beyond their stress-absorption capacity. Despite these findings, accompanied refugees have been found to be relatively resilient (Allodi, 1989; Masser, 1992). The presence of family appears to provide an important source of emotional security and physical protection.

Almqvist and Broberg (1999) studied 50 Iranian refugee preschool children 42 months after their arrival in Sweden. The results showed that children with increased vulnerability prior to trauma exposure, such as long-term illness or temper tantrums, recovered less well from PTSD symptomatology, but the most important predictor of poor overall adaptation was mental health problems in mothers. Quality of peer relationships also appeared to play an important role, predicting children's social

adjustment and self-worth. The authors concluded, “current life circumstances in receiving host countries, such as peer relationships and exposure to bullying, are of equal or greater importance than previous exposure to organized violence”

Children’s comprehension of war is an important issue to consider. Milević-Ridički and Lugomer-Armano (1994) showed that preschool children in Zagreb based their concepts of war on personal experience and were emotionally involved in the war. Some answers appeared to reflect information obtained through the media and from adults. The majority of the 50 children who were permanent inhabitants of Zagreb felt that the worst aspect of the war were the alarms and sirens, the 48 children who were refugees in Zagreb tended to experience the bombs and shooting as the worst aspect, and displacement came third in their rankings after the killing of other people.

These studies, not surprisingly, tend to focus on the impact of the trauma of war. Some of these findings will be relevant to children who grew up in Britain during World War II, whether evacuated or not. These studies do not directly attempt to measure attachment, but their results attest to the importance of the presence of attachment figures during and after war-related trauma and displacement. Children’s adjustment may be compromised, however, by the effect of such traumas on the attachment figures themselves. Mental health problems in parents are known to impact upon the quality of care given and psychopathology in the child (e.g. Radke-Yarrow, 1991).



It is important to acknowledge that, although the present study highlights the relevance of attachment to the evacuation, the literature reviewed above indicates that theories of post-traumatic stress disorders and developmental theories could also offer useful perspectives. For example, Tobin and Friedman (1984) found that the process of identity formation and consolidation could be confounded by the adaptational demands of adjusting to a new cultural context. Children may be at high risk of mental health problems following war-related trauma because they are more vulnerable when their coping skills are developing (Campas et al., 1991). In summary, the research supports the prediction made by attachment theory that separation from parents can impact upon the attachment styles, and therefore the emotional wellbeing, of the child. Although this is not addressed directly by the literature on foster-care and war experiences, it is consistent with the findings that,

- a) contact with natural parents is important in maintaining attachments
- b) secure attachments to foster-parents appear predictive of later adjustment
- c) for children displaced during wartime, presence of family members appears more important in predicting adjustment and psychological health than exposure to war trauma, and accompanied refugees and displaced children are relatively resilient compared to those who are unaccompanied
- d) studies showing that the mental health of caregivers is of primary importance to that of children also indicate the importance of attachment, as mental health of caregivers is likely to impact upon the quality of care received by the child.

### **1.3.3 Childhood separation experiences, adult attachment styles, and their long-term implications**

The above discussion of adult attachment indicates that attachment experiences in childhood are thought to be important for two reasons. Firstly, their impact on attachment style could be linked with psychopathology in adulthood and, secondly, their impact on attachment style could influence perceptions, feelings and behaviour in stressful situations in important relationships. These are considered in turn with a view to the experience of evacuation.

#### *Separation from caregiver(s) and psychopathology in adulthood*

There have been two studies that have used evacuees to investigate the long-term effects of separation from primary caregivers. Birtchnell and Kennard (1984) compared the experiences of women, aged between 40 and 50 years old, who had been separated from their mother at an early age, with those whose mother had died at an early age. The sample of early separated women included women who had been evacuated. They found that poor outcome (in terms of scores on the Middlesex Hospital Questionnaire, Zung Depression Scale and Navran Dependency Scale) for evacuees was associated with a poor relationship with the natural mother. Separations that occurred for other reasons were associated with a worse outcome when they occurred after the age of four years. The authors conclude that a poor parent-child relationship may cause more long-term problems than separation from this relationship and, when separation is reversible, the relationship with the natural mother is the most important relationship in predicting

outcome. They do not test for interaction effects, and offer no theoretical explanation for their findings.

The effect of childhood separation experiences on adult depression and anxiety states was investigated by Tennant, Hurry and Bebbington (1982). They compared evacuees with three other types of early separation (marital discord, parental illness and childhood illness). Overall the 'morbidity' of people separated from parents during childhood was significantly higher than those who had not been separated. The group of evacuees, when considered in three age groups (0 – 4, 5 – 10, 11 – 15), did not have significantly higher morbidity than the non-separated group, although morbidity levels were higher in all age groups of evacuees. The authors draw three main conclusions: firstly, early separation experiences are more associated with depression than anxiety for all causes of, and ages at, separation. Secondly, separations between the ages of five and ten years are more often implicated in future psychopathology than separations at other ages, and thirdly, the gender of the child does not appear significant.

Brown and Harris (1993) found that early loss of a parent was associated with panic disorder in adulthood, and Faravelli et al. (1985) observed that people with a diagnosis of agoraphobia had been separated from their mother significantly more often than people with no psychiatric diagnosis.

There have been longitudinal studies that show that separation from parents during childhood can increase the risk of later depression. Harris, Brown and Bifulco (1990)

found that, of a group of women whose mother died before they were 11 years old, 42% suffered depression in adulthood, compared with 14% of a group of women whose mother died after the age of 11. Loss by separation appeared to predict less severe, but angrier, forms of depression. This study also showed that the risk of depression in adulthood doubled if the child received inadequate care (e.g. neglect, indifference) following the loss, particularly for losses of separation rather than death. Recent attachment research has found that insecure attachment renders adults more prone to disturbances when under stress (Sable, 1997).

These studies support the idea that separation experiences are implicated in the development of future psychopathology, and suggest that the quality of the relationship with parents is also important.

*Attachment styles in adulthood and their impact upon relationships*

There is evidence (reviewed above) that individuals' attachment styles impact upon the way in which people relate to other people (Feeney and Noller, 1990; Hazen and Shaver, 1987) and cope with stress (Mikulincer et al., 1990). This has led researchers to study the links between attachment style in adulthood and social support. Social support is a complex interpersonal process, and is widely accepted as a multifactorial construct. The literature distinguishes between crisis support (the support actually received in a time of need) and perceived social support (the perception of the availability of support if it was needed), and these types of social support have been further delineated. Studies investigating the relative importance of these types of social support in predicting mental

health have not been productive (Wethington and Kessler, 1986), but Joseph (1999) argues that both actual and perceived support are important to assess in relation to psychological wellbeing.

Attachment theory suggests that individuals who grew up with caregivers who were available and responsive to signs of distress would develop a strong sense of social support. In other words, they would expect others to be able to comfort and support them. Individuals who as children experienced a lack of support, or inconsistent support, may believe that the world is generally non-supportive. Such individuals could then be unwilling to seek social support, or be unable to perceive it as supportive (Florian et al, 1995). These authors studied 150 undergraduates and found that these hypotheses were confirmed; people with secure attachment styles perceived higher levels of social support, regardless of the type of social support (instrumental or emotional) or the identity of the support provider. They were also more likely to seek social support in times of stress than people with insecure attachment styles.

Sarason et al. (1986) used the Social Support Questionnaire (Sarason et al., 1983) and the Parental Bonding Instrument (PBI) (Parker, Tupling and Brown, 1979) with groups of college students. They found that test-retest correlations suggest that the availability of social support, and satisfaction with that support, are relatively stable over time, even through a period of major transition and environmental change. They conclude that perceptions of social support may be affected by individual differences and therefore search for developmental precursors. Participants who were high in social support

viewed their parents as having been more involved in a positive way i.e. as having higher scores on the Care scale of the PBI.

The possible consequences of variations in social support have been well documented. Low levels of perceived social support correlate with increased vulnerability to depression in a general adult population (Buschmann and Hollinger, 1994), and in an older adult population (Cervilla and Prince, 1997). Woods (1999) notes that social isolation and loneliness could be conceived as deficits in two different aspects of social support, and suggests that they may contribute in different ways to a vulnerability to depression in older people. Levels of social support are also related to personal competence (Krause, 1987), self-worth (Cohen, 1988) and psychological wellbeing (Lambert et al., 1989). A longitudinal study has found that social support has a buffering effect on anxiety (Stewart, 1989).

It therefore appears that attachment styles can influence perceived social support, which in turn impacts upon psychological wellbeing in several different ways.

*Attachment research relating particularly to older people*

Former evacuees are now at least sixty years of age, and attachment theory can be applied specifically to the issues relevant to older people. Some examples are considered here, although this is not an exhaustive review. Firstly, Murphy (1982) found that an absence of a confiding relationship increases the susceptibility of older people to depression and suggests that a long-term difficulty in forming intimate

relationships is the true vulnerability factor. This would indicate a role for attachment processes.

A significant number of older people experience loss and there has been a considerable amount of theorizing and research into the association of attachment style with difficulties following bereavement. Parkes and Weiss (1983) observed that adults who lose their romantic attachment figures go through a similar reaction to that of infants who are separated from their caregivers. Bowlby argues that individuals who, due to their attachment-related history, have developed internal working models of attachment figures as inconsistently trustworthy, may experience chronic grief following the loss of an attachment figure in adulthood. An insecure ambivalent attachment style was found to be associated with chronic mourning at the end of an exclusive relationship (Fraley et al., 1998). Bowlby (1980) also argues that early attachment experiences that encouraged a child's suppression of emotion could lead to a defensive process that is related to an absence of grief when confronted with later losses. He believed this defensive reaction would eventually break down, resulting in intense distress. Stroebe and Stroebe (1991), however, propose that avoidance of grief may often be adaptive rather than indicative of psychopathology.

Although all adult pair relationships involve an element of reciprocal caregiving, the physical frailty related to increasing age results in a greater possibility that people will take on the role of a carer for a partner or require care themselves. Heard and Lake (1997) argue that the ability to give care requires the ability to recognise and respond to

careseeking signals, and a capacity for empathy, which requires an aptitude for metacognition. The development of these abilities is seen as dependent on the individual's early experience with his/her own caregivers. The reaction to increasing dependence on others could also be seen as related to an individual's internal working models. Dependence may be easier to accept if the individual views the self as worthy of care and others as reliable and consistent in their caregiving. People with insecure-ambivalent attachment styles could experience anxiety if their dependence on others increases, people with insecure-avoidant attachment could find dependence difficult to accept and may be prone to expressions of anger as are children with insecure-avoidant attachment styles (Bretherton, 1991).

There is some evidence that the effects of earlier trauma can increase as people age. For example, Hunt (1997) found that the onset of nightmares relating to wartime events in war veterans was linked with periods of inactivity due to poor health or retirement. Anniversaries of wartime events reported in the media were found to awaken memories for people who had live through such events (Hilton, 1997). Wartime events other than the evacuation appear to be associated with present levels of post-traumatic stress symptomatology. This has been found in recent studies of Holocaust survivors (Kuch and Cox, 1992), women who lived through air-raids in Britain (Waugh, 1997) and prisoners of war (Neal et al., 1995).

Mazor et al.'s (1990) study of Holocaust survivors suggested that the Holocaust gained in significance for survivors after they reached the age of approximately 50 years. This



was a non-clinical group who, in the meantime, had been living similar lifestyles to those of their cohort. This suggests that coping strategies that had previously been effective may no longer be as helpful as people age and start the process of life review described by Butler (1963). This process is thought to be a normal and healthy activity of aging, and is usually adaptive because it appears to aid the elaboration, coherence and memory of the life story (Coleman, 1994). However, it requires the resources to cope with a focus on difficult or painful past experiences. The life review process forms the basis of psychological interventions with older people in which the individual recalls and evaluates his/her lifetime experiences within a therapeutic setting, with the aim of achieving a sense of integrity.

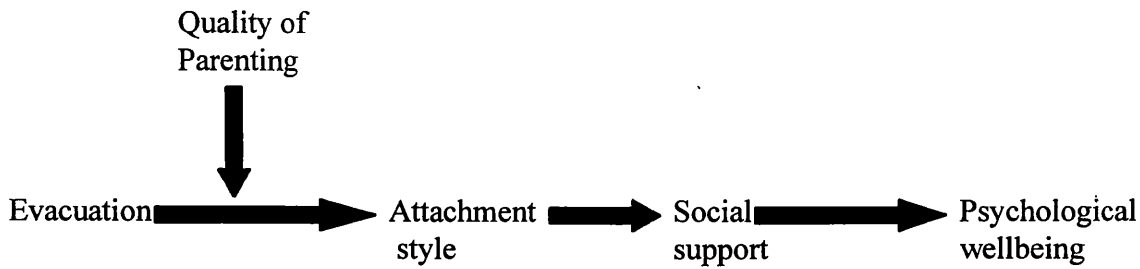
#### **1.4 PRESENT STUDY**

The people who were evacuated as children in the Second World War are now aged between sixty and seventy-five years old. The detailed study of the long-term effects will be fraught with problems due to the many lifespan and developmental issues involved. This study will therefore include a comparison group of people who were children during World War II but were not evacuated. An ideal comparison group would consist of people whose parents had decided that they should be evacuated but this was not possible due to external circumstances. Such a group would have the same parental characteristics as the evacuee group, but an ideal comparison group such as this would be impossible to recruit. It was therefore decided to recruit people who were children during the war but not evacuated. Such a group would contain some people whose parents decided not to let them go, even though they lived in areas from which many people were evacuated. These people are likely to have had substantial exposure to bombings and war-related events, as many of the evacuees may have done either before they were evacuated or on visits home. The group would also contain people who lived in rural areas where evacuation did not take place, but whose parents would have decided to evacuate them if this had been necessary. The heterogeneity of such a comparison group could lessen the impact of some of the many confounding factors.

Any investigation of an event such as the evacuation must necessarily be retrospective, and thus will involve biases in retrospective reporting. When considering the results it will be important to bear in mind the finding that people with psychopathology in adult life do not tend to over-report unfavourable experiences in childhood, but mentally

healthy adults may tend to under-report such adversities (Maughan and Rutter, 1997). This may be especially true in the case of wartime memories for several reasons. Davies (1997) described the reluctance of an evacuee to discuss her wartime experiences during therapy, feeling that by 'complaining' she was betraying the memory of those that died during the war. The coping strategies employed by people of all ages to cope with unpleasant memories often involves some method of avoidance, but this is likely to be especially true for this population firstly because children's cognitive coping strategies are not as developed as those of adults and they therefore tend to use gross cognitive or behavioural avoidance, and secondly wartime memories may have been avoided because people were strongly encouraged to solve problems of daily living after the war was over, and not to dwell on what had happened. This coping strategy may have been adaptive immediately after the war, and therefore may have been maintained.

This study aims to investigate the link between childhood attachment experiences namely quality of parenting and evacuation, and present attachment style, social support and psychological wellbeing. The suggested model is illustrated below:



**Figure 1** Conceptual model of the relationship between evacuation, quality of parenting, attachment style, social support and present psychological wellbeing.

#### 1.4.1 Research hypotheses

##### **Hypothesis 1 – Attachment mediates a relationship between evacuation and present psychological wellbeing**

In accordance with attachment theory, the first research hypothesis is that people who were evacuated when they were children will have lower levels of present psychological wellbeing than people who were not evacuated. This relationship will be mediated by attachment style, such that people who were evacuated will show higher levels of insecure attachment and therefore lower levels of present psychological wellbeing.

##### **Hypothesis 2 – Quality of relationships with parents moderates the effect of evacuation on attachment style**

In accordance with attachment theory, it is predicted that the quality of parenting received from parents will moderate the effect of the evacuation on attachment style.

More specifically it is predicted that those children who received poor quality parenting prior to the evacuation would be predisposed towards insecure attachment style. According to Bowlby and others, these attachment styles are likely to be resistant to change even with a change in the quality of caregiving, and may be reinforced by the experience of separation. The evacuation is predicted to have had a greater negative impact on those children who experienced high quality parenting prior to the evacuation.

**Hypothesis 3 – Social Support mediates the relationship between attachment style and present psychological wellbeing.**

Secure attachment styles in adulthood will be associated with higher levels of satisfaction with, and quantity of, social support. This in turn will be associated with higher levels of psychological wellbeing. Social support is not predicted to be a complete mediator of the relationship between attachment style and psychological wellbeing because there are other pathways through which attachment style would be predicted to influence psychopathology.

**1.4.2 Additional questions**

As described above, the evacuation was by no means a homogenous event. If the results suggest that the evacuation has had a long-term impact on the attachment styles and psychological wellbeing of evacuees, it may be that specific variables within the experience of evacuation contribute to this effect. This study is not designed to

investigate the impact of all aspects of the evacuation, but some of those which attachment theory would suggest to be important are described below:

### **Age**

Early research concentrated on observations of children admitted to hospital without their parents. This showed that children aged six months to four years experienced more emotional distress than children of other ages, although not all children in this age group became distressed (e.g. Schaffer and Callender, 1959). Indeed attachment theory predicts that the internal working models of very young children would be more susceptible to change following a change in the relationship with the primary caregiver, but the vast majority of children evacuated without their parents were over 4 years old. Research with unaccompanied refugee children suggested that children under 15 years presented with more emotional and behaviour problems, and studies that investigated long-term effects of separation suggest that separation between the ages of 4 and 10 years was associated with a worse outcome. Older evacuees with secure attachments may have developed the cognitive and emotional skills that enable them to cope adaptively with the separation experience. It is therefore predicted that evacuation will have had a greater impact on the attachment styles of people who were evacuated at a younger age.

### **Presence of siblings**

Bowlby (1984) proposed that there is generally a hierarchy of attachment figures for each child, usually including father and older siblings if mother is the primary caregiver.

Although the child is likely to show an attachment relationship with all people in the hierarchy, s/he will prefer the principal attachment figure for security when distressed, and this figure will be most influential in the contents of internal working models of attachment (Bretherton, 1985). In a group of eighteen-month old children studied by Schaffer and Emerson (1964), approximately one third showed a principal attachment to their father. The majority of children had one main attachment and the importance of other attachment figures varied.

Heinicke and Westheimer (1965) found that the distress of siblings who are separated from their caregiver is lessened by the presence of each other. Stewart and Marvin (1984) modified the Strange Situation test and found that preschool-age children could function as an attachment figure to a younger sibling when mother was not present. This is consistent with Bowlby's idea of a hierarchy of attachment figures and also with those of Kinzie et al. (1986; 1989) who found that the presence of a sibling was protective against distress for refugees unaccompanied by their parents. We would therefore predict that those children who were billeted with sibling(s) would experience less separation anxiety, adjust more successfully to their new environment and maintain secure attachment styles.

### **Duration of separation**

The maximum time for which children were evacuated was for the duration of the war and they may therefore have been separated from their parents for up to six years. There is some evidence to suggest that emotional distress caused by separation may be

greater for separations of long duration (Heinicke and Westheimer, 1965), which would indicate that longer evacuations would be associated with a more negative impact on attachment. However, the foster-care literature has found that longer placements were generally associated with stronger attachments to hosts and it may be that the length of time evacuated was associated with the development of an attachment relationship with hosts, which could mitigate a negative effect.

### **Frequency of contact with parents**

Research carried out during the evacuation, and studies of children placed in foster-care both suggest that visits by parents and other family members were a positive event, maintaining attachment to the child's family and related to greater happiness during the separation. Only one study suggested that visits from parents were related to greater difficulty in adjustment. It is therefore hypothesized that children who were visited by their parents will have had a more positive experience during the evacuation. Children who were securely attached to their parents prior to evacuation will be better able to maintain that attachment. It is also possible that contact with parents could increase the probability of inappropriate billets being changed, resulting in an increased quality of care.

### **Number of billets**

Studies carried out during the evacuation suggest that changes in billet were related to a negative experience for the child. This is reinforced by the attachment literature that suggests that changes in caregiving arrangements may result in changes in attachment



**Research Question – If evacuation is found to influence attachment style and present psychological wellbeing, do any of the variables described above (age at evacuation, presence of siblings, duration of the evacuation, frequency of visits from parents, number of different billets, and the nature of the reunion with family) make a specific contribution?**

## 2 Method

### 2.1 Design

This is a retrospective non-randomised groups posttest-only design, which uses a range of probing standardised self-report questionnaires. The experimental group consisted of people who were evacuated as children during World War II. The comparison group consisted of people who were children during World War II, but who were not evacuated.

### 2.2 Recruitment

#### *Evacuee group*

The Evacuees Reunion Association (ERA) was founded in 1996 by people who had been evacuated during World War II. It produces a monthly newsletter and arranges reunion meetings in different areas of Britain. At the time of recruitment, the ERA had approximately 1500 members.

An advertisement explaining the purpose of the study (Appendix 1) was placed in the July 1999 edition of the ERA newsletter. A total of 214 people responded directly to this advertisement. 134 people contacted the researcher by telephone, and 80 people wrote to the researcher expressing an interest in taking part in the study. Distinguishing characteristics of non-respondents were not available, but anecdotal information from the ERA suggests that they were demographically similar to the volunteers.

People who contacted the researcher by telephone were given the opportunity to ask questions about the study. The most common query was whether the results would be

made available for the ERA; most people wanted this to be the case. People were encouraged to contact the researcher again if they had any further questions after receiving the research pack, but less than five people did so; of these, one person was unsure about how to complete the PBI, and four other people telephoned to say that they had had atypical evacuation experiences and wondered whether they were relevant to the study. Such experiences included having large numbers of billets and having been placed in local authority care prior to being evacuated. All people were encouraged to respond, but to record their atypical experience at a relevant juncture on the appropriate questionnaire.

A further 22 participants were recruited who were not members of the ERA. Of these, fifteen were obtained by word-of-mouth through members of the ERA. Seven other people were members of another group of evacuees that was contacted through an ERA member.

### *Comparison group*

The comparison group, consisting of people who were children during World War II but were not evacuated, was recruited through local social groups. Details of these groups were obtained through searching the database of a local library for social clubs and organisations aimed at an appropriate age range e.g. 'Over 60s' Clubs, retirement clubs, University of the Third Age. An advertisement (Appendix 2), which explained the study, was sent to the co-ordinator of eighty groups. Members of the groups then contacted the researcher by telephone or letter, or the group co-

ordinator collated a list of people that were interested in participating, and sent it to the researcher.

One social group invited the researcher to attend a meeting and to talk to its members. Packs of questionnaires were distributed to those interested in taking part for return by post.

#### *Potential biases in recruitment*

Use of the ERA as a target sample may be associated with certain biases. It could be speculated that members of the ERA might remember their evacuation experiences more favourably, or consider their evacuation experiences to be more important, than evacuees who have not joined the association. Membership of the ERA could also be associated with particular types of coping methods for difficult experiences whilst evacuated; for example, it is unlikely that those people who had difficult experiences and who now cope with them using methods of avoidance would join such an association.

An alternative method of recruitment, such as an advertisement in the national press, was initially favoured by the researchers because it might recruit a more representative sample, although still contain some of the above biases. This method of recruitment was discounted after funding for the advertisement was not granted.

The intended sample of all people who respond to an advertisement may be unrepresentative of the universe of all people who were evacuated because people

who respond will differ from non-responders in terms of motivation to complete the study. People who are less literate will be underrepresented. These potential biases will influence the generalisability of the results of this study and therefore the external validity of the study. An attempt will be made to estimate biases by comparing details known about non-responders with those who did respond.

Recruitment of the comparison group is likely to involve similar biases. These participants were also mainly recruited through an advertisement and therefore respondents would have greater motivation to take part, and possibly consider their wartime experiences to be more significant than non-respondents. Again, the recruitment method and the prospect of completing questionnaires are likely to result in a bias towards a more literate and possibly more highly educated population. Coping methods of participants in this group are also likely to be non-avoidant.

### **2.3 Ethics**

Ethical approval for the study was granted by the Joint UCL/UCH Committees on the Ethics of Human Research (Appendix 3), and by the West Essex Local Research Ethics Committee (Appendix 4).

Each person who volunteered to take part was sent a pack that contained an information form describing the study (Appendices 5 and 6). Information forms used for the group of evacuees and the comparison group differed slightly because the groups were recruited through different organisations. It was felt by the researchers and the Ethics Committees that these information forms allowed the participants to

give informed consent. The forms encouraged participants to contact the researcher by telephone or letter if they had any questions or concerns about the study, and requested that people who chose to participate sign the enclosed consent form (Appendices 7 and 8) and return it together with their completed questionnaires.

It was recognised that some participants could have experienced distress as a result of thinking about the experiences referred to in the questionnaires. Participants were therefore asked to contact the researcher if they experienced any serious distress and the researcher would suggest contacting their GP if necessary. No participants did contact the researcher for this reason.

## **2.4 Participants**

### *Evacuee group*

In total, 236 evacuees contacted the researcher to say they would like to take part. 173 sets of questionnaires were received from evacuees, giving a response rate of 73.3%. Nine other evacuees (3.8%) wrote to the researcher to say that, having seen the questionnaires, they no longer wished to take part. There were 54 evacuees (22.9%) who did not respond.

The only variable on which it was possible to compare respondents with non-respondents was gender. Of those who responded to the questionnaires, 113 (65.3%) were female; of those who did not respond or wrote to say they did not wish to take part, 44 (69.8%) were female.

### *Comparison group*

In response to the advertisements sent to social clubs, requests were received for 104 sets of questionnaires. Of these, 44 were completed and returned, giving a response rate of 42.3%. A further 11 people (10.6%) replied that they did not wish to take part and 49 (47.1%) did not respond.

Of those people who responded to the questionnaires in the comparison group, 28 (63.7%) were female. Of those who did not respond, or who replied that they did not wish to participate, 39 (61.7%) were female.

These figures show that the response rate was higher in the experimental group than in the comparison group. This is likely to reflect the fact that the experimental group was recruited through an organisation whose main interest is the evacuation. The social groups through which the comparison group was recruited are not focused on wartime experiences. Many people in the comparison group were aware that the study was investigating the effects of the evacuation, and this may have influenced their motivation to participate.

### **2.5 Comparison of evacuee respondents with non-evacuee respondents**

Four evacuees were excluded from all data analysis because the only questionnaire they completed was the EEQ. One person was excluded from the comparison group because she had been evacuated during the war. The final number of evacuees was 169, and the final number of non-evacuees was 43.

A series of analyses were conducted to determine whether there were any systematic differences between the groups that might influence the interpretation of forthcoming analyses. The groups were compared in age, gender, marital status and social class as relationships have been found between these variables and psychological wellbeing (Goldberg and Williams, 1988). The results are shown in Tables 2-1 and 2-2.

**Table 2.1** A comparison of gender and marital status in the two groups of participants

	Frequencies, percentages and group statistics					
	Evacuees		Non-evacuees		$\chi^2$ <sup>1</sup>	p-value
	n	(%)	n	(%)		
<u>Gender</u>					0.04	0.86 <sup>2</sup>
Male	60	(35.5)	16	(37.2)		
Female	109	(64.5)	27	(62.8)		
<u>Marital Status</u>					6.73 <sup>3</sup>	0.08
Married	103	(60.9)	33	(76.7)		
Single	5	(3.0)	2	(4.7)		
Divorced/separated	27	(16.0)	1	(2.3)		
Widowed	34	(20.1)	7	(16.3)		

**Table 2.2** Current age statistics of evacuee and non-evacuee participants, and a comparison of the mean age of the two groups

	Evacuees			Non-evacuees			t-value <sup>4</sup>	p-value
	N	Mean (SD)	Range	N	Mean (SD)	Range		
Current age	141	67.4 (3.1)	60 - 75	42	67.6 (3.6)	61 - 76	2.5	0.80

<sup>1</sup> Degrees of freedom: gender = 1, marital status = 3

<sup>2</sup> Fishers Exact Test

<sup>3</sup> 1 cell has an expected count less than 5.

<sup>4</sup> Degrees of freedom: current age = 180, age left school = 208



A Mann-Whitney U test was conducted on social class, as defined by the Standard Occupational Classification (1991). No difference in social class between the two groups emerged (Mann-Whitney U = 1847, p = 0.11).

Tables 2-1 and 2-2, and the Mann-Whitney U test described above show no evidence of difference in gender, age or social class between the group of evacuees and the group of non-evacuees. There was some evidence of a difference in marital status as the evacuee group contained a greater proportion of divorced or separated people and a lower proportion of married people, but this effect only approached significance.

No comparisons were conducted on variables that were hypothesised not to influence outcome measures. This decision was made in order to reduce rates of Type I error.

## **2.6 Measures**

Research into response rates to postal surveys has produced clear results. The number of attempts to obtain a response is obviously the most influential factor, but the perceived salience of the questionnaire to the topic of the survey also has a strong effect (e.g. Goyder, 1982). Factors such as the size of the questionnaire are also influential.

When selecting the questionnaire measures for this study, it was recognised that a large amount of information was required, but that lengthy questionnaires may significantly reduce the response rate, especially as much of the information required might appear to participants to have little relevance to the evacuation. It was also

recognised that the participants were all over sixty years old and might be less accustomed to completing lengthy forms than younger age groups, and that a larger font size might be preferred by some people in this age group. The questionnaires selected are described below.

*Parental Bonding Instrument (PBI: Parker, Tupling and Brown, 1979; Appendix 9)*

This assesses participants' retrospective perceptions of the separate contribution that their mother and father made to bonding with the participant when the participant was a child. It was chosen for use in this study in order to assess the potential impact of the parental relationship on current attachment status and psychological wellbeing.

The PBI consists of 25 questions that are answered twice, once regarding the mother and once regarding the father. The response to each question is made on a 4-point Likert scale, and the items are worded positively and negatively to reduce any effects of acquiescence. The instrument contains two dimensions (see, however, Murphy, Brewin and Silka, 1997). The Care Scale relates to the affective component of the relationship (e.g. "Spoke to me with a warm and friendly voice") and the Overprotection Scale relates to the degree of control exhibited by the parents within the relationship (e.g. "Tried to control everything I did"). The Care Scale consists of twelve items, allowing a maximum care score of 36 for each parent, and the Overprotection Scale consists of thirteen items allowing a maximum overprotection score of 39 for each parent. Several studies have suggested that 'care' and 'protection' are the key dimensions underlying the attitudes and behaviours of parents (e.g. Raskin et al., 1971; Parker et al., 1979).

The PBI has been used with a wide range of clinical and nonclinical populations (Parker, 1993). Reliability and validity of the instrument obtained in the original study is satisfactory: test-retest reliability was 0.76 ( $P < 0.001$ ) for the Care scale and 0.63 ( $p < 0.001$ ) for the Overprotection scale; split-half reliability was 0.88 ( $p < 0.001$ ) for the Care scale and 0.74 ( $p < 0.001$ ) for the Overprotection scale. Concurrent validity was assessed following interviewer ratings of care and overprotection and the Pearson correlations were 0.77 ( $p < 0.001$ ) and 0.78 for the Care scale, and 0.48 and 0.51 ( $p < 0.001$ ) for the Overprotection scale (Parker et al., 1979). Parker (1983) assessed the PBI as a measure of both perceived and actual parenting and found it acceptable. He also found that it was resistant to biases (e.g. recall biases) induced by depressed affect.

Parker et al. (1979) obtained population norms from 410 people attending GP surgeries in Sydney, Australia. The mean Care score for mothers was 26.9, for fathers 23.8. The mean Overprotection score for mothers was 13.3 and for fathers 12.5. There was a negative correlation between the two scales suggesting that overprotection is associated with a lack of care. There was no significant association between either of the scales and social class, gender, or age of the participant. Ages of participants ranged from 12 to 74 years. Although this study found no effect of age of participant on rating of parental attitudes and behaviours, a later study (Parker, Kiloh, and Hayward, 1987) did find an age effect. Older people were slightly, but significantly, more likely to score their parents in a more favourable way. This may be due to generalised differences in parenting, or may suggest that older people are more influenced by social desirability.

The PBI was one of five attachment scales that were evaluated by Heiss, Berman and Sperling (1996) to determine whether they evaluated the same construct, and whether the construct related to attachment 'proper'. They concluded that the PBI, as the other measures evaluated, does assess attachment, but cannot offer greater precision than a description of attachment as 'healthy' or 'pathological'. It may also be prone to 'false positives' as a result of idealising responses (Steele and Steele, 1994).

*General Health Questionnaire (GHQ: Goldberg, 1972; Appendix 10)*

The General Health Questionnaire (GHQ) is a well-known and extensively validated screening questionnaire for functional psychiatric illness (Goldberg, 1978). It was designed for self-administration. The 28-item version was chosen for this study because this version is relatively brief and allows the use of scaled subscores for more detailed investigation of responses. The four scales of the GHQ-28 were derived from the 60-item version using factor analysis and measure somatic symptoms, anxiety and insomnia, social dysfunction and severe depression. The subscales are not independent of each other, their correlations range from 0.33 to 0.58 (Goldberg and Hillier, 1979)

Each item of the GHQ has four possible responses. The usual method of scoring is to score 0 for the two responses indicating no recent increase in the symptom, and to score 1 for the two responses that indicate there has been a recent increase in the symptom. Goodchild and Duncan-Jones (1985) proposed an alternative method of scoring, the Corrected GHQ (CGHQ), which gives greater weight to indications of chronicity. This method of scoring has the advantage that it usually avoids the floor

effect of the GHQ and produces a less skewed distribution. Analyses conducted by Goodchild and Duncan-Jones (1985) suggest that the CGHQ has greater sensitivity and specificity, and greater stability in repeated use over time. In the present study it is appropriate to obtain a measure that reflects chronic as well as acute illness conditions and the CGHQ method of scoring will therefore be used.

Surveys have shown that age does not exert a strong effect on GHQ score, but a large Health and Lifestyle survey conducted in Britain (Cox et al., 1987) did show a rise in scores in the group of people over the age of 75 years. This is an older age group than the present population. Factors such as gender, marital status and social class have also been found to impact on GHQ scores, and therefore any significant difference in these factors between the group of evacuees and the comparison group should be considered.

The Users Guide to the GHQ (Goldberg and Williams, 1988) reviews three studies of the criterion validity of the GHQ-28 (Banks, 1983; Goldberg and Hiller, 1979; Rabins and Brooks, 1981). The median correlation coefficient between the GHQ-28 and standardised psychometric assessment was 0.76. A correlation of 0.73 was obtained with the clinical depression rating and 0.67 with the anxiety rating. The sensitivity was 88% and specificity 82.4% using a cut-off score of 4/5. Tennant (1977) reported sensitivities ranging from 86.6% to 90% and specificities ranging from 90% to 94.4% for the GHQ-28.

*Adult Attachment Styles (AAS: Hazen and Shaver, 1987; Appendix 11)*

This scale consists of three paragraphs that represent adult analogues of Ainsworth et al's (1978) attachment patterns. The secure style describes the respondent as comfortable with intimacy and dependency and as having low anxiety about loss. The ambivalent style depicts a desire for closeness, concern about rejection and a consciousness that the respondent desires more intimacy than most people. The avoidant style describes discomfort with intimacy and dependency, and lack of trust. Respondents are asked to identify the paragraph that best describes their feelings about themselves in relationships.

Kirkpatrick and Hazen (1994) found 70% of people identified the same attachment style as four years earlier, the secure group being most stable. This study and others (e.g. Feeney and Noller, 1990; Hazen and Shaver, 1987) have found no gender differences in the distribution of classifications. In terms of validity, people who classify themselves as secure report warmer, more responsive and more supportive parents than insecure-avoidant people. People classifying themselves as insecure-avoidant are more likely to report that parents were rejecting, and insecure-ambivalent ratings were associated with a perception of the father as unfair. Crowell and Treboux (1995) review measures of adult attachment and conclude that the AAS assesses a different construct to the Adult Attachment Interview (George, Kaplan and Main, 1985), probably because the AAS rating is based only upon perceptions that are directly consciously accessible to the respondent.

This is a basic questionnaire, limited in the number of items and complexity of alternative answers. It was chosen due to the ease with which it is completed and its non-threatening nature.

*Social Support Questionnaire – 6 (SSQ6: Sarason et al, 1987; Appendix 12)*

This six-item questionnaire was originally derived using factor analysis from a twenty-seven item Social Support Questionnaire (SSQ) (Sarason et al., 1983), which has good psychometric properties. It measures participants' appraisals of the number of people available to provide social support (Number Scale), and of their satisfaction with the support that they receive (Satisfaction Scale). Sarason et al. (1987) report that a large number of data sets have shown only a moderate correlation between the Number scale and the Satisfaction scale (typically between 0.3 and 0.4), suggesting that they are composed of different unitary dimensions.

On this shortened version, six items ask participants to list the people that they can count on for social and emotional support in different situations, and each item also requires participants to rate their satisfaction with that support on a six point scale from 1 – “very dissatisfied” to 6 “very satisfied”. It was standardised by its authors on three samples of college students, and internal reliabilities ranged from 0.90 to 0.93 for both the Number and Satisfaction scales. Correlations with the full SSQ were 0.95 for the Number scale and 0.96 for the Satisfaction scale.

The correlations of the SSQ and the SSQ6 with a variety of individual difference measures, such as anxiety, depression, and alternative social support measures, were

compared. There were no significant differences between the SSQ and the SSQ6 in their correlations with any of the individual difference measures. The authors conclude that the test-retest reliability and the internal reliability of the SSQ6 are highly satisfactory.

*Evacuation Experience Questionnaire (EEQ; Appendix 13)*

This was adapted for the current study by the research team from the War Experiences Questionnaire (Davies, in press). It contains questions relating to demographic information, and questions relating specifically to evacuation experiences. These questions were developed according to the research hypotheses, and therefore asked about age at evacuation, length of time evacuated, presence of siblings in the billet, number of different billets, frequency of contact with parents, and the nature of the reunion with family after being evacuated. The questionnaire attempted to account for the fact that each evacuee may have had several billets, and that experiences might have changed according to the billet. Participants were also asked to rate their experiences on five-point Likert scales, from 0 – “very negative” to 4 – “very positive”, and to list three factors that they considered to have ‘good’, and three factors that they considered to have been ‘bad’ about their experience.

The research team anticipated that some information collected could be useful in further research, and questions pertaining to coping styles were also included. These will not be considered in this study.



The EEQ contains one open-ended question that asks participants to write down whatever they felt was important about their evacuation experiences. It was hoped that this would help to identify any important issues that were not included in the questionnaire.

The majority of questions in the EEQ obtain demographic and descriptive information regarding the participant's evacuation experience. It was sent to a leading historical researcher in the field of evacuation studies (Martin Parsons, Reading University) to identify important omissions. It was also piloted with 8 people who were former evacuees but did not participate in the study, and altered according to their comments. Alterations were mainly to provide more space on the questionnaire for responses.

It was necessary to obtain demographic information, and information about wartime experiences from the comparison group. The EEQ was therefore adapted (Appendix 14), omitting questions that specifically related to the evacuation, and the adapted questionnaire was sent to the comparison group.

## **2.7 Procedure**

Packs of questionnaires were posted to the people who responded to the advertisements. These packs included the information sheet, consent form, five questionnaires, and a stamped addressed envelope for their return to the researcher. Participants were encouraged to contact the researcher with any questions or

concerns and approximately 15 – 20 telephone calls were received from people who had queries after reading the questionnaires.

Participants were not required to write their names on the questionnaires, but all participants had to sign the consent form for the study. All questionnaires and consent forms were therefore numbered when they were received, and the consent forms were separated from the returned questionnaires. Participants were assured confidentiality and all questionnaires and consent forms were kept in a locked filing cabinet.

Following completion of the study, a summary of the findings was sent to the president of the ERA in order that they could be made available for those people who took part, or to all members of the ERA.

### 3 Results

#### **Overview**

The results of the data analysis are divided into three sections. The first aim of this study was to investigate the nature of the evacuation for the present sample, and the first section of the results therefore focuses on describing the characteristics of this experience. The second section of the results describes the wartime experiences of those who were not evacuated, and the third section addresses the predicted model of the relationship between important variables i.e. between experience of evacuation, attachment style, present psychological wellbeing, childhood relationship with parents, and social support. It goes on to address the question about whether there are specific aspects of the evacuation experience that appear to account for any relationship found between evacuation and present attachment style. Aspects that are hypothesised to be related include age at evacuation, duration of evacuation, number of billets, presence of siblings, and frequency of visits from parents.

#### **3.1 The characteristics of the evacuation**

All evacuees completed the Evacuation Experiences Questionnaire (EEQ). Missing data were usually due to respondents' self-reported difficulties in remembering details of their experiences.

##### *Age at first evacuation*

The age at which respondents were first evacuated ranged from 10 months to 15 years old. The mean age was 7.6 years at evacuation. Of the total sample of evacuees, 29 (17.2%) were under five years of age when they were evacuated, and 13

(44.8%) of these stayed in their first billet without their parents or siblings. The wide range of age at evacuation in this sample indicates that all ages are represented.

*Location before evacuation*

The majority of respondents (67.5%) were evacuated from London and the Greater London area. A further 10.7% were evacuated from the Home Counties, 10.1% from the south coast of England, and the remaining people were evacuated from cities in the Midlands (2.4%) and north of England (8.3%). One person was evacuated from the Channel Islands. The areas from which people were evacuated are roughly consistent with Titmuss' (1950) official analysis of the evacuation, which showed that of those people evacuated in September 1939, approximately 80% had come from the Greater London area, and the remainder were mainly from cities in the Midlands and north of England. The sample therefore appears representative of people that were evacuated in this respect.

*Timing of evacuation*

Evacuation day (E-day) was 1<sup>st</sup> September 1939. 55.6% of respondents were evacuated on this day (or 2<sup>nd</sup> September) and 40.2% were evacuated later. Seven people (4.1%) did not know whether they were evacuated on E-day or not.

*Explanation received*

Respondents were asked whether they had been given an explanation about what was happening when they were evacuated. Almost one third (29.6%) felt they had been given no explanation, and 17.8% could not remember whether they had received an

explanation of events. Approximately half the respondents (52.7%) felt that they had been given some sort of explanation about what was happening, although the content of the explanations received varied. Of those who felt they had been given an explanation, 56.2% were told that they were going to a safe place because of the war, 19.1% were told that they were going on a holiday, 7.9% were told where or how they were going, but not why they were going, 5.6% were told they were going away because war had been declared, and 3.4% were told they were going away because their school was moving or closing. A further 7.9% felt they had been given an explanation but could not remember what it was.

*Description of Billets (places where evacuees stayed)*

The mean number of billets for each respondent was 2.8 and the modal number of billets was 2. Just 39 respondents (18.4%) had only one billet during the time they were evacuated, suggesting that the majority of respondents changed billets at some point, or were evacuated several times. The EEQ only collected detailed information about three billets, but 25% of respondents had more than three billets. The maximum number of billets was 13.

The majority of billets (59.8%) were arranged through the respondent's school, 20.1% were arranged through family contacts, 11.2% were arranged by the Local Authority when the evacuees arrived, and one person had his/her billet arranged by the local police. Three people who were evacuated abroad had their billets arranged by the Children's Overseas Reception Board (CORB). 6.5% of the total respondents did not know how their billets had been arranged.

The indication that only 11.2% of respondents' billets were arranged through the Local Authority on arrival suggests that many people in this sample may have avoided the situation often described in the literature whereby evacuees were selected by potential hosts. However, the question in the EEQ regarding the arrangement of billets could be improved to take account of the fact that each billet may have been arranged by a different method, and some evacuees who reported that their billets were arranged by their school may also have undergone the selection process.

The locations of respondents' billets were divided into geographical regions and are shown in Table 3-1.

**Table 3-1** Location of billets

Location	Billet 1		Billet 2		Billet 3	
	n	(%)	n	(%)	n	(%)
South coast of England	19	(11.2)	10	(7.7)	9	(10.6)
Counties close to London	64	(37.9)	40	(30.8)	24	(28.2)
South West of England	29	(17.2)	35	(26.9)	20	(23.5)
Midlands	25	(14.8)	15	(11.5)	7	(8.2)
Wales	13	(7.7)	11	(8.5)	8	(9.4)
North of England	11	(6.5)	11	(8.5)	9	(10.6)
Scotland (rural areas)	1	(0.6)				
Australia	2	(1.2)	2	(1.5)	1	(1.2)
Canada	2	(1.2)	3	(1.5)	3	(3.5)
New Zealand	1	(0.6)				0
Argentina	1	(0.6)			1	(1.2)
'Don't know'			2	(1.5)	1	(1.2)
Missing	1	(0.6)	1	(0.8)	2	(2.4)
<b>Total (N)</b>	<b>169</b>		<b>130</b>		<b>85</b>	

Table 3-1 shows that the places to which evacuees were sent covered much of Britain. Unfortunately it was not possible to calculate the average distance from home that people were sent. The majority of billets were in counties close to London, such as Hertfordshire, Essex, Buckinghamshire and Surrey, although billets

in these areas became less frequent when people were moved to a second or third billet. Some areas close to London and on the south coast of England were designated evacuation areas after they had received evacuees, and this necessitated people moving on to other areas. The number of people evacuated to the south coast, however, does not appear to decrease greatly in this sample. A total of eight people were evacuated abroad, six of these went abroad for their first billet, and two people were evacuated within Britain before going abroad. The experiences of the journey, of language and culture, and of contact with family for evacuees sent abroad may have differed substantially from that of other evacuees.

Ratings of how positive or negative the respondent found each billet were made on a five-point scale from 0 – ‘very negative’ to 4 - ‘very positive’. The mean rating for the first billet was 2.2 (S.D. 1.4), the mean rating for the second billet was 2.3 (S.D. 1.5) and the mean rating for the third billet was 2.6 (S.D. 1.4). This shows that the mean rating for all billets was more positive than negative.

The mean length of time that the respondents had spent in one billet was 18.4 months, and the range was from one day to 17 years. The mean time in the first billet was 16.4 months (S.D. 21.9), the mean time in the second billet was 19.7 months (S.D. 25.4) and the mean time in the third billet was 20.3 months (S.D. 18.0). There were 8 people who had billets lasting less than 2 weeks, and for 7 of these people this was their first billet. The majority of people who had such short billets (62.5%) felt that they ended quickly because the host family did not want an evacuee.

Respondents were asked whether they kept in contact with the people with whom they were billeted after they had left the billet. 34.9% of respondents kept in contact with the people from their first billet, 42.3% kept in contact with the people from their second billet, and 50.6% kept in contact with the people from the third billet. Therefore, on average 41.0% of respondents kept in contact with the people with whom they were billeted after leaving.

Respondents were asked to rate how happy they were in general during the time they were evacuated. This was done on a five-point Likert scale from 0 (very unhappy) to 4 (very happy). The mean score was 2.5 (S.D. = 1.2) and the median and modal scores were 3, which suggests that, in general, respondents rated themselves as 'quite happy' during the time they were evacuated.

#### *Reasons for billets ending*

There were many reasons given for billets ending: 13.3% of billets ended because the evacuees either left school, changed school, or the school with which they had been evacuated was moved; 13.0% of billets ended because the war was over; 13.0% of billets ended because the evacuees were unhappy there, and 4.7% ended because the evacuees' parents were unhappy with the billet; 11.2% of billets ended because the host family did not want an evacuee; a further 7.3% of billets ended because it was felt that the risk of bombing in evacuees home towns had decreased; 5.0% of billets became an evacuation area and so evacuees had to move, and 5.0% of billets ended because the host families' circumstances changed e.g. through illness or death. Other reasons given included overcrowding in the billet, the billet being bombed out,



evacuees' illness, the host family being unable to cope, and evacuees' families moving to a safer area so their children could join them.

*Contact with family whilst evacuated*

Many people were able to stay in a billet together with a member of their family, or a school friend. The number of people who were billeted alone or with no-one that they knew, and the numbers of people who were given billets together with family or friends is detailed in Table 3-2.

**Table 3-2** Numbers (and percentages) of respondents who stayed in the same billet as a member of their family, or as their school friend.

Other Person in Billet	Billet 1		Billet 2		Billet 3	
	n	(%)	n	(%)	n	(%)
Alone (no family/friends)	53	(31.4)	52	(40.0)	35	(41.2)
Mother	11	(6.5)	11	(8.5)	2	(2.4)
Mother and sibling(s)	11	(6.5)	7	(5.3)	3	(3.6)
Sibling(s)	67	(39.7)	43	(33.1)	27	(31.8)
School friend	20	(11.8)	14	(10.8)	13	(15.3)
Other	7	(4.1)	3	(2.3)	5	(5.9)
<b>Total</b>	<b>169</b>		<b>130</b>		<b>85</b>	

Table 3-2 indicates that approximately one third of the sample of evacuees were billeted alone. In total, 32 (18.9%) of respondents were billeted with their mother at some point during their evacuation, and 84 (49.7%) were billeted with sibling(s) in at least one billet.

Respondents were asked to indicate how frequently they saw their mother and their father whilst in each billet. The responses were categorised according to the frequency of contact, where necessary 'infrequent' contact was defined as less than

once every two months, and 'frequent' contact was defined as at least once every two months. The percentages of respondents in each category are shown in Table 3-3.

**Table 3-3** Frequency of contact with mother and father whilst evacuated, shown as percentages of respondents in each category of contact.

Frequency	Contact with mother			Contact with father		
	Billet1 N=169	Billet2 N=130	Billet3 N=85	Billet1 N=169	Billet2 N=130	Billet3 N=85
Never saw him/her	29.2	29.2	34.1	46.7	53.1	60.0
Rarely / irregularly	29.7	46.2	44.7	25.5	38.5	30.6
Frequently	8.0	9.2	11.8	4.2	5.4	7.1
All the time	9.4	13.1	5.9	0.5	1.5	0
Missing or 'can't remember'	23.6	2.3	3.5	23.1	1.5	2.3

Table 3-3. suggests that, in general, respondents had more frequent contact with their mother whilst they were evacuated. The majority of people (79.3%) never saw their mother, or only saw her infrequently or irregularly, whilst in at least one of their billets.

#### *Length of evacuation*

The total length of time for which respondents were evacuated during the war ranged from 1 month to 6.4 years. Six respondents, however, stayed in their billets after the war had ended and therefore the total time for which people were away ranged from 1.5 months to 17 years. The mean length of time was 3.75 years.

Of the six respondents who stayed in their billets after the end of the war, four stayed to finish their education at the school they had been attending whilst evacuated. The mothers of the remaining two respondents had died prior to their evacuation and their fathers had decided it would be better for them to stay with their foster-families.

Respondents reported that an offer of adoption was made by their host families in 26 (15.4%) of cases. In only one case was this offer accepted by the evacuee's parents.

*Experience of abuse whilst evacuated*

Respondents were not asked whether they were physically or sexually abused in the EEQ, but some people mentioned incidents of abuse when asked for any other important information about their evacuation experience. In total, 14 people (8.2%) mentioned that they had been sexually abused whilst evacuated, and 12 people (7.1%) mentioned that they had been physically abused. Of these, 2 people mentioned both physical and sexual abuse. These statistics cannot be accepted as a reliable estimate of the number of people who were abused, but they indicate the minimum number of people in this sample who suffered abuse whilst evacuated.

*Experience of wartime bombing*

The majority of evacuees (74.0%) stated that they experienced bombing raids in their home town. This statistic may be unreliable because the question did not specifically ask whether bombing raids occurred when evacuees were there. Therefore some respondents may have replied that they did experience bombing raids in their home town, but these may have occurred whilst they were evacuated. The same applies for the 23.1% of respondents who stated that they were bombed-out in their home town.

In contrast, 36.1% of respondents stated that they experienced bombing raids while they were evacuated, and 7 (4.1%) stated that they had been bombed-out whilst they were evacuated. Overall, 46.7% of respondents had used air-raid shelters.

#### *Death of close relatives or friends during the war*

Respondents were asked whether close relatives or friends were killed during the war, and 76 (45.0%) reported that at least one member of their family, or a friend, had been killed. Of these, 15 (8.9%) reported that a member of their immediate family (parents or siblings) had been killed. The details are shown in Table 3-4.

**Table 3-4** Number of people reporting that close relatives or friends had been killed during the war.

Member of family killed	N
Mother	1
Father	6
Sister	3
Brother	6
Grandmother	3
Grandfather	3
Aunt	6
Uncle	21
Cousin	16
Friend	22
Other	16

#### *Returning home*

At the end of their evacuation, 104 (61.5%) evacuees returned to their original home, but 65 (38.5%) did not. Respondents were not asked the reason for which they did not return to their original home, but answers to other questions indicated that it was usually due to their home having suffered bomb damage, or parents having moved during the war (usually to a safer area). Other people started live-in work after their evacuation, and the parents of some evacuees had separated and therefore moved.

Respondents were asked to rate how happy they were in the months after they returned home. This was done on a five-point Likert scale from 0 (very unhappy) to 4 (very happy). The mean score was 2.33 (S.D. = 1.3). This suggests that, in general, respondents rated themselves as 'neither happy nor unhappy' or 'quite happy' in the months after they returned home.

On a similar scale, respondents also rated how family life after the evacuation compared with family life before the evacuation. The mean score was 1.57 (S.D. = 1.1), which indicates that the majority of respondents rated life as 'a little worse' or 'the same'. If respondents reported family life had changed, they were asked what they thought had caused this. 73 (43.2%) respondents thought family life changed for the worse after the evacuation, and they reported that this was due to their own evacuation experience (N = 18); their mother's wartime experience (N = 9); their father's wartime experience (N = 8); parents' separation or remarriage (N = 9); the family having grown apart and not knowing each other (N = 7); and the feeling of being unwanted or abandoned (N = 6).

In contrast, 25 (14.7%) respondents felt that family life changed for the better following their evacuation, and reported this was due to their own evacuation experience (N = 6); their mother's wartime experience (N = 6); and to having grown up and becoming more independent (N = 5).

*Positive characteristics of the evacuation*

The EEQ asked respondents to list three good things, if possible, about the evacuation. The majority of respondents (67.5%) listed three things, only 9.5% were not able to name any good things. The results are categorised and summarised in Table 3-5. Examples of items in each category are given where appropriate.

**Table 3-5** Respondents' descriptions of 'good things' about the evacuation

<u>"Good thing"</u>	<u>N</u>
<u>Foster-home environment</u>	<u>42</u>
Wealthy environment	12
More to eat/good food	7
Having foster siblings	5
Well looked-after	11
<u>Outside environment</u>	<u>58</u>
Countryside	46
Seaside	3
Country life	14
<u>Foster family</u>	<u>33</u>
Good//nice/lovely foster family	16
Kindness	8
Feeling part of family	3
<u>Schooling</u>	<u>19</u>
Better schooling	13
Kind teachers	2
Boarding school	2
<u>Gaining good friendships</u>	<u>20</u>
<u>Skills learned</u>	<u>43</u>
Self-reliance/self-sufficiency	17
Learnt to mix with others	5
Learnt to be adaptable	5
Specific skill e.g. cooking, knitting	6
<u>Experiences/opportunities gained</u>	<u>56</u>
Seeing the country	6
Experiencing new lifestyles	6
Independence	11
Freedom	10
Introduced to religion	6
<u>Other</u>	
Appreciate home more	7
Safe from bombs	11
Parents not worry about me	3
Exciting/adventure	3

*Negative characteristics of the evacuation*

Respondents were also asked to name three bad things, if possible, about the evacuation. The majority of respondents (53.8%) were able to describe three bad things, 13.0% did not describe any bad things. As above, the results have been grouped together and are summarised in Table 3-6.

**Table 3-6** Respondents' descriptions of 'bad things' about the evacuation

<u>"Bad thing"</u>	<u>N</u>
<u>Separation from parents</u>	<u>58</u>
<u>Bad feelings</u>	<u>70</u>
Anxious about safety of family	11
Lonely/isolated	15
Abandoned/unwanted/rejected	13
Homesick	9
Bad/wicked	3
Anxious/frightened	8
<u>Foster-home environment</u>	<u>33</u>
No electricity/toilet/running water	4
Not enough food/bad food	9
Foster family 'unpleasant'	5
Overcrowding	4
Different language	3
<u>Losses</u>	<u>27</u>
Friendships	7
Lack of affection/support	7
Leaving foster family	4
Continual change	3
<u>Bad/disrupted schooling</u>	<u>16</u>
<u>Ill-treatment</u>	<u>38</u>
Taunted	10
Bullied	5
Abused	5
Sexually abused	7
<u>War-related events</u>	<u>7</u>
Bombing/air-raids	4
Seeing injury/death	3
<u>Being 'chosen' by foster families</u>	<u>4</u>
<u>Journey to evacuation destination</u>	<u>4</u>
<u>Other</u>	
Nightmares	2
Not knowing what was happening	6
Looking after children/elderly people	2

It can be seen that, under the heading of 'good things' about the evacuation, respondents described more practical and physical aspects of the evacuation e.g. "the countryside" was mentioned frequently. The table of 'bad things' has a greater focus on the emotional aspects of the evacuation.

*Use of psychological therapy*

Respondents were asked whether they had ever had any form of psychological therapy and, if so, whether they had talked about their evacuation experiences. A total of 49 (29.0%) respondents reported that they had had psychological therapy. Of these, over half (55.1%) had talked about their evacuation experience.



### 3.2 Characteristics of the wartime experience for those not evacuated

All non-evacuees (N = 43) completed the Wartime Experiences Questionnaire (WEQ) and, as for the evacuees, missing data were usually due to self-reported difficulties in remembering details about the wartime. Approximately two-thirds of respondents lived in areas from which people were not evacuated during the war (rural and urban) and approximately one-third of respondents lived in areas from which many people were evacuated (e.g. London, Liverpool and the south coast of England).

#### *Experience of wartime bombing*

The majority of non-evacuees (90.7%) experienced bombing raids during the war, although only 5 (11.6%) were bombed out of their home. Overall, 29 (67.4%) used air-raid shelters.

#### *Death of close friends or relatives during the war*

Non-evacuees were also asked whether close relatives or friends were killed during the war and 12 (27.9%) reported that at least one member of their family, or a friend, had been killed. Of these, 2 (4.7%) reported that their brother had been killed, 3 (7.0%) reported that their uncle was killed, 4 (9.3%) reported the death of a cousin, 5 (11.6%) reported the death of a friend and 4 people stated that someone else who was close to them had been killed.

*Separation from parents during the war*

Six non-evacuees were separated from both parents during the war. The mean length of time of the separation was 2.4 months, and the time separated ranged from 1 month to six months. Respondents who had been separated from both parents had been cared for by other family members during this time. Reasons for the separation included family difficulties or going to stay with relatives who lived in a safer area. These respondents did not consider that they had been evacuated and so they were not included in the sample of evacuees.

Separations from father during the war were relatively common; fifteen (34.9%) non-evacuees were separated from their father for a mean time of 24.7 months, and the length of separation ranged from 1 month to 5 years.

*General happiness during wartime*

Respondents were asked to rate how happy they were in general during the war. This was done on a five-point Likert scale from 0 (very unhappy) to 4 (very happy). The mean score was 2.8 (S.D. = 0.7), which suggests that, in general, respondents rated themselves as 'quite happy' during the war. No respondents made any mention of the occurrence of physical or sexual abuse.

*The end of the war*

At the end of the war 5 (11.6%) respondents were no longer living in their original home. Reasons indicated for this included having been bombed out, parents deciding

to move during the war for various reasons, and the respondent having grown up and moved out of home by the end of the war

Respondents were asked to rate how happy they were in the months after the war on a five-point Likert scale from 0 (very unhappy) to 4 (very happy). The mean score was 2.9 (S.D. = 0.9). This suggests that, in general, respondents rated themselves as 'quite happy' in the months after the war ended.

On a similar scale, respondents also rated how family life after the war compared with family life before the war. The mean score was 2.1 (S.D. = 1.0), which indicates that the majority of respondents rated life as 'the same'. If respondents reported family life had changed, they were asked what they thought had caused this. 9 (20.9%) respondents thought family life changed for the worse after the war, and they reported that this was due to their own wartime experience (N = 2); their mother's wartime experience (N = 1); their father's wartime experience (N = 1); parents' separation or remarriage (N = 4); and the death of their father (N = 1).

In contrast, 14 (32.6%) respondents felt that family life changed for the better following their evacuation, and reported this was due to their own wartime experience (N = 3); to having grown up and now being independent (N = 2); to life being more relaxed and less worrying (N = 4) and to the end of rationing (N = 2).

*Good things about life during the war for people who were not evacuated*

The WEQ asked respondents to list three good things, if possible about their life during the war. Many respondents (53.5%) were able to list three things, but 14.0% were not able to name any good things. The results are categorised and summarised in Table 3-7. Examples of items in each category are given where appropriate.

**Table 3-7** Respondents' descriptions of 'good things' about their life during wartime.

<u>"Good thing"</u>	<u>N</u>
<u>Home and family</u>	<u>18</u>
Staying with parents (no evacuation)	6
Contact with family in the services	3
Father able to stay at home	2
More contact with extended family	2
Family surviving the war (being reunited)	3
Having evacuee for company	1
<u>Community</u>	<u>20</u>
Community spirit/camaraderie	15
Cinema/dances	3
Patriotism	2
<u>Schooling</u>	<u>6</u>
Good schooling	4
Lessons disrupted	2
<u>Other</u>	
Freedom to wander	3
Excitement	3
Friendships	3
Growing up (marriage/work)	4

#### *Bad things about respondents' lives during the war*

Respondents were also asked to name three bad things, if possible, about their life during the war. The majority of respondents (67.4%) were able to describe three bad things, 7.0% did not describe any bad things. As above, the results have been grouped together and are summarised in Table 3-8. Examples of answers in each group are reported beneath each group heading.

**Table 3-8** Respondents' descriptions of 'bad things' about their life during the war

<u>"Bad thing"</u>	<u>N</u>
<u>Bad feelings</u>	<u>12</u>
Anxious about safety of family abroad	2
Anxiety/fear due to bombing	9
<u>Losses</u>	<u>30</u>
Missing friends who were evacuated	3
No social life	3
Separation from father	4
Death of relatives	3
Lack of food	12
Lack of sweets	5
<u>Bad/disrupted schooling</u>	<u>9</u>
<u>War-related events</u>	<u>40</u>
Bombing/air-raids	15
Seeing death	2
Doodlebugs	5
Black-outs	3
Gas masks - suffocating	3
Nights in shelters	4
Home bombed	3
Disturbed nights	4

Tables 3-7 and 3-8 indicate that remaining with family and the local community was an important aspect for people who were not evacuated as children during the war. Although some people found living through the war an exciting time, the majority found bombings and air-raids a frightening experience.

#### *Use of psychological therapy*

People who had not been evacuated were also asked whether they had ever had any form of psychological therapy and, if so, whether they had talked about their wartime experiences. A total of 4 (9.3%) respondents reported that they had had psychological therapy, and 2 of these 4 people had talked about their wartime experiences.

### 3.2.1 Comparisons of the experiences of evacuees and non-evacuees

Prior to commencing the testing of research hypotheses, the experiences of evacuees and non-evacuees were compared on characteristics that might influence the interpretation of future results. Comparisons of all variables were not carried out in order to avoid the possibility of Type I error, but it was thought important to consider the exposure of each sample to bombings during the war, to deaths of close relatives during the war, and to psychological therapies.

The results showed that although a greater proportion of the non-evacuee sample had used air-raid shelters during the war, this difference was only approaching significance ( $\chi^2(1) = 4.02, p = .067^5$ ). The proportion of evacuees who had experienced bombing raids either in their home town or whilst evacuated was less than the proportion of non-evacuees who had experienced bombing raids but the difference between the groups was not significant ( $\chi^2(1) = 1.10, p = .462$ ). A greater proportion of evacuees, however, had experience of being bombed out, either whilst at home or whilst evacuated, but again this difference was not significant ( $\chi^2(1) = 2.15, p = .191$ ).

There was no significant difference in the proportion of evacuees and non-evacuees who had experienced the death of a member of their immediate family (parents or siblings) during the war ( $\chi^2(1) = 1.52, p = .313$ ).

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<sup>5</sup> Fisher's Exact test (2-sided)

A significantly greater proportion of evacuees than non-evacuees reported having had some form of psychological therapy ( $\chi^2(1) = 7.32, p = .006$ ).

### 3.3 Testing Research Hypotheses

#### 3.3.1 Data Preparation

##### *Case selection*

The research hypotheses are based on attachment theory and assume that children who were evacuated were separated from their primary caregivers, and that people who were not evacuated remained with at least one primary caregiver. Those respondents who did not fit this criterion were therefore eliminated from the analysis. In total, seven evacuees were removed from further analyses because they had not been separated from their parent(s) or because they had been separated from their parents for reasons other than evacuation, and six people who had not been evacuated were removed because they had been separated from their parents at some point during their childhood.

##### *Data inspection*

Prior to analysis, all dependent variables that consisted of interval data were tested for normality. This was carried out through visual inspection, through inspection of skewness and kurtosis scores, and through Kolmogorov-Smirnov tests. Tests for outliers were conducted, and cases with scores more than three standard deviations from the mean were removed from the analyses. Corrected GHQ (CGHQ) scores were found to be significantly skewed (Kolmogorov-Smirnov  $Z = 1.725$ ,  $p = .005$ ). This variable was therefore subjected to a square root transformation and the resulting distribution was no longer skewed (Kolmogorov-Smirnov  $Z = 1.099$ ,  $p = .179$ ). The distribution of transformed CGHQ scores was also checked independently for the sample of evacuees and non-evacuees, and for each level of



attachment style, and on each occasion was found to be normally distributed. Quantity of social support and satisfaction with social support both contained outlying values, which were removed from the analysis, (four cases were removed because the quantity of social support was more than three standard deviations above the mean, and two cases were removed because satisfaction with social support was more than three standard deviations below the mean).

For each regression carried out, Cook's D distance values (Cook and Weisberg, 1982) were calculated and examined for multivariate outliers. Cook's D is the most common measure of the influence of any one variable on the regression equation (Howell, 1997). Howell reports that there is no general rule for what constitutes a large value, but values greater than 1.0 are unusual. Outliers with a Cook's D value greater than 1.0 were therefore removed from the analysis; further details of these are given with the appropriate analyses.

#### *Parental Bonding Instrument*

The PBI provides four scores: maternal care, maternal overprotection, paternal care and paternal overprotection. Optimal parenting is thought to consist of high care and low overprotection. The research hypotheses in this study test the impact of quality of parenting, but the research model does not focus on the independent contribution made by the four scores provided by the PBI. For ease of interpretation it was decided to combine these four scales in order to reduce the number of factors that required interpretation. This decision was supported by the strength of the correlations between the four scales (Table 3-9).

**Table 3-9** Inter-correlations between maternal care, maternal overprotection, paternal care and paternal overprotection, and their means and standard deviations.

	1	2	3	4	Mean	S.D.
1. Maternal care <sup>6</sup>		-.511**	.532**	-.257**	22.5	9.5
2. Maternal overprotection			-.188*	.514**	12.9	8.0
3. Paternal care <sup>7</sup>				-.281**	21.3	8.9
4. Paternal overprotection					11.7	7.7

\*p<0.05 (two-tailed), \*\*p<0.01(two-tailed)

Table 3-9 shows strong correlations between the four scales of the PBI. Maternal care and paternal care have a strong positive correlation, as do maternal overprotection and paternal overprotection.

One possible method of combining the data is categorisation (Parker et al., 1979), which involves classifying quality of parenting into four categories - high care/low overprotection (optimal parenting); low care/low overprotection (neglectful parenting), high care/high overprotection (affectionate constraint) and low care/high overprotection (affectionless control). Although this method is advantageous because it has been used in several other studies, and therefore comparison data are available, it would however reduce of power in the analysis. In addition it suggests that quality of parenting is a categorical phenomenon, for which there is not convincing evidence, and the norms given for this procedure are from

<sup>6</sup> N for maternal scores = 184

patients in a GP practice in Sydney in the late 1970s, and may not apply to pre-war parenting in Britain. The results of the categorisation would also be difficult to interpret in a complex analysis. Given these disadvantages, this method was discounted.

The four scores obtained from the PBI were entered into a factor analysis, employing a principal component analysis and only one factor with an eigenvalue  $> 1.0$  was obtained. The weightings of the four PBI scores on this factor are shown in Table 3-10.

**Table 3-10** Factor analysis of PBI scores

Scale	Factor 1
Maternal Care	.792
Maternal Overprotection	-.759
Paternal Care	.672
Paternal Overprotection	-.693

The factor extracted accounts for 53.4% of the variance (Eigenvalue = 2.14) and appears to represent general quality of parenting on which care loads positively and protection loads negatively. The disadvantages of using this method of combining the scores are that people who only provided scores for one parent are excluded, and there do not appear to be many examples of this method in the literature. However the advantages are that maternal contributions are weighted more strongly, which has ecological validity, it provides only one score that appears to correspond to quality of parenting, it is a continuous variable which will be simple to interpret, and the use of

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<sup>7</sup> N for paternal scores = 162

one variable will result in no loss of power from the analysis. This method was therefore chosen for the initial analysis involving quality of parenting.

### *Adult Attachment Styles*

The AAS provides a categorisation of attachment styles, namely secure attachment, insecure-avoidant attachment and insecure-ambivalent attachment. The distribution of these categories in the whole sample are given in Table 3-11.

**Table 3-11** Frequencies and percentages of each attachment style

Attachment style	N	%
Secure	137	68.8
Insecure - avoidant	52	26.1
Insecure - ambivalent	10	5.0

Table 3-11 shows that a small proportion of respondents described their attachment style as insecure ambivalent. A decision was made to combine the insecure – avoidant group and the insecure – ambivalent group to create one group who classified their attachment style as insecure (N = 62). This is consistent with other studies that have investigated the association of attachment style to disturbances in adulthood and have distinguished individuals as either secure or insecure (e.g. Sadowski et al., 1999; Burbach and Bourduin, 1986). It is also consistent with Lamb (1987), who suggested that the Strange Situation, which formed the basis for the description of attachment styles in the AAS, could only reliably distinguish between insecure and secure attachment styles,

*Exploratory analyses*

Three multivariate analyses of variance were carried out to determine whether there were any significant differences as a function of demographic variables (gender, social status, marital status) on key dependent variables. The results of these analyses are presented in Table 3-12. The mean scores for those variables that showed a significant difference according to gender, marital status, or social status are shown.

**Table 3-12** Results of multivariate analyses of variance of gender, marital status, and social status with key variables.

	Main effect			Mean scores			
	F	df	p	CGHQ	Maternal over-protection	Paternal over-protection	Satisfaction social support
<u>Gender</u>	6.531	7, 120	<.001				
Male				2.25	10.89	8.89	
Female				3.01	13.68	13.93	
<u>Marital status</u>	1.687	21,360	.031				
Married				2.56			33.07
Single				2.02			28.75
Divorced/sep				3.28			28.21
Widowed				3.09			30.74
<u>Social status</u>	.784	35,480	.809				

The results in Table 3-12 show that there are significant differences in key variable scores according to gender. Tests of between subjects effects indicated significant differences in transformed CGHQ scores ( $F(1,120) = 11.610, p = .001$ ) such that the mean score of females was higher than that of males, and in paternal overprotection ( $F(1,120) = 12.597, p < .001$ ), again females scoring more highly than males. The difference in maternal overprotection scores according to gender was approaching significance ( $F(1,120) = 3.745, p = .055$ ). The effect of marital status on key variables was also significant, and tests of between subjects effects showed that there

were significant differences in transformed CGHQ scores ( $F(3,360) = 2.756, p = 0.045$ ) and in scores on satisfaction with social support ( $F(3,360) = 4.686, p = .004$ ). Social status does not appear to impact upon any of the key variables.

As attachment is a categorical variable,  $\chi^2$  tests were performed with the key variables to determine whether attachment varied according to the above three variables. These tests indicated that there was no significance difference in attachment style due to gender ( $\chi^2 (1) = 2.27, p = .154^8$ ), but that attachment style did appear to vary according to marital status ( $\chi^2 (3) = 12.31, p = .006$ ). Attachment style did not vary accord according to social status ( $\chi^2 (5) = 7.26, p = .204^9$ ).

In order to determine whether age could influence any of the key variables, correlations between age and these variables were performed and the results are shown in table 3-13.

**Table 3-13** Correlations between age and key dependent variables

	A	B	C	D	E	F	G
Age	-.285**	.203**	-.107	.014	.152	.204*	-.233**

\* $p < 0.05$  (two-tailed), \*\* $p < 0.01$  (two-tailed).

(A=maternal overprotection; B=maternal care; C=paternal overprotection; D=paternal care; E=quantity of social support; F=satisfaction with social support; G=present psychological wellbeing).

<sup>8</sup> Fisher's Exact test

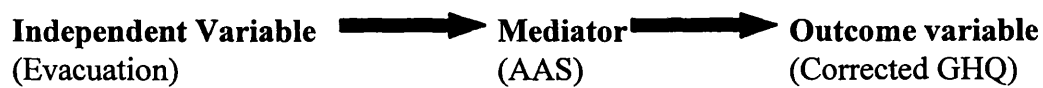
<sup>9</sup> one cell has an expected frequency less than 5

Table 3-13 shows that age has a significant negative correlation with maternal overprotection, a positive correlation with maternal care and with satisfaction with social support, and a negative correlation with present psychological wellbeing.

As a result of the above analyses, it was decided to control for the effects of gender, age and marital status in all further analyses. In all the following analyses the variable 'evacuation' was scored, evacuee = 1, non-evacuee = 0. The variable 'attachment style' was scored, secure attachment = 1, insecure attachment = 2, and increasing scores on the CGHQ indicate decreasing levels of psychological wellbeing. Gender was scored, male = 0, female = 1.

### 3.3.2 Hypothesis 1 – Attachment mediates a relationship between evacuation and present psychological wellbeing

In accordance with attachment theory, the first research hypothesis is that people who were evacuated when they were children are more likely to have insecure attachment styles and therefore show lower levels of present psychological wellbeing than people who were not evacuated. This mediational model is illustrated in Figure 3-1.



**Figure 3-1** A conceptual model indicating relations between evacuation (evacuated/not evacuated), attachment style (AAS) and present psychological wellbeing (corrected GHQ). AAS = Adult Attachment Styles Questionnaire; GHQ = General Health Questionnaire.

For a variable to function as a mediator, it must meet three conditions (Baron and Kenny, 1986):

1. Variations in the independent variable must be associated with variations in the presumed mediator. Evacuation should therefore predict attachment style.
2. Variations in the presumed mediator must be associated with variations in the outcome variable. Thus, attachment style should be associated with variation in present psychological wellbeing.
3. When the above two effects are controlled for, a previously significant relationship between the independent variable and the outcome variable is no longer significant. Thus, when variance due to attachment is controlled for statistically, evacuation should no longer predict present psychological wellbeing.



The mediational model was tested using three regression equations. Each analysis was conducted in a hierarchical manner with gender, age and marital status entered at the first step in order to control for their effects.

A linear regression was first conducted in which evacuation was used to predict the level of present psychological wellbeing (transformed CGHQ score). The results are shown in Table 3-14.

**Table 3-14** Multiple regression summary statistics for CGHQ score (N = 172)

	$\beta$	p for $\beta$	R	Adjusted $R^2$	$R^2$ change	p for $R^2$ change
<i>Step 1</i>			.319	.086	.102	<.001
age	-.206	.008				
gender	.206	.007				
marital status	.043	.579				
<i>Step 2</i>			.362	.110	.029	.019
evacuation	.172	.019				

The results shown in Table 3-14 suggest that, after controlling for the effects of age, gender and marital status, the evacuation predicts a further 2.9% of the variance in CGHQ scores ( $R^2$  change = .029,  $F$  change(1, 167) = 5.810,  $p$  = .019). The experience of childhood evacuation is therefore associated with lower levels of present psychological wellbeing.

A logistic regression analysis was then carried out in order to investigate the association between evacuation and attachment style (see Table 3-15.).

**Table 3-15** Logistic regression summary statistics for attachment style (N = 172)

Predictor variable	B	Wald	p for Wald	$\chi^2$	df	p for $\chi^2$	Nagelkerke R <sup>2</sup>
<i>Step 1</i>				29.135	3	<.0001	.220
Age	-.311	21.453	<.0001				
Gender	.204	.004	.951				
Marital status	.281	3.192	.074				
<i>Step 2</i>				5.555	1	.018	.258
Evacuation	1.186	4.836	.028				

The results in Table 3-15 suggest that gender, age and marital status together have a significant association with attachment style ( $\chi^2 (3) = 29.135, p < .0001$ ). The Nagelkerke R<sup>2</sup> suggests that 22.0% of the variance in attachment style is accounted for by these variables. When evacuation is added to the analysis in the second step, the results suggest that evacuation makes a small but significant contribution to the prediction of attachment style ( $\chi^2 (1) = 5.555, p = .018$ ). The increase in the Nagelkerke R<sup>2</sup> indicates that an additional 3.8% (25.8 – 22.0%) of the variance in attachment style is accounted for by evacuation, such that the experience of evacuation is related to greater levels of insecure attachment.

A third, linear, regression was used to build a predictive model of present psychological wellbeing. Age, gender and marital status were again entered at the first step, attachment style was entered at the second step and, in the third step evacuation was entered to determine whether it retained any predictive power. The results of the second and third step are shown in Table 3-16.

**Table 3-16** Multiple regression summary statistics for CGHQ score (N = 172)

Predictor variable	$\beta$	p for $\beta$	R	Adjusted R <sup>2</sup>	R <sup>2</sup> change	p for R <sup>2</sup> change
<i>Step 2</i>			.369	.116	.035	.011
Attachment style	.202	.011				
<i>Step 3</i>			.396	.131	.020	.047
evacuation	.146	.047				

Table 3-16 indicates that attachment style predicts 3.5% of the variance in CGHQ scores ( $R^2$  change = .035,  $F$  change (1, 167) = 6.69,  $p$  = .011), such that insecure attachment style is related to lower levels of psychological wellbeing. Once attachment style is accounted for, the value of  $R^2$  change indicates that being only a further 2.0% of the variance in CGHQ scores is predicted by the experience of evacuation ( $R^2$  change = .020,  $F$  change (1, 166) = 4.00,  $p$  = .047). The significance of the proportion of the variance accounted for by the evacuation, after accounting for attachment style, is much reduced ( $t$  = 2.001,  $p$  = .047).

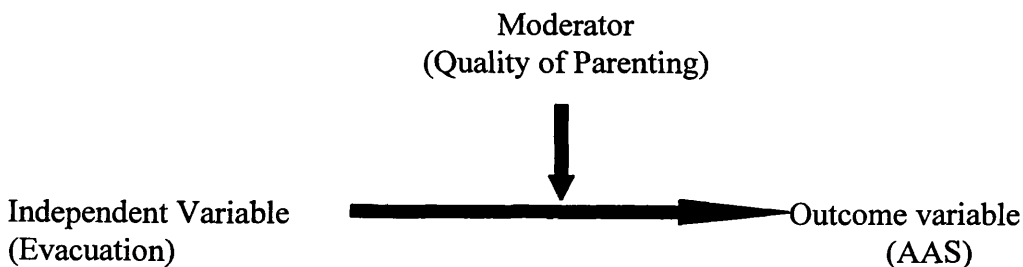
The criteria for mediation have therefore been met. Evacuation is shown to predict attachment style, attachment style is shown to predict present psychological wellbeing and, once attachment is accounted for, a previously significant relationship between evacuation and present psychological wellbeing is much reduced. Baron and Kenny (1986) propose that if the result of entering attachment style is simply to reduce the significance of the evacuation – present psychological wellbeing link, then attachment style can be considered a partial mediator. However, if the result is that the evacuation – present psychological wellbeing link is rendered non-significant, then attachment style is a complete mediator. The significance of evacuation as a predictor of psychological wellbeing, once attachment style is accounted for ( $p$  =

0.047), therefore suggests that attachment is a partial, but important, mediator. The analysis suggests that evacuation still predicts 2.0% of the variance in CGHQ, even after accounting for attachment style, and this also supports the indication that attachment style is only a partial mediator in the link between evacuation and present psychological wellbeing.

### 3.3.3 Hypothesis 2 – Quality of relationships with parents moderates the effect of evacuation on attachment style

In accordance with attachment theory, it is predicted that the quality parenting received from parents will moderate the association between the evacuation and attachment style. More specifically it is predicted that the evacuation would have a greater negative impact on the attachment styles of people who had received high quality parenting (high care, low overprotection) prior to the evacuation. The suggested relationship is shown in Fig 3-2.

The analyses were carried out using the variable obtained from the factor analysis of the four scores from the PBI. This factor will be termed ‘quality of parenting’.



**Figure 3-2** A conceptual model indicating relations between evacuation (evacuated/not evacuated), attachment style (AAS) and quality of parenting (factor analysed scores on PBI). AAS = Adult Attachment Styles Questionnaire; PBI = Parental Bonding Instrument

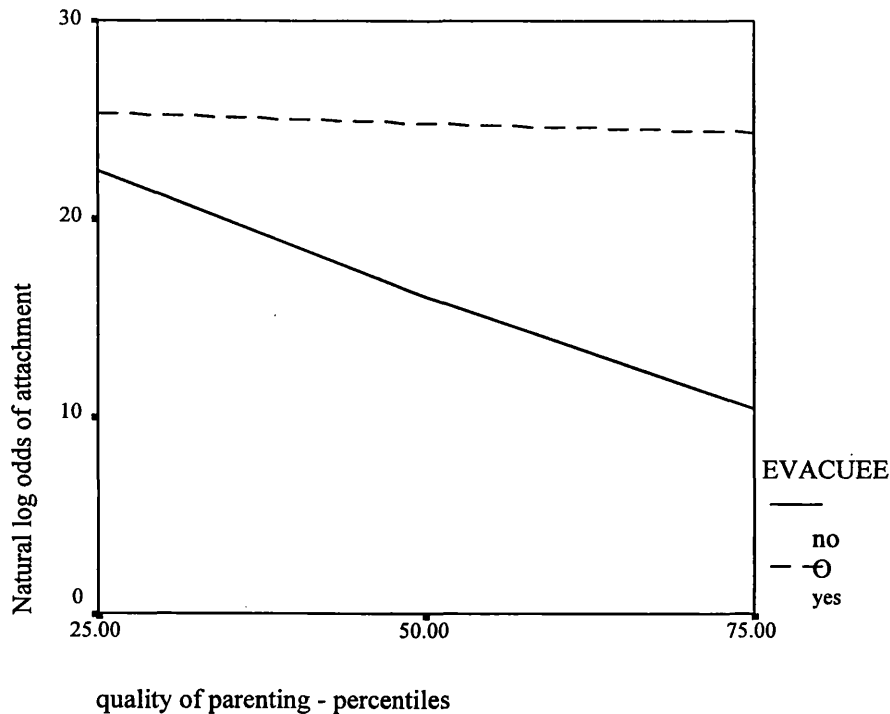
In order to test for moderation, a hierarchical logistic regression was conducted. This procedure allows for the testing of interactions by partialing out main effects (Cohen and Cohen, 1983). Age, gender and marital status were entered at the first step; evacuation and quality of parenting at the second step, and the Evacuation \* Quality of Parenting interaction was entered at the third step.

One case was removed from the analysis because Cook's D = 1.28. The results of the regression, run for the second time, are shown in Table 3-17.

**Table 3-17** Logistic regression summary statistics for attachment style (N = 137)

Predictor variable	B	Wald	p for Wald	$\chi^2$	df	p for $\chi^2$	Nagelkerke R <sup>2</sup>
<i>Step 1</i>				24.672	3	<.0001	.230
Gender	.179	.165	.685				
Age	-.298	17.039	.000				
Marital status	.291	2.799	.094				
<i>Step 2</i>				25.940	2	<.0001	.430
Evacuation	1.379	5.507	.019				
Quality of parenting	-1.024	14.280	<.001				
<i>Step 3</i>				15.934	1	.0001	.536
Evacuation * quality of parenting interaction	8.424	2.748	.097				

Table 3-17 again indicates that being a former evacuee is associated with greater levels of insecure attachment, and also that higher scores on the quality of parenting measure are associated with higher levels of secure attachment. The evacuation \* quality of parenting interaction has a significant association with attachment style ( $\chi^2(1) = 15.934, p = .0001$ ) and the change in the value of the Nagelkerke R<sup>2</sup> suggests that the interaction accounts for an additional 10.6% (53.6 – 43.0%) of the variance in attachment style. This provides preliminary evidence that quality of parenting is a significant moderator of the relationship between evacuation and attachment style. In order to present this interaction in a graphical form, the natural log odds of attachment style were calculated for the 25<sup>th</sup>, 50<sup>th</sup> and 75<sup>th</sup> percentiles of quality of parenting scores, for evacuees and then for non-evacuees. The results are presented in Fig. 3-3.



**Figure 3-3** Regression lines depicting predicted natural log odds of attachment style (AAS: secure attachment = 1, insecure attachment = 2) as a function of the interaction between evacuation and quality of parenting (Factor obtained from factor analysis of PBI scores).

The above regression analysis indicates that quality of parenting has a significant moderating effect on the relationship between evacuation and attachment style. Fig. 3-3. suggests that quality of parenting has a significantly greater association with the attachment styles of people who were not evacuated than with the attachment styles of people who were evacuated. Those who were not evacuated reported higher levels of secure attachment under conditions of high quality parenting than those who were evacuated. Under conditions of low quality parenting the difference in levels of insecure attachment between evacuees and non-evacuees was reduced.

The hypothesis that the quality of relationships with parents prior to the evacuation would moderate the effect of the evacuation on attachment style was therefore

supported. The specific prediction that the attachment styles of people who had received high quality parenting (high care, low overprotection) prior to the evacuation would be more adversely affected by the experience of evacuation was also supported. Fig. 3-3. suggests that evacuation was related to greater levels of insecure attachment styles across all levels of parenting quality. However the evacuation appeared to be associated with a greater discrepancy in attachment style for those people who had received high quality parenting from their parents. It appears that quality of parenting had a weaker association with the attachment styles of people who were evacuated than might be expected.

As quality of parenting was found to moderate the impact of the evacuation on attachment style, further analyses were carried out in order to determine whether the four aspects of parenting quality measured, i.e. maternal care, maternal overprotection, paternal care and paternal overprotection, played equal roles in this effect.

A hierarchical logistic regression, with attachment style as the dependent variable, was conducted in which age, gender and marital status were again entered in the first step; evacuation and the four individual constituents of quality of parenting were entered in the second step; the interactions of evacuation with each of the four aspects of parenting quality were entered in the third step. One Cook's D value of 1.54 was discovered and the case eliminated from the analysis. In order to determine whether each of the interaction terms had an individual effect on the regression equation, the regression was run four times. On each occasion one of the four



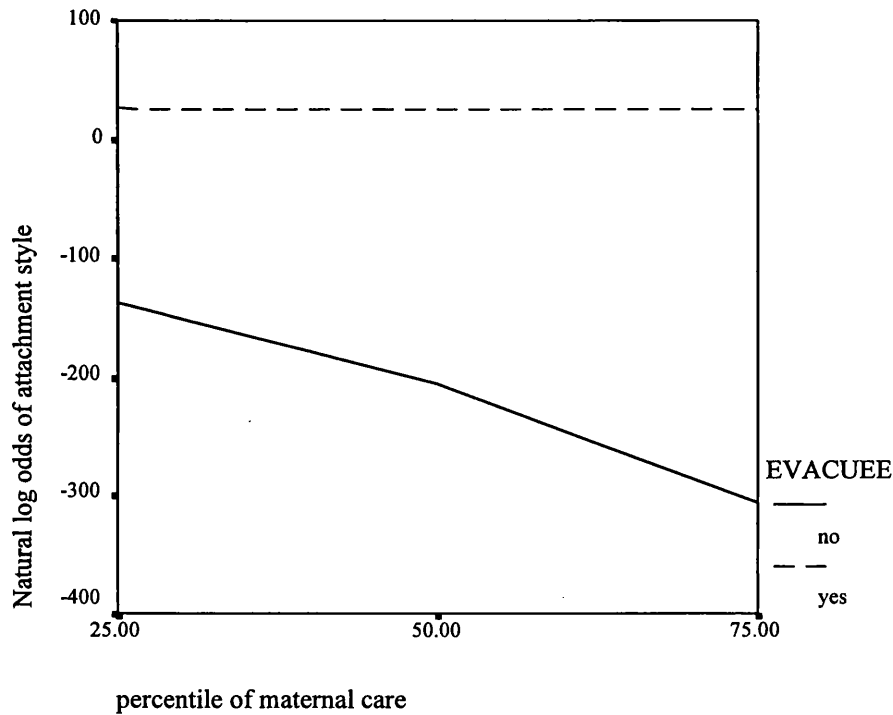
interaction terms was placed alone in the fourth step of the regression, and the  $\chi^2$  for the fourth block was examined for significance. The results are shown in Table 3-18.

**Table 3-18** Logistic regression summary statistics for attachment style (N = 136)

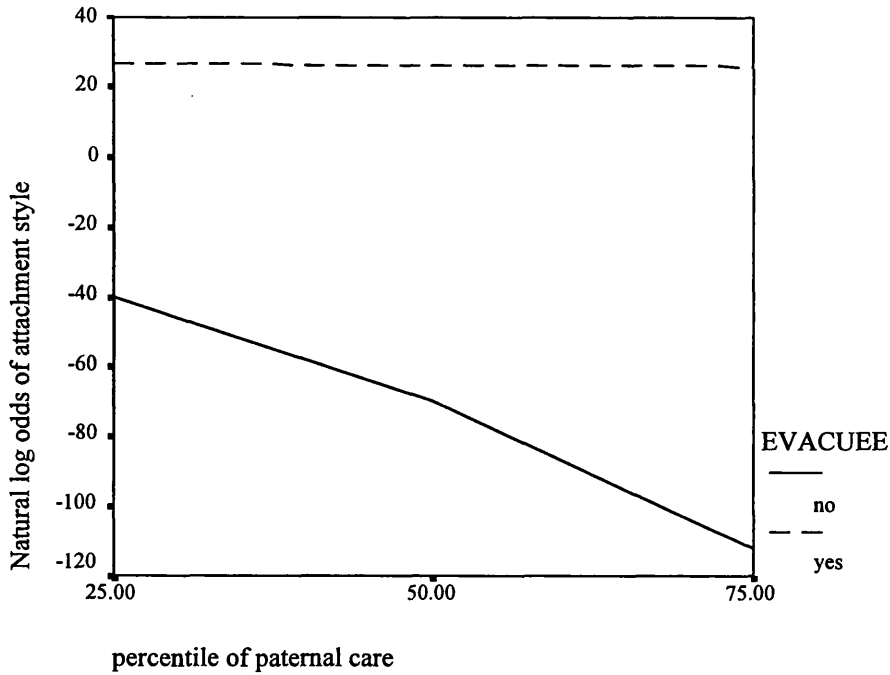
Predictor variable	B	Wald	p for Wald	$\chi^2$	df	p for $\chi^2$	Nagelkerke R <sup>2</sup>
<i>Step 1</i>				24.672	3	<.0001	.230
Gender	.179	.165	.685				
Age	-.298	17.039	<.0001				
Marital status	.291	2.799	.094				
<i>Step 2</i>				34.622	5	<.0001	.489
Evacuation	1.100	3.001	.083				
Maternal care	-.069	4.238	.039				
Maternal overprotection	.025	.445	.505				
Paternal care	-.082	5.475	.019				
Paternal overprotection	.031	.631	.427				
<i>Step 3</i>				19.896	4	<.001	.611
Maternal care * evacuation	11.129	.039	.843				
Maternal overprotection * evacuation	-8.777	.060	.806				
Paternal care * evacuation	5.269	.022	.881				
Paternal overprotection * evacuation	-5.239	.077	.781				
<i>Step 4 (each interaction term entered in a different analysis)</i>							
Maternal care * evacuation				6.003	1	.014	
Maternal overprotection * evacuation				4.114	1	.042	
Paternal care * evacuation				5.634	1	.018	
Paternal overprotection * evacuation				1.930	1	.165	

Table 3-18 suggests that scores on measures of maternal care and paternal care scores are positively associated with levels of secure attachment. Maternal care, paternal

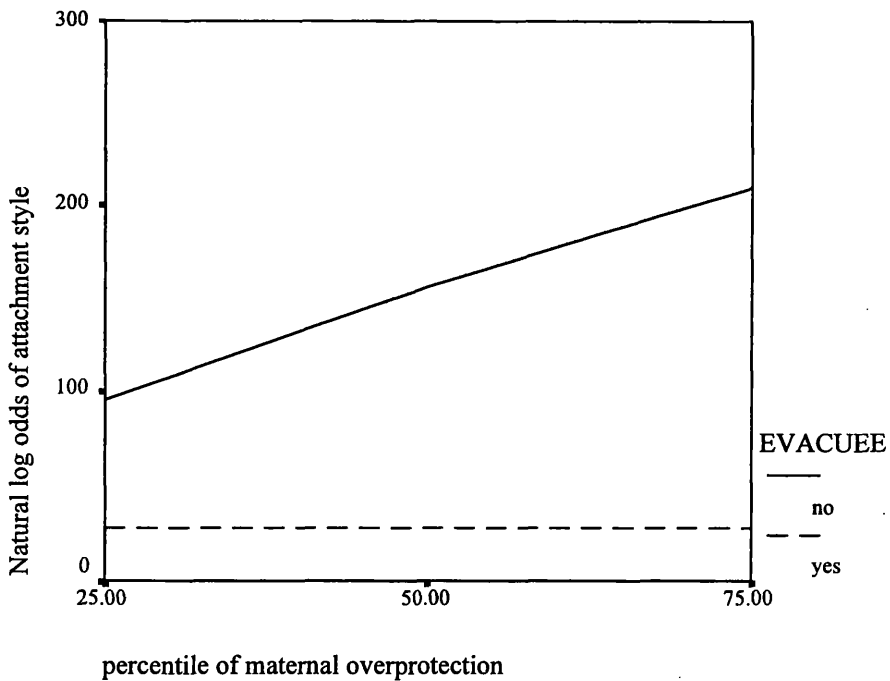
care and maternal overprotection appear to have significant moderating effects on the relationship between evacuation and attachment style. Graphs of these effects were plotted using the same technique as described for Fig 3-2. The results are shown in Figs. 3-4, 3-5 and 3-6.



**Figure 3-4** Regression lines depicting predicted natural log odds of attachment style as a function of the interaction between evacuation and maternal care.



**Figure 3-5** Regression lines depicting predicted natural log odds of attachment style as a function of the interaction between evacuation and paternal care.

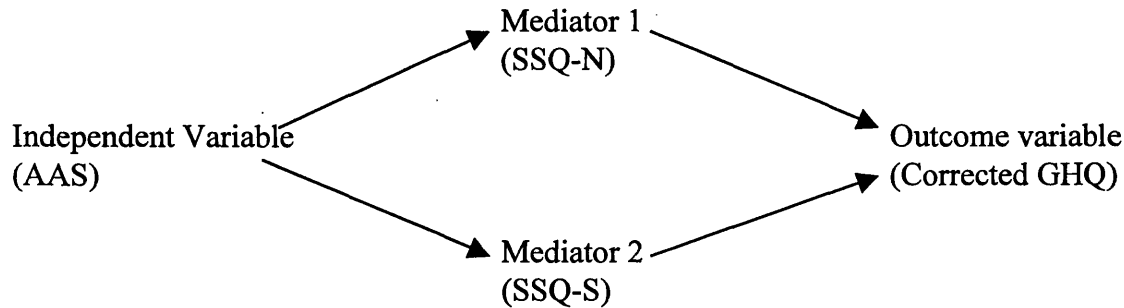


**Figure 3-6** Regression lines depicting predicted natural log odds of attachment style as a function of the interaction between evacuation and maternal overprotection.

Figures 3-4 and 3-5 show firstly that, for non-evacuees, higher levels of both maternal care and paternal care are associated with greater levels of secure attachment and secondly that maternal care has a stronger predictive power on attachment styles of than paternal care. For evacuees, however, neither maternal care nor paternal care appears to predict attachment styles.

Fig. 3-6 indicates that higher levels of maternal overprotection are associated with greater levels of insecurity for non-evacuees but again, maternal overprotection appears to have relatively little predictive power on the attachment styles of evacuees. These results are therefore consistent with the findings obtained from analyses using the overall quality of parenting variable. Maternal care, paternal care and maternal overprotection all appear to predict the attachment styles of evacuees in the direction that would be expected, and all of these aspects of quality of parenting appear to have relatively little association with the attachment styles of evacuees.

**3.3.4 Hypothesis 3 – Social Support mediates the relationship between attachment style and present psychological wellbeing.**



**Figure 3-7** A conceptual model indicating relations between attachment style (AAS), quantity of social support (SSQ-N), satisfaction with social support (SSQ-Q), and present psychological wellbeing (corrected GHQ). AAS = Adult Attachment Styles Questionnaire; SSQ-N = Social Support Questionnaire (number scale); SSQ-S = Social Support Questionnaire (satisfaction scale); GHQ = General Health Questionnaire.

In order to test this hypothesis, the methodology proposed by Baron and Kenny (1986) was applied as when testing Hypothesis 1. Four linear hierarchical regression equations were calculated: in the first equation attachment style was used to predict levels of present psychological wellbeing (CGHQ score), in the second equation attachment style was used to predict quantity of social support, and in the third equation attachment style was used to predict satisfaction with social support; the fourth equation built a predictive model of present psychological wellbeing, with attachment style entered after the two social support variables to determine whether it retained any predictive power. Gender, age and marital status were again entered in the first step of each regression equation in order to control for their effects. The results are shown in Table 3-19.

**Table 3-19** Multiple regression summary statistics (N = 145)

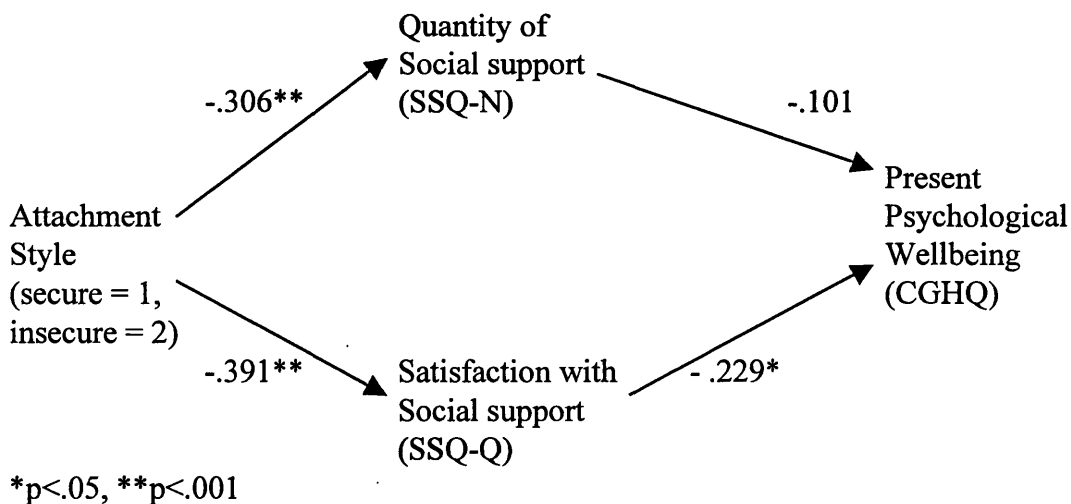
	$\beta$	p for $\beta$	R	Adjusted R <sup>2</sup>	R <sup>2</sup> change	p for R <sup>2</sup> change
<u>Regression 1</u>						
<u>D.V. = CGHQ score</u>						
<i>Step 1</i>			.297	.072	.088	.001
age	-.205	.007				
gender	.179	.020				
marital status	.036	.467				
<i>Step 2</i>			.334	.090	.023	.038
attachment	.165	.038				
<u>Regression 2</u>						
<u>D.V. = quantity of social support</u>						
<i>Step 1</i>			.262	.050	.069	.014
age	.201	.013				
gender	.203	.014				
marital status	-.053	.517				
<i>Step 2</i>			.387	.127	.081	.000
attachment	-.306	<.001				
<u>Regression 3</u>						
<u>D.V. = satisfaction with social support</u>						
<i>Step 1</i>			.265	.051	.070	.013
age	.211	.010				
gender	.006	.941				
marital status	-.181	.030				
<i>Step 2</i>			.446	.177	.128	<.001
attachment	-.391	<.001				
<u>Regression 4</u>						
<u>D.V. = CGHQ score</u>						
<i>Step 2</i>			.400	.130	.078	.002
Quantity of social support	-.101	.266				
Satisfaction with social support	-.229	.013				
<i>Step 3</i>			.403	.126	.002	.541
Attachment	.056	.541				

The results in Table 3-19 indicate that, after controlling for the effects of age, gender and marital status, attachment style accounts for a significant proportion of the variance in CGHQ scores ( $R^2$  change = .023,  $F$  change (1,169) = 4.391,  $p$  = .038). Insecure attachment style is related to higher scores on the CGHQ, which indicate lower levels of psychological wellbeing. The results of Regressions 2 and 3 indicate

that attachment style accounts for 8.1% of the variance in quantity of social support, and 12.8% of the variance in satisfaction with social support. (Regression 2:  $R^2$  change = .081,  $F$  change (1,148) = 14.122,  $p < .001$ ; Regression 3:  $R^2$  change = .128,  $F$  change (1,146) = 23.405,  $p < .001$ ). Insecure attachment style is negatively associated with both satisfaction and quantity of social support. Regression 4 suggests that, once the contribution made by social support is accounted for, the variance in CGHQ scores accounted for by attachment style is reduced from 2.0% to 0.2%, which is no longer a significant proportion ( $R^2$  change = .002,  $F$  change (1,138) = .376,  $p = .541$ ).

The hypothesis that social support mediates the relationship between attachment style and present psychological wellbeing is therefore supported.

A path model of the results is shown in Fig. 3-8.



**Figure 3-8** A path model indicating the relationships between attachment style (AAS), quantity of social support (SSQ-N), satisfaction with social support (SSQ-Q) and present psychological wellbeing (CGHQ). (SSQ-N/Q = Social Support Questionnaire – Number/Quality; CGHQ = Corrected General Health Questionnaire)

The results show that, although attachment style predicts both quantity of social support and satisfaction with social support, only satisfaction with social support predicts present psychological wellbeing. Once social support is accounted for, attachment style no longer predicts present psychological wellbeing. It therefore appears that satisfaction with social support mediates the relationship between attachment style and present psychological wellbeing. To check this finding, Regression 4 was conducted again, but quantity of social support was omitted from the analysis. This indicated that satisfaction with social support alone accounted for 7.0% of the variance in CGHQ scores ( $R^2$  change = .070,  $F$  change (1, 145) = 12.001,  $p$  = .001). The contribution of attachment style as a predictor remained non-significant ( $R^2$  change = .004,  $F$  change (1, 144) = .604,  $p$  = .438).



### **3.4 Question 4 – Do any factors within the experience of evacuation make a specific contribution to the relationship between evacuation and attachment style?**

According to attachment theory several factors within the experience of evacuation were hypothesised to contribute to the relationship between the evacuation and attachment style. These factors were: age at evacuation; length of time evacuated; number of different billets; presence of siblings within the same billet; frequency of contact with parents; and the nature of the reunion with family life after the evacuation. Although the questionnaires did not ask specifically about the experience of physical or sexual abuse whilst evacuated, a number of people mentioned that this had occurred, and it was therefore decided also to test whether this experience appeared to predict attachment style. Recent research suggests that abusive childhood experiences are related to a range of very negative difficulties in later life (Mullen et al., 1996; Bifulco et al., 1991).

#### *Data preparation*

The variables in this analysis were prepared as followed:

1. Age at evacuation (in months) was checked for cases that were more than three standard deviations from the mean. This did not apply to any of the sample.
2. Length of time evacuated (in months) was also checked for cases that were more than three standard deviations from the mean and one case was removed for this reason.

3. Presence of siblings within the billet. Data were available only for the first three billets. The final variable expressed the proportion of the total time evacuated that respondents spent in billets with at least one sibling.
4. Total number of billets was also checked for values greater than three standard deviations from the mean (cases with over 8 billets) and two cases with nine billets and thirteen billets were eliminated for this reason.
5. Frequency of contact with parents was estimated on a four-point scale from 'not at all' to 'all the time'. If one parent had more frequent contact with their evacuated child, it tended to be the mother and frequency of contact with parents was therefore based on frequency of contact with mother. As frequency of contact tended to vary as the child moved to different billets, the variable was expressed as the average frequency of contact over all billets taking into account the proportion of time in each billet.
6. The nature of the reunion with family life combined two variables: 'happiness on returning home' and 'how much better life was after the war compared with life before the war'. Both these variables were rated on a five-point Likert scale and the Kendall's tau-b correlation (used for ranked data) between the two scores was .50 ( $p < .001$ , two-tailed). The two scores was therefore added together and the variable was named 'reunion'.
7. The abuse variable combined physical and sexual abuse into a 'yes/no' variable. If respondents described either or both of these forms of abuse, they scored positively on this variable.

All the above variables that consisted of continuous data were correlated with attachment style and the results are shown in Table 3-20.

**Table 3-20** Pearson product-moment correlation coefficients between attachment style (1 = secure, 2 =insecure) and age at evacuation, total time evacuated, number of billets, presence of siblings in the same billet, and frequency of contact with mother.

	Age	Time	No. of billets	Siblings	Contact with mother
Attachment style	-.390**	.026	.026	-.070	-.097

\*\*p<.01 (two-tailed).

Table 3-20 shows that age at evacuation is negatively correlated with attachment style (Pearson's  $r = -.390$ ,  $p < .001$ ). This indicates that increasing age at evacuation is related to lower levels of insecurity.

The correlation between the reunion variable and attachment style was calculated using Kendall's tau-b and found to be significant (Kendall's tau-b =  $-.294$ ,  $p < .001$ ), which suggests that more positive reunions are related to lower levels of insecurity. The experience of abuse whilst evacuated is negatively related to levels of secure attachment (Phi coefficient =  $-.171$ ,  $p = .017$ ).

Three variables were therefore found to be associated with attachment style and, in order to determine whether the relationships of these three variables with attachment style are independent of each other, a hierarchical logistic regression was carried out on attachment style with the sample of evacuees. Gender, marital status and quality of parenting were entered at the first step in order to control for their effects. Present

age was not entered at this point as it was highly correlated with age at evacuation (Pearson's  $r = .819$ ,  $p < .001$ ) and this multicollinearity would reduce the power of the analysis. The results of the regression are shown in Table 3-21.

**Table 3-21** Summary statistics of logistic regression equation on attachment style. (N = 113)

Predictor variable	B	Wald	p for Wald	$\chi^2$	df	p for $\chi^2$	Nagelkerke R <sup>2</sup>
<i>Step 1</i>				16.454	3	<.001	.185
Gender	.043	.008	.928				
Marital status	.129	.524	.469				
Quality of parenting	-.873	12.299	<.001				
<i>Step 2</i>				18.833	3	<.001	.366
Age at evacuation	-.027	11.612	<.001				
Experience of abuse	.372	.386	.534				
Nature of reunion	-.134	.961	.327				

The results in Table 3-21 suggest that age at evacuation is an independent predictor of attachment style. This was confirmed using a model comparison approach. When age at evacuation was entered alone at the third step of the hierarchical regression, this step was significant ( $\chi^2(1) = 13.887$ ,  $p = .0002$ ). The increase in the Nagelkerke R<sup>2</sup> at the third block of the regression suggested that an additional 13.1% of the variance in attachment style was accounted for age at evacuation. The experience of abuse and the nature of the reunion do not appear to predict attachment style.

As these results suggest that the age at evacuation has a highly significant predictor of attachment style, it was decided to determine whether it remained a significant predictor even after the effect of current age had been accounted for. A further logistic regression was carried out using the model comparison approach and the

results are shown in Table 3-22. Outliers with Cook's D values of 1.08, 2.73 and 1.93 were discovered and these cases were eliminated from the analysis.

**Table 3-22** Summary statistics of logistic regression equation on attachment style, controlling for present age. (N = 99)

Predictor variable	B	Wald	p for Wald	$\chi^2$	df	p for $\chi^2$	Nagelkerke R <sup>2</sup>
<i>Step 1</i>				15.682	3	.001	.199
Gender	.118	.057	.811				
Marital status	.260	1.776	.183				
Quality of parenting	-.816	10.962	<.001				
<i>Step 2</i>				14.325	1	<.001	.355
Current age	-.338	11.664	<.001				
<i>Step 3</i>				8.835	1	.003	.441
Age at evacuation	-.127	6.653	.001				

The results in Table 3-22 indicate that, once current age is accounted for, age at evacuation remains a significant independent predictor of attachment style ( $\chi^2(1) = 8.835, p = .003$ ). Greater age at evacuation is associated with greater levels of secure attachment style.

## 4 Discussion

### **Overview**

This study was a preliminary investigation into the nature of the British evacuation of children during World War II, and the possible long-term psychological consequences for the people involved. The major aim of the study was to identify and test a possible mechanism by which long-term psychological difficulties could have developed as a result of the evacuation, whether these difficulties had been maintained since the evacuation or have emerged later in life. As this is the first known study attempting to quantify the nature of the evacuation and its possible long-term effects, the results require replication and should therefore be treated with caution.

Childhood adversities, especially those of a chronic nature, have been linked with psychological problems in adulthood. The basis of this study was a theoretical model suggesting that the experience of evacuation could influence present psychological wellbeing through its impact on attachment processes. In addition, the model proposed that the quality of care received from parents during childhood, specific aspects of the evacuation experience, and present levels of perceived social support could have a particular function within the relationship between the evacuation and present psychological wellbeing.

The study utilised a retrospective non-randomised design, comparing a group of former evacuees with a group of people who were children during the war but were not evacuated. Data collection was conducted through postal questionnaires, which imposed some constraint on the amount and nature of the information collected. The

necessity of a retrospective study means that it is also subject to biases and difficulties in interpretation due to the probability of many confounding experiences occurring in the intervening sixty years.

This chapter first summarizes the main findings of the study, and then discusses the results obtained in relation to the relevant literature. It next outlines the limitations of the present study, and provides a review of the clinical implications. Finally, conclusions are drawn and suggestions made for further research.

#### **4.1 Main Findings**

There were no systematic differences between the groups of evacuees and non-evacuees in terms of age, gender, marital status or social status. Perhaps surprisingly, there were no significant differences in their childhood exposure to war-related events such as bombings and use of air-raids shelters.

All dependent variables (psychological wellbeing, attachment style, quality of parenting received, and social support) were assessed using standardised self-report questionnaires. A multivariate ANOVA indicated that psychological wellbeing was related to gender and marital status; satisfaction with social support was related to marital status; and ratings of paternal overprotection were associated with gender. Chi squared tests suggested that attachment style was associated with gender, and correlational analyses indicated that psychological wellbeing, satisfaction with social support, and ratings of maternal overprotection were all related to current age. The effects of gender, age and marital status were therefore controlled for in all analyses.

Regression analyses were used to test research hypotheses regarding the relationship between evacuation, attachment style and present psychological wellbeing. The path analysis (Baron and Kenny, 1986) showed that the experience of evacuation was predictive of both attachment style and present psychological wellbeing, and that the predictive effect of evacuation on present psychological wellbeing reduced after having accounted for the effect of attachment style. This indicates that attachment style mediates the relationship between evacuation and present psychological wellbeing. Former evacuees appear to be at greater risk of having insecure attachment styles and therefore lower levels of psychological wellbeing.

A hierarchical regression analysis (Cohen and Cohen, 1983) indicated an interaction effect between the experience of evacuation and the quality of parenting received outside the evacuation experience, on attachment style. This signifies that quality of parenting moderated the relationship between evacuation and attachment style; that is, the effect of evacuation on attachment style is a condition of the quality of parenting received outside the evacuation experience. Graphical representation suggested that there was a greater difference in attachment style between evacuees and non-evacuees for people who had received high quality parenting than for people who had received low quality parenting.

Secure attachment style was found to predict greater levels of perceived social support and greater satisfaction with that support. Greater satisfaction with social support was also found to predict higher levels of psychological wellbeing, and the predictive effect of attachment style on psychological wellbeing was reduced after



accounting for the effect of satisfaction with social support. This indicates that satisfaction with social support mediates the relationship between attachment style and psychological wellbeing. Perception of the quantity of social support available was not found to have a mediating role in this relationship.

It was hypothesised that age at evacuation, length of evacuation, number of different billets, presence of siblings, frequency of contact with parents, and the nature of the reunion with family following evacuation could influence the relationship between evacuation and attachment style. Regression analysis indicated that of these variables, only age at evacuation was predictive of attachment style. As a number of people mentioned the occurrence of abuse whilst evacuated, this was also entered as a variable in the regression analysis, but was not found to be predictive of attachment style.

#### **4.2 Interpretation of the main findings**

##### *The relationship between the experience of evacuation and present psychological wellbeing*

The results indicate that the experience of evacuation as a child during World War II is associated with lower levels of psychological wellbeing sixty years later. In this sample the evacuation predicts a small, but significant, amount of the variance in present psychological wellbeing after accounting for the impact of age, gender and marital status. The small amount of variance predicted appears to be realistic when all the other positive and negative life events that could have occurred over the intervening years, for example the formation of close adult relationships, marital

separation or bereavement, and physical illness, are considered; many events such as these could exert a strong influence on present psychological wellbeing.

The reported relationship between the experience of evacuation and present psychological wellbeing is consistent with other studies that have shown that early separation experiences are related to psychopathology in adulthood e.g. Brown and Harris (1993); Faravalli et al., (1985), Harris, Brown and Bifulco (1990). Although the evacuation is similar in some respects to the separation experiences investigated in other studies (e.g. the child's lack of control over events and the potential change in the quality of care whilst separated), there are also aspects of the evacuation that may be more unique to this experience. Those that emerged over the course of this study and deserve further research attention are the lack of explanation given to many evacuees about what was happening, the uncertainty about how long the separation would last and when evacuees would next see their parents, and the concern expressed by many evacuees over the safety of their parents.

The only previous study that has attempted to investigate the psychological impact of the evacuation is that of Maas (1963), who found no evidence of long-term detrimental effects. This inconsistency could arise because of the smaller sample size (20) in Maas' study, the lack of a control group in his study, or the difference in outcome measures between the studies. There are two other possible explanations that raise some interest: firstly, Maas' sample had been placed in wartime nurseries rather than billeted with host families and Maas argued that he controlled for the effect of adverse quality of care during separation by comparing people who had

been placed in three different nurseries, thus ensuring that any detrimental effects discovered could be accepted as due to separation from parents. If this is so, the discrepancy in results could be due to poorer quality of care received by evacuees who were billeted with foster-families rather than placed in nurseries. Secondly, Maas interviewed former evacuees when they were in their early twenties, compared to the present sample of sixty and seventy year old people. It could be that the evacuation experience becomes more salient, or its effects on wellbeing become more pronounced, with events relating to aging. Such events may include the formation or loss of intimate relationships, becoming a parent oneself, or beginning the reminiscence process that can be associated with aging (Butler, 1963). Such hypotheses would be difficult to evaluate as there is now no possibility of a longitudinal study.

#### *The role of attachment*

The findings of the present study emphasised the important role of attachment in mediating the relationship between the experience of evacuation and present psychological wellbeing. The experience of evacuation predicted a greater likelihood of insecure attachment, which was in turn associated with lower levels of psychological wellbeing.

The results of this study are consistent with other studies that suggest that although attachment style is thought to be relatively stable after infancy, some situations later in childhood can be influential (e.g. Vaughn et al., 1979; Main, 1991). The evacuation appears to be one such situation, and there were many associated factors

that could have contributed to this effect, including separation from parents, ill-treatment whilst evacuated and reduced quality of care, all of which have been found in other studies to be related to insecure attachment style (e.g. Carlson et al., 1989). What is important from the results of the present study is the appearance of a weak, but significant, association between an important childhood event and individuals' attachment styles sixty years later. This supports Bowlby's (1973) conclusion that attachment-related events in childhood are an important foundation for, and long-term influence on, adult personality and relationships.

The results of the mediational analysis suggest that, as attachment appears to be a partial mediator (after Baron and Kenny, 1986) of the relationship between evacuation and present psychological wellbeing, the existence of other mediators is likely. One possible alternative mediator is PTSD; research into the effects of war on children indicates that children can experience increasingly high levels of distress and PTSD with increasing exposure to war (Pynoos et al., 1995; Kuterovac et al., 1994), and studies of other populations involved in the Second World War have shown that related PTSD can be present several decades after the event (e.g. Waugh, 1997; Kuch and Cox, 1992). However, the results of this study found no significant differences between evacuees and non-evacuees in terms of exposure to bombing raids, air-raid shelters, or being bombed-out, and therefore exposure to war and resulting PTSD are unlikely to mediate a link between evacuation and present psychological wellbeing. It may be that there is an interaction between the traumatic effects of war exposure and separations from parents in that the effects of exposure to war-related events could be moderated by the presence of the parents' 'secure base'.

A further possible mediating variable is suggested by the finding that almost 15% of respondents in the sample of former evacuees mentioned incidents of abuse whilst evacuated, but such incidents were not reported by any respondents in the comparison group. The literature has found associations between childhood abuse and psychological difficulties in adulthood (e.g. Browne & Finkelhor, 1986; Mullen et al., 1996). It may be that post traumatic stress disorder (PTSD) related to abuse could play a mediational role, either in chronic or delayed form, between the experience of abuse whilst evacuated and present psychological wellbeing. Rowan et al. (1994) suggested that problems experienced in adulthood by many survivors of childhood sexual abuse (CSA) are consistent with PTSD, and CSA has also been related to depression in adulthood (Browne & Finkelhor, 1986). Nevertheless, the potential role of attachment in the long-term effects of CSA, as suggested by Alexander (1992), indicates that attachment might remain an important mediator, and indeed, in this sample the experience of abuse was negatively correlated with security of attachment style. However, in the more robust multiple regression analysis it was not found to be predictive of present attachment style.

The findings of this research on the incidence of abuse whilst evacuated are very tentative because the questionnaires did not request information about the experience of abuse and therefore under-reporting is likely in both groups. In addition, there is little previous research on the prevalence of childhood abuse in this cohort with which to compare the rates reported in this study. Little is known about the psychological impact of such events as people age, for example, it may be that with age, other events become more salient and therefore the effects of childhood abuse on

psychological wellbeing are reduced. The incidence of child abuse that occurred during the evacuation and its long-term effects require further exploration.

Finally, the role of helplessness as a possible psychological mediator deserves consideration. Seligman et al's (1979) theory of learned helplessness suggests that helplessness may mediate a link between experiences of sufficient chronicity involving unpredictability and a lack of control, and later depression. A study by Bifulco et al. (1992) found a particularly high rate of adulthood depression among women whose mother died early in their childhood, and this was associated with a measure of childhood helplessness. The evacuation was, in many cases, a long-lasting event over which evacuees had little control and for which they received little preparation. For many people it appears to have been distinguished by a considerable amount of uncertainty about when they might return home, see family again, and about the safety of their parents. The potential role of helplessness in mediating a link between the experience of evacuation and later depression requires further research.

*The role of the quality of parenting received outside the evacuation experience*

Before entering a discussion on the role of quality of parenting, it should be pointed out that this study accepts memories of being parented as a reflection of actual parenting (as Parker, 1989; Brewin et al., 1993). Indeed, Parker (1983) makes the point that the subjective experience of parental characteristics could be more important than objective characteristics in the development and maintenance of psychopathology. Other researchers (e.g. Main, 1991) have argued, however, that

such memories should only be accepted as reconstructions of the parenting received, reliable accounts in some (e.g. secure) cases and less reliable in other (e.g. insecure) cases.

The present study indicated that the quality of care received from parents moderates the link between the experience of evacuation and attachment style, such that evacuation was associated with a greater difference in attachment style for people who had received high quality parenting as opposed to people who had received low quality parenting. Another way of conceptualising this finding is to say that the evacuation moderated the expected and observed link between quality of parenting and attachment style, i.e. the effect of quality of parenting on attachment style is a condition of whether the respondent was evacuated. The association between quality of parenting and attachment style was stronger for people who had not been evacuated.

The findings of this study are consistent with attachment theory in that they suggest that the quality of relationships with parents is an important influence on attachment style throughout the lifespan. However, the experience of evacuation means that quality of parental care becomes a less important predictor in future attachment styles. The results partially support those of Birtchnell and Kennard (1984) who found that, for women who were separated from their mothers, the quality of the relationship with mother was the most important factor in terms of outcome. However, the present results do not support their conclusion that a poor parent-child relationship may cause more long-term problems than separation from this

relationship. If this had been the case, the results of the present study would have shown greater levels of insecurity for people who had not been evacuated but had received poor quality of parenting than those who were evacuated and received poor quality of parenting. One possible explanation for the discrepancy in results is that the analyses performed by Birtchnell and Kennard were univariate analyses, and it was therefore not possible to test the effect of the interaction between parent-child relationship and separation. A second possible explanation is the difference in outcome measures used by the studies.

When the four scores obtained from the PBI were examined separately, the results of the hierarchical logistic regression show that both maternal and paternal care are positively associated with security of attachment style for the group of non-evacuees. Care scores appear more strongly predictive of attachment style than overprotection scores. As would be anticipated from the results of the first regression with one quality of care variable, all of the individual scores appeared to have relatively little association with the attachment styles of former evacuees when compared with the strength of their association with the attachment styles of non-evacuees. In addition, the evacuation appears to be a stronger moderator of the association between care and attachment style than between overprotection and attachment style. Indeed, it does not appear to moderate the link between paternal overprotection and attachment style at all. It appears that one reason for which evacuation has a stronger moderating influence on care scores is because care scores have a greater correlation with attachment style in this sample.



An ideal examination of the relationship between quality of parenting and the experience of evacuation would have taken into account quality of parenting prior to the evacuation, and quality of parenting after the evacuation. However, given the young age at which many people were evacuated, and problems with recall (e.g. idealisation), the reliability of such reports of quality of parenting would be questionable. This method therefore relied on respondents' best estimates of the general parenting that they received. It could be argued that the effect of a change in quality of parenting pre- and post-war will be partly controlled for by the use of the comparison group whose parents would have been under similar stresses and strains during the war, but some change in quality of parenting is likely as a direct result of the long-term separation of parents and children.

The results of this study imply that, for those people who were already vulnerable to insecure attachment styles due to poor quality of parenting, the experience of evacuation did not improve their chance of developing a secure attachment style. This supports the ideas of attachment theorists who propose that insecure attachment styles would be resistant to adaptation, and a variety of reasons for this have been suggested (Bowlby, 1973; Bretherton, 1991; Dozier et al., 1999).

#### *The role of social support*

Satisfaction with social support was found to mediate the relationship between attachment style and psychological wellbeing in this study, such that people with secure attachment styles expressed greater levels of satisfaction with their social support and reported higher levels of psychological wellbeing. This result is

consistent with both attachment theory and the literature on the relationship between attachment styles and social support. Attachment theory predicts that individuals' internal working models will influence their perceptions of relationships, and this has indeed been found to be the case (e.g. Florian et al, 1995). Other researchers have noticed the relationship between perceived social support and psychological wellbeing (e.g. Lambert et al., 1989; Stewart, 1989; Buschmann and Hollinger, 1994).

Although attachment style predicted 8.1% of the variance in quantity of social support, the quantity of social support was not a significant predictor of psychological wellbeing. This is consistent with the results found by Sarason et al. (1987) in their standardisation of the Social Support Questionnaire-6, which showed that the Satisfaction scale had stronger negative correlations with measures of depression and anxiety than the Number scale. It also supports Woods' (1999) questioning of the relative importance of loneliness and social isolation for older people, as these could be viewed as deficits in satisfaction with social support and quantity of social support respectively. The results suggest that loneliness is a more important predictor of psychological wellbeing than social isolation in this sample. It may be, for example, that loneliness is a more emotional experience than social isolation and therefore has a greater impact on mood. Alternatively the existence of one satisfying social relationship could provide a greater buffer against stress and anxiety than several less satisfying relationships. Mullins et al. (1994) investigated the interpersonal relationships of older adults and found that there were complex differences in the way older people perceive different types of relationships. Thus

the present study was not designed to identify all the intricacies in the association between attachment style and satisfaction with social support.

Although the results suggest that satisfaction with social support is a strong mediating variable in the association between attachment style and psychological wellbeing, they do not rule out the existence of other mediators. The literature suggests that other mediators may also be operating. For example, a study by Mikulincer, Florian and Weller (1993) found that security of attachment style was negatively related to the appraisal of events as threatening and uncontrollable as well as positively related to higher levels of social support-seeking, by Israeli citizens following the Gulf War.

*Characteristics of the evacuation experience and their relationship with attachment*

An additional purpose of the present study was to describe the characteristics of the evacuation experience for those that were evacuated. Answers to questions in the Evacuation Experiences Questionnaire indicate that respondents' experiences varied widely, and that a 'typical evacuation' is unlikely to exist. This is consistent with recent literature on the evacuation (e.g. Parsons, 1998), which has attempted to explode the myths and stereotypes that have persisted over time portraying the evacuation as a homogenous event. The long-term importance of some of this variation was explored using regression analyses.

The wide age range in this sample (10 months to 15 years) means that impact of the evacuation could have differed considerably according to the stage of development of

internal working models, coping strategies, experience of previous separations and other factors. Indeed, age at evacuation appears an important factor in predicting the long-term impact of evacuation on attachment style, even after accounting for the association of current age with attachment style. As predicted, being evacuated at a younger age predicts greater insecurity in attachment style in adulthood. This is not entirely consistent with other studies into the long-term impact of separation. Tennant, Hurry and Bebbington (1982) found that separations between the ages of 5 and 10 years were associated with a worse long-term outcome than separations at a younger, or older, age. The results of that study may differ because outcome was not measured in terms of attachment style and the separations were likely to have taken place in the context of disturbances in the quality of the relationship between the child and his/her parents. The sample in their study may therefore have had increased vulnerability in terms of insecure attachment style prior to the separation, and this vulnerability may have been more stable for children aged 5 to 10 years than for younger children. The foster-care literature suggests that younger children develop stronger attachments (not necessarily secure) to foster-parents. This was not measured in the present study, but if it was so, attachment to foster-parents did not appear to be an important protective factor.

Over 50% of this sample recalled that they did not receive an explanation about what was happening when they were evacuated, or that they received an explanation that may not have helped their understanding of events, e.g. "You're going on holiday", or "You're going on a train". It appears possible that many evacuees would therefore have formulated their own understanding of why they were evacuated. Attachment

theory suggests that the child's internal working models would guide the meaning that children attach to separation from their parents. For example, for children with insecure attachment who were given no good explanation, evacuation may have reinforced internal working models of caregivers as rejecting or untrustworthy, and of themselves as unlovable or wicked. For children with secure attachments, a separation with little preparation or explanation may have been traumatic enough to cause a revision in internal working models. The indication that such a large proportion of evacuees did not receive an explanation therefore warrants further exploration in future research.

The majority of evacuees in this sample had at least one change of billet, and 25% of the sample had more than three billets. Studies carried out during the evacuation suggest that changes in billet were related to a negative outcome or experience for the child (Isaacs, 1941; Barnett House Study Group, 1947). The attachment literature also suggests that if a child is repeatedly separated from people to whom s/he has become securely attached, this could result in a greater impact upon the child's internal working model. If the child were insecurely attached, repeated changes in caregiving would confirm his/her internal working model. The results of this study, however, suggest that the number of changes of billet was not predictive of later attachment style. It is possible that greater number of different billets meant that children were in each billet for relatively short periods of time and they therefore did not become attached to host families, or possibly that children became accustomed to moving after two or three moves. This requires further investigation. Although there was a wide range of reasons given for billets ending, it appears that only

approximately 30% of billets ended because there were negative feelings on the part of the evacuee, the evacuee's parents, or the host family. It cannot therefore be assumed that changes in billet were associated with a negative experience for the child.

The results show that almost 50% of the sample was billeted with siblings at some point during their evacuation. It was predicted that the presence of siblings could act as an alternative attachment figure, or secure base, for comfort in times of distress and that evacuation would therefore have less impact on the attachment styles of children who were billeted with siblings. The results showed that the presence of siblings was not significantly correlated with attachment style, and this hypothesis was therefore not supported. Two factors may be important: firstly there was no distinction made between whether the siblings with whom the respondent was billeted were older or younger. It may be that only older siblings function as an alternative attachment figure. Secondly, the variable used attempted to account for the fact that respondents were often billeted with siblings for only a proportion of the time evacuated and this may reduce the validity of the variable. An alternative method, for example distinguishing only those billeted with siblings throughout their evacuation, may have increased validity, but using several methods to test this hypothesis would have involved complications of Type I error.

Frequency of contact with parents appeared to reduce as children had more billets, and most respondents (79.3%) had little or no physical contact with their mothers in at least one of their billets. This may reflect several factors, for example billets may

have been located progressively further from home resulting in less contact, or the expense of visits may have reduced their frequency over time. Following the findings of studies of children placed in foster care (e.g. Poulin, 1986) it was predicted that children who were visited more frequently would have been better able to maintain secure attachment to their parents. In the present study, however, frequency of contact with mother whilst evacuated did not appear to be predictive of attachment style. This requires further investigation for a number of reasons. The variable was again subject to problems because the frequency of contact changed in different billets, and it was therefore necessary to calculate frequency of contact over the whole time evacuated. In addition, the EEQ did not use a scale to collect this information, and people's estimations of the frequency of contact may not be reliable. Contact with father may have been important, even though it was generally less frequent.

One aspect of this sample that may not be representative of all children who were evacuated is the length of time for which people were evacuated. The minimum length of time in this sample was one month, but Parsons (1998) reports estimates that over 20% of evacuees returned home less than one month after E-day. Many of those that returned home quickly may have been evacuated again or, if not, they may consider such a short evacuation experience to be unimportant and therefore be less likely to join an organisation such as the ERA and participate in the research. It was predicted that length of evacuation would be associated with outcome in terms of attachment style, although the direction of the association was not predicted because of a confliction between evidence suggesting that longer evacuations would be

associated with a more negative impact on attachment (Heinicke and Westheimer, 1965), and evidence from the foster-care literature suggesting that longer evacuations could be associated with stronger attachments to foster-parents which could result in improved outcome. The results showed no significant correlation between length of evacuation and attachment style, and stronger attachment to foster-parents might therefore mitigate the impact of longer separations from parents. The results could have been influenced, however, by the fact that the evacuation consisted of an ebb and flow of evacuees between town and country, and children may have returned home for a significant length of time between billets, although the total time for which they were evacuated may have been several years. This might mitigate the effect of a long separation, and was not controlled for in this study.

The 'good things' and 'bad things' identified by respondents about the evacuation give some impression of the nature of their experience whilst evacuated. Respondents frequently mentioned that their experience with their foster-families and the foster-home environment was a positive aspect, and this suggests that many respondents developed an important relationship with the families with whom they were billeted. This is supported by the indication that foster-families offered to adopt 15% of respondents at the end of the war, and approximately 40% of host families and evacuees kept in contact after the billets ended. The EEQ did not request details of the length and nature of this contact, although it became apparent from the questionnaire that some former evacuees remain in contact with their host families now, or did so until they died.



Other 'good things' about the evacuation generally focused on experiential or practical aspects e.g. seeing the countryside, receiving better schooling, learning to be self-reliant and independent, and being safe from the bombings. There was little mention of positive emotions, and it appeared possible that former evacuees may only have recognised some of the advantages they mentioned in hindsight, rather than experiencing them as positive aspects at the time e.g. learning to be adaptable and to mix with others, experiencing new lifestyles and gaining an appreciation of home.

The 'bad things' about the evacuation that respondents mentioned most frequently were separation from parents, negative emotions and ill-treatment. The answers indicated that there were people who are aware that they interpreted their evacuation as an indication that they had been unwanted, rejected, abandoned, or a result of their own wickedness. As discussed, such interpretations may be indicative of insecure attachment prior to the evacuation, or to the impact of a separation that had not been adequately prepared for or explained. These interpretations may have been incorporated into the internal working models of the child at the time. Further investigation through interviewing procedures is required to determine whether these feelings were associated with long-term difficulties in relationships, or whether an awareness of such interpretations helped in the resolution of these feelings.

The ill-treatment mentioned by respondents was not only received from foster-families in some cases, but also from local adults and children. As respondents were not questioned directly about the experience of ill-treatment, it is not clear whether

the incidence of bullying and abuse in this sample is greater than that in the general population. Such experiences were not mentioned by any of the group of people who were not evacuated, but this could be because they perceived them as less relevant to their wartime experiences and they therefore do not form a reliable comparison.

A similar proportion of people commented on the relative poverty of their environment whilst evacuated as commented on its relative wealth. Their answers support Parsons' (1998) argument that the stereotype of evacuees from poor backgrounds being billeted with relatively wealthy people in the country does not hold true for many people.

The descriptive results suggest that evacuation did not mean that children were protected from the effects of the war. Almost three-quarters of the sample had experienced bombing raids, and almost half had used air-raid shelters. In addition, over a third of the sample had experienced bombing raids whilst evacuated, and therefore presumably whilst they were separated from their parents. Attachment theory suggests that the attachment system is activated in times of stress and danger, and these experiences could therefore have been more distressing without the presence of the primary attachment figure.

In a similar vein, the death of close friends and relatives during the war appears to have been experienced to approximately the same extent by both evacuees and non-evacuees. Respondents were not questioned in detail about the closeness of their relationships with people who were killed, and this should be accounted for in future

studies. It could be hypothesised that deaths of relatives could be experienced as more traumatic for children who were not at home because, again, their primary caregiver(s) would have been unavailable in a time of stress. However, there are many other factors involved in the experience of bereavement, and this would warrant further investigation.

The return home seemed to be associated with mixed feelings for many evacuees. Although the majority of respondents felt that they were not unhappy when they returned, over 40% felt that family life had changed for the worse in comparison to family life before their evacuation. Many different reasons for this were given and require further investigation. Attachment theory suggests that the nature of the reunion with caregivers following a separation is important for separations of short duration but research into longer separations e.g. foster care, does not appear to investigate this. It was predicted that those evacuees who felt unable to re-establish their attachment relationships with caregivers on their return would experience the reunion as more distressing and this would be associated with a higher level of insecurity in attachment. There was indeed a correlation between a variable combining respondents' unhappiness on their return home and how much they felt life had changed for the worse, and insecurity of attachment style. This variable did not, however, appear to be a significant predictor of present attachment style. The variable used does not incorporate any of the important subtleties of the child's reunion with his/her family and therefore this requires further exploration. For example, it may be that the importance of the reunion with families varies as a

function of how frequently they had contact over the period of evacuation, and there are many other factors that could be involved.

The statistical analysis that tested the influence of variables such as age at evacuation, number of billets, presence of siblings, and nature of the reunion with parents etc., would ideally have tested the effects of these variables as moderators of the impact of evacuation on attachment style. This was not possible because data on these variables did not exist for non-evacuees for obvious reasons, and therefore these variables had to be entered into the analysis as predictors rather than moderators. It could be argued that one would not expect these variables to be predictive of present attachment style, and that their predictive value as variables moderating the relationship is likely to have been stronger.

There was a significant difference between the number of former evacuees who had received psychological therapy (29.0%) and the number of non-evacuees (9.3%) who had received therapy. This could be considered as another outcome measure, and provides a further indicator that the evacuation is related to greater levels of psychological distress in adulthood. Over half the former evacuees who had received therapy talked about their evacuation experiences. If it is accepted that psychological therapy may have led to some improvement in psychological wellbeing, it may mean that the suggested influence of evacuation on psychological wellbeing in adulthood was underestimated by the results of this study.

The findings of this research are consistent with other studies into the long-term effects of childhood adversities in its finding that, for many people, this particular adversity is not associated with significant long-term psychological problems. As Rutter (1990) points out, this raises questions about the mechanism involved in the resilience. This study did not test the possible factors that could be involved in resilience e.g. personality, coping styles, and this requires further investigation.

### **4.3 Limitations of the study**

#### *Study design*

The subject matter necessitated a retrospective non-randomised design. Not only was the study retrospective, but also the events to which it related took place sixty years ago. In terms of the descriptive information collected there is a possibility that recall biases, and also inaccuracies resulting from memory recall, are operating. There were substantial amounts of missing data in the Evacuation Experience Questionnaire and people tended to indicate that this was due to memory difficulties. People who were very young when they were evacuated may especially have had difficulty in remembering details about the experience. This meant that, in some analyses, many cases were excluded because of missing data. The reliability of details about the evacuation could be questioned, but the overall picture gained from the sample is consistent with recent historical accounts, so this does not appear to present a great consideration.

The interactive processes between the behaviour of parents and children are complex, and retrospective studies such as this do not allow identification of the distinct

contributions made by parental behaviour, and by the child's behaviour and temperament to the development of a vulnerability to psychopathology. This also applies when assessing the relative contribution of an event such as the evacuation; a retrospective study cannot make adequate distinction between the contribution of this event, the individual's predisposed vulnerability to psychopathology, and the contribution of other salient events. These complex interactional processes are best investigated through longitudinal studies but, for obvious reasons, this is not possible when attempting to investigate the long-term psychological impact of the evacuation.

The major threat to internal validity when using a non-randomised groups posttest-only design such as this, is uncontrolled selection (Barker, Pistrang and Elliot, 1994). It cannot be assumed that there were no systematic differences between the groups, other than whether they were evacuated or not. As discussed previously, an ideal comparison group would be matched on parenting style received, and the war-time environment from which they came, by choosing a group whose parents had chosen to evacuate them, but this had not transpired for some external reason. It was not possible to recruit such a specific group so the selection of the comparison group aimed to recruit as varied a group as possible to avoid biases. There did not appear to be significant differences in variables such as age, gender, social status and marital status, all of which could be important in terms of present psychological wellbeing, but some respondents in both groups indicated the occurrence of recent life events, which could impact upon present psychological wellbeing, and this should therefore have been formally assessed in order to rule out any bias. When recruiting the comparison group, high response rates were received from organisations such as

University of the Third Age, and it is possible that members of such organisations might not be representative of all people in this age group who had not been evacuated in terms of their present physical and psychological wellbeing. These issues therefore cast some doubt on the validity of the results obtained and reinforce the need for replication of the study.

The group of non-evacuees was relatively small in comparison with the group of evacuees. This discrepancy in group size is likely to result in a loss of power in the statistical analysis, and the reported significance of the relationships found could therefore be undervalued. In addition, non-equal group sizes can create non-independence of independent variables, but regression techniques are designed to take this into consideration, and so this should not present a problem in interpreting the results of these analyses.

#### *Method of data collection*

Through cost and time restrictions, information was only collected using questionnaire measures. The major implication of the use of self-report questionnaire measures is on the measurement of attachment style. Questionnaire measures, such as the AAS used in the present study, are short, easy to administer and have face validity. However, there are two main problems associated with their use. Firstly, unconscious or automatic processes relating to attachment are not assessed by these measures. Secondly, they are based on categorical models of attachment and assume that variation within one category is not important. Fraley and Waller (1998) recommend the use of dimensional self-report measures, and

Brennan et al. (1998) give examples of how such dimensional measures are likely to strengthen the findings of studies using categorical measures.

In many ways the Adult Attachment Interview (AAI) described previously would have been a more appropriate tool for this study. It uses narrative measures of experiences with parents during childhood to infer “state of mind with respect to attachment” (Main and Goldwyn, 1994, cited in Crowell et al., 1999). The language, discourse style and coherence of the interviewee are believed to reflect this. As Steele and Steele (2000) point out, the resolution of past loss and trauma is a crucial clinical consideration when scoring the AAI. The logic and temporal sequence of the narrative given is studied for indications either that the significance of the trauma is being minimised, or that processing of the trauma is still taking place. The inclusion of the individual’s childhood experiences in the assessment of attachment means that the impact of the evacuation on attachment style could have been more directly assessed. Crowell et al. (1999) describe the AAI as “a rich and well-validated measure, especially for the study of current representations of early attachment relationships” (p. 459). It overcomes the problems associated with the self-report questionnaires but its major drawback is the expense, time and economic cost involved in administration and scoring.

This preliminary study using basic methods of assessing attachment style indicates an important role for attachment as a mediator in the relationship between evacuation and present psychological wellbeing. However, in view of the subject matter under investigation in the present study, i.e. the impact of childhood experiences with



respect to attachment, these results require replication and further exploration using a measure more suited to this domain, such as the AAI. Recent research (Shaver, Belsky and Brennan, 2000) suggests that self-report measures of attachment, such as the AAS, and the AAI do share certain underlying constructs central to attachment theory, particularly in their assessment of the ability to rely on attachment figures in times of need and to provide caregiving when needed. However the relatively modest association between the two types of measure means that overall they should not be substituted for each other.

*Information not collected*

Due to the lack of previous research in this area, the study attempted to collect a large amount of information about the evacuation and its potential effects; detailed information was sometimes forfeited for this reason, and also because the pilot study indicated that an increase in the number of questionnaires might cause a decrease in response rate. One limitation, therefore, was the use of only one measure of present psychological wellbeing. Ideally the study would have contained several measures of this construct to increase reliability and validity of measurement.

The EEQ was only designed to collect information regarding three billets, but a quarter of the sample of evacuees had more than three billets thus raising the possibility that much information was lost in the data-gathering process. This should be considered if the EEQ is to be used in further research. The main consequence of this in terms of the results is on the investigation of those aspects of the evacuation that might influence present psychological wellbeing. The variables that were used

to measure frequency of contact with mother, presence of siblings in billets and length of time evacuated all had missing data for people who could not give this information about all their billets because of this restriction in the EEQ. The validity of the variable used to measure the nature of the reunion with family following evacuation is questionable, as there are many aspects of the reunion that are not examined; this could be better investigated using qualitative methods. The reliability of the variable used to denote the occurrence of abuse is also questionable, as discussed previously.

This study did not attempt to measure the nature and quality of the relationship between evacuees and their host families, partly because of the quantity of information that would have been required in order to assess this for each billet, and partly due to lack of an appropriate measure. The foster care literature (e.g. Marcus, 1991) and attachment theory both highlight the significance of these relationships in terms of outcome, and it is therefore an important omission that could be best rectified with the inclusion of follow-up interviews.

In summary, this study is subject to several limitations, the most important of which appear to be the method of measurement of attachment style and possible biases inherent in the non-randomised design and method of recruitment. As this is a preliminary study, no comparisons can be drawn to determine whether these limitations are likely to have influenced the results, and they should therefore be treated with caution until replicated using an alternative attachment measure and method of recruitment.

#### 4.4 Clinical Implications

As mentioned previously, the evacuation involved an estimated one million children but the results of this study can only be generalised to those who were separated from their parents for at least part of their evacuation. This was, however, the case for the majority of evacuees. When considering the implications of the results it should be remembered that although the predictive value of the evacuation experience on attachment and psychological wellbeing was statistically significant, it only accounted for a small proportion of the variance in these outcomes, and the clinical significance of these results will therefore be small. The results do not imply that evacuation is a causal factor for all former evacuees who present with psychological distress.

Given the current age of former evacuees (60 to 75 years), the clinical implications of these results are considered from the perspective of services for older adults. The indication that former evacuees could have lower levels of present psychological wellbeing suggests that they might have an increased chance of coming into contact with psychological services (as well as other mental health and related services). The relatively high proportion of former evacuees in this sample who had already received psychological intervention supports this. The results of this study indicate ways in which former evacuees might come to the attention of services, and also point to implications for interventions with this population.

Firstly, the results indicate that attachment is an important factor in the relationship between evacuation and present psychological wellbeing. This suggests that events

triggering a need for psychological intervention might often be related to stress within close relationships. Common stressful events within relationships faced by people in this age group might include adjusting to a new role within the relationship due to physical or mental frailty of the self or partner, and bereavement. There is evidence to suggest that an insecure attachment style may create difficulties when an individual is placed in a caregiving role (Heard and Lake, 1997), and when an individual becomes increasingly dependent on others. Research also indicates that insecure attachment styles could be related to chronic mourning (Fraley et al., 1998), and possibly to defensive reactions following bereavement that result in intense distress (Bowlby, 1980).

The salience and perceived importance of major events such as the evacuation could increase as people age, partly due to the process of life review described by Butler (1963), and partly because other life events (e.g. retirement) and cognitive and physical changes associated with the aging process may mean that previously successful coping strategies are no longer as effective. Recent studies have found significant levels of post-traumatic stress symptoms in people of a generation older than former evacuees, who were involved in other wartime events (e.g. Waugh, 1997, Neal et al., 1995). This implies that people for whom the evacuation was a traumatic event may also be vulnerable to PTSD symptoms at this stage of life.

The findings suggest that clinicians should always consider asking about whether an individual who was a child during the war was evacuated (as well as about other wartime experiences), whatever the reason for presentation. There is some evidence

that it might not be a topic that emerges routinely in psychological assessment or treatment, and might even be avoided (e.g. Davies, 1997). The important role of attachment implies that the relationship with a therapist or keyworker could be of significance to the individual's self-concept, and is likely to play a central role in any therapeutic gain. Termination of therapy might need to be worked through carefully in order to avoid abandonment issues, and some patients may require long-term supportive psychotherapy as described by Holmes (1996) to meet their needs.

Although long-term therapy may be required in order to resolve enduring difficulties in forming intimate relationships, the role of satisfaction with social support as a mediator between attachment style and psychological wellbeing offers a further point of intervention. It suggests that interventions aimed at changing expectations or perceptions of social support may be helpful for former evacuees with insecure attachment styles by reducing the experience of loneliness. The effectiveness of such intervention could be limited if the underlying internal working models of the individual were not also targeted in some way.

A note of caution in the consideration of the above implications extends from the comments of Rutter and O'Connor (1999). They point out that insecure attachment may sometimes serve as a risk factor or a central part of psychological difficulties, but sometimes it may present no more than a non-specific indicator or symptom. In other words, insecurity of attachment is not in itself an indicator of psychopathology, and the presence of both factors does not necessitate a causal connection.

The considerable number of people who attended the 60<sup>th</sup> Anniversary commemoration of E-day, and its coverage in the media, may have led to the awakening of memories for other former evacuees, as described by Hunt (1997). The awakening of such memories cannot be assumed to have a negative effect on psychological wellbeing, however the Evacuees Reunion Association has recently begun to receive letters and telephone calls from former evacuees expressing distress related to their evacuation experiences. The ERA is now considering the need for a formal counselling service (Parsons, 2000; personal communication). This study supports the proposal that the psychological wellbeing of some evacuees may be vulnerable and indicates that, although short-term counselling might be appropriate for some former evacuees who are under stress in their relationships, longer-term psychological intervention may be required in order to address deep-rooted issues relating to the experience of evacuation.

There are two further implications of this study that are relevant to populations other than former evacuees. Firstly, there is a growing body of evidence that parenting is a skill learned in large part through how one was treated as a child, and therefore cross-generational effects may be observed (Steele, Steele and Fonagy, 1996). The evidence suggests that children's attachment styles are related to those of their parents and, although this study does not attempt to measure the attachment styles of former evacuees when they were parenting their own children, the possibility of intergenerational transmission of insecure attachment styles related to the experience of evacuation remains. Although qualitative information collected during the course of this study is not reported, many respondents made reference to how they felt their

experiences had influenced their parenting of their children. This is an important topic for further investigation.

Secondly, although this study did not directly compare the effects of evacuation with and without family members, the important role of attachment indicated here supports the recommendations of the UN-Machel study (1997) that current refugee children should be evacuated with parents, siblings or other relatives whenever possible. This study highlights the potential long-term implications for current refugees, especially those evacuated and separated from parents at a young age.

#### **4.5 Conclusions and future research**

This preliminary study into the long-term psychological effects of the evacuation offers a tentative indication that evacuation is associated with long-term psychological vulnerability through its relationship with insecure attachment. The experience of being evacuated appears to moderate the relationship between quality of parenting and attachment status. Given the limitations of this study, further research is required in order to confirm these results, and explore the risk factors associated with evacuation in more detail.

Further research should focus on four main areas. Firstly, in order to confirm the finding that being a former evacuee is associated with lower levels of psychological wellbeing, replication of this study is required using a larger and more closely matched comparison group. It would be interesting to investigate the nature of the psychological vulnerability, i.e. in terms of specific disorders, more closely. It would

also be helpful to identify the clinical significance of the effect size found. Secondly, in order to overcome the major limitations of this study, the mediating role of attachment should be investigated using an instrument such as the Adult Attachment Interview. The potential role of other mediating variables (e.g. PTSD) also requires consideration as a greater understanding of psychological mediators between the experience of evacuation and present psychological distress would help both in predicting and in treating people who might present with such difficulties.

Thirdly, the findings raise questions about the factors involved both in resilience and in vulnerability. The literature suggests that the quality of care received whilst evacuated, and the nature and quality of relationships since the evacuation, and aspects of parenting quality other than those measured in this study might all be factors involved in resilience or vulnerability. Due to the heterogeneous nature of the evacuation experience, there are also many variables within this experience that require further investigation, for example, the experience of abuse whilst evacuated, and the relative impact of evacuation abroad compared to evacuation within Britain, to name but two. A qualitative approach may be the most appropriate method of discovering the important factors involved in resilience and vulnerability.

Finally, the body of literature highlighting the cross-generational transmission of attachment suggests that the experience of evacuation might have impacted upon the parenting styles of former evacuees and have implications for the attachment status of their children. This provides a fertile ground for further research.



In conclusion, the evacuation remains an important experience in the lives of many people sixty years after the event. The potential psychological effects of the experience have long been neglected, but there is tentative evidence to suggest that they exist now, whether or not this was the case earlier, in the adult lives of the people involved.

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**Appendix 1**

**Advertisement to recruit former evacuees for the study**





Sub-Department of Clinical Health Psychology

**UNIVERSITY COLLEGE LONDON**

GOWER STREET LONDON WC1E 6BT

### **CAN YOU HELP?**

I am conducting research into the long-term psychological effects of the evacuation. This research will help us to understand more about how the experience of being evacuated as a child can influence the way that people think and feel through the rest of their life. This understanding should help psychologists and other professionals to improve their services for those evacuees who need them.

If you would like to take part or would like more information, then please contact Diane Foster, Clinical Psychologist in Training at the above address, or telephone on: 01279 827457.

The study consists of five questionnaires, which ask about your evacuation experiences, about other aspects of your childhood, and about how you feel now. If you decide to take part, I would then send you the questionnaires and a stamped addressed envelope in which you can return them to me.

Thank you for your help.

**Appendix 2**

**Advertisement to recruit the comparison group**



Sub-Department of Clinical Health Psychology

**UNIVERSITY COLLEGE LONDON**

GOWER STREET LONDON WC1E 6BT

## **ARE YOU AGED 61 TO 73?**

### **DID YOU LIVE THROUGH WORLD WAR II AS A CHILD IN BRITAIN?**

I am conducting research into the long-term psychological effects of children's war experiences. This research will help us to understand how children's experiences or lifestyles during wartime can influence the way that people think and feel through the rest of their life.

This research requires volunteers who were NOT evacuated as children, but remained at home. Please contact me even if you feel that your life did not change much during the war.

If you would like to take part or would like more information, then please contact Diane Foster, Clinical Psychologist in Training at University College London (address above), or telephone on: 01279 827457.

You will be asked to fill in some questionnaires that will ask about your life during the war, about other aspects of your childhood, and about how you feel now. If you decide to take part, I would then send you the questionnaires and a stamped addressed envelope in which you can return them to me. All replies will be confidential.

Thank you for your help.

**Appendix 3**

**Letter granting ethical approval for the study from the Joint UCL/UCH  
Committees on the Ethics of Human Research**



## The University College London Hospitals

### The Joint UCL/UCLH Committees on the Ethics of Human Research

Committee Alpha Chairman: Professor André McLean

Please address all correspondence to:

Mrs Iwona Nowicka  
Research & Development Directorate  
9th Floor, St Martin's House  
140 Tottenham Court Road, LONDON W1P 9LN  
Tel. 0171- 380 9579 Fax 0171-380 9937  
e-mail: i.nowicka@academic.uclh.nthames.nhs.uk

Dr H Steele  
Lecturer in Psychology  
Sub-Department of Clinical Health Psychology  
1-19 Torrington Place

31-Mar-99

Dear Dr Steele

**Study No:** 99/0077 (*Please quote in all correspondence*)  
**Title:** **Investigation into the nature, and possible long-term psychological consequences, of childhood evacuation during World War II in Britain.**

I have reviewed the above application and agreed it by Chairman's Action. You may go ahead with your research.

Please note that it is important that you notify the Committee of any adverse events or changes (name of investigator etc) relating to this project. You should also notify the Committee on completion of the project, or indeed if the project is abandoned. **Please remember to quote the above number in any correspondence.**

Yours sincerely

Richard Rawles  
Vice Chairman

**Appendix 4**

**Letter granting ethical approval for the study from the West Essex Local  
Research Ethics Committee**

**WEST ESSEX  
LOCAL RESEARCH ETHICS COMMITTEE**

**Parndon Hall , The Princess Alexandra Hospital NHS Trust, Hamstel Road, Harlow,  
ESSEX, CM20 1QX**

**Tel: 01279 827082**

**Fax: 01279 429371**

Our ref: JT/sj

22 July 1999

Ms Diane Foster  
Sub Department  
Clinical Health Psychology  
University College London  
Gower Street  
London WC1E 6BT

Dear Ms Foster

**1271 INVESTIGATION INTO THE NATURE AND POSSIBLE LONG TERM  
PSYCHOLOGICAL CONSEQUENCES ,OF CHILDHOOD EVACUATION  
DURING WORLD WAR II IN BRITAIN (Diane Foster)**

I write to confirm that the West Essex Local Research Ethics Committee met on 15 July 1999 and considered the patient questionnaire.

Unconditional approval was granted.

The members present at the meeting were, Dr J Davis, Mr H Bliss, Mr T Clarke, Mrs P Gurton, Dr G Ambepitiya and Dr R Ooi.

Please note that I may be contacting you from time to time for information on the progress of the project. I would also grateful if you would notify me when the project is completed, or if it is terminated for any reason prior to completion, and if there are any material changes to the protocol for the project perhaps you will advise me accordingly.

May I take this opportunity to wish you every success with the project.

Yours Sincerely,



**Jane Thomas  
Secretary to the West Essex Local Research Ethics Committee**

**Appendix 5**

**Information form 1: for former evacuees**



Sub-Department of Clinical Health Psychology

# UNIVERSITY COLLEGE LONDON

GOWER STREET LONDON WC1E 6BT

## CONFIDENTIAL

Dear Evacuee

I am currently conducting some research into the experience of people who were evacuated during the Second World War. We know that the evacuation was an important event in many people's childhood, and we are hoping that this study will help us to understand how this experience may influence the way that people think and feel through the rest of their life. This understanding may help us find better ways to help people who have difficult feelings that may be related, in some way, to their experience of evacuation.

I am inviting you to take part in this study, which involves completing the enclosed questionnaires. The questionnaires ask about your experience of evacuation, your relationship with your parents, and about how you have been feeling very recently. One questionnaire also asks about the people to whom you turn for support at the moment, and another asks about how you see yourself in close relationships. They may take some time to fill in, possibly more than one hour.

If you do not want to think about the time when you were evacuated, or about any of the other topics mentioned above, then please do not look at the enclosed questionnaires. You do not have to take part in this study. If you do decide to take part, but change your mind at a later date, you can contact me before December 1999 and I will remove the information that you have given from the study. You do not have to give a reason for withdrawing from the study. No information will be given to the Evacuee Reunion Association about who has decided to take part and who has not.

All information that it is given to us is private and confidential. You do not have to put your name on the questionnaires if you do not wish to. No information about any individual who has taken part will be given to the Evacuees Reunion Association, but the general findings from the study will be given to them once it is completed. If you are interested in the findings then they will be available through the Evacuees Reunion Association.

I would also like to arrange to meet a small number of participants in person, at their own home if they wish. At that meeting I would like to discuss experiences of evacuation and other childhood experiences in more detail. This is a separate part of the study, and it does not mean that you have to participate in such a meeting if you complete the questionnaires enclosed. It may cause some emotional distress to think about some aspects of your childhood in detail. There is a space on the consent form to indicate whether or not you wish to participate in a more detailed discussion of your experiences.

All proposals for research using human subjects are reviewed by an ethics committee before they can proceed. This proposal was reviewed by the Joint UCL/UCLH Committee on the Ethics of Human Research. The individual researchers and University College London have professional indemnity insurance.

If you have any questions about the study then please telephone me on 01279 827457. If you experience any distress when completing the questionnaires, please do not hesitate to call me on this number.

If you would like to help me with this study, please complete and sign the consent form enclosed. This should be returned with the completed questionnaires in the stamped envelope provided.

Thank you for your help, I hope to hear from you soon.

Yours sincerely

Diane Foster  
Clinical Psychologist in Training

**Appendix 6**

**Information form 2: for comparison group**



Sub-Department of Clinical Health Psychology

**UNIVERSITY COLLEGE LONDON**

GOWER STREET LONDON WC1E 6BT

**CONFIDENTIAL**

Dear

Thank you for your interest in this research study. The study is investigating the experiences of people who were children during the Second World War. We are interested in the experiences of people who were evacuated and of those who were not evacuated. We know that experiences that children had during wartime were important events in many people's childhood, and we are hoping that this study will help us to understand how these experiences may influence the way that people think and feel through the rest of their life. This understanding may help us find better ways to help people who have difficult feelings that may be related, in some way, to their wartime experiences. We acknowledge that children, whether they were evacuated or whether they remained at home, may have had difficult wartime experiences, and you will not be required to talk about these experiences in detail if you do decide to participate in this study.

I am inviting you to take part in this study, which involves completing five questionnaires. The questionnaires ask about your wartime experiences, about how you have been feeling very recently, your relationship with your parents, and about the people to whom you turn for support at the moment. Another questionnaire asks about how you see yourself in close relationships. They may take some time to fill in, possibly more than one hour.

All information that it is given to us is private and confidential. You do not have to put your name on the questionnaires if you do not wish to. If you do decide to take part in the study, but change your mind at a later date, you can contact me before December 1999 and I will remove the information that you have given from the study. You do not have to give a reason for withdrawing from the study.

All proposals for research using human subjects are reviewed by an ethics committee before they can proceed. This proposal was reviewed by the Joint UCL/UCLH Committee on the Ethics of Human Research. The individual researchers and University College London have professional indemnity insurance.

If you have any questions about the study then please telephone me on 01279 827457. If you experience any distress when completing the questionnaires, please do not hesitate to call me on this number.

If you would like to help me with this study, please complete and sign the consent form enclosed. This should be returned with the completed questionnaires in the stamped envelope provided. Thank you for your help, I hope to hear from you soon.

Yours sincerely

Heather Foster  
Clinical Psychologist in Training

**Appendix 7**

**Consent form 1: for former evacuees**



Sub-Department of Clinical Health Psychology

# UNIVERSITY COLLEGE LONDON

GOWER STREET LONDON WC1E 6BT

## CONFIDENTIAL

### CONSENT FORM FOR PARTICIPANTS

**Research project:** An investigation into the nature of childhood experiences of evacuation, and possible psychological consequences of this experience.

**Researcher:** Diane Foster, BSc. (Tel: 01279 827457)

Have you read the information sheet about this study? YES / NO

Have you had an opportunity to ask questions and discuss this study? YES / NO

Have you received satisfactory answers to all your questions? YES / NO

Have you received enough information about this study? YES / NO

Which researcher have you spoken to about this study? .....

Do you understand that you are free to withdraw from this study at any time and without giving a reason for withdrawing? YES / NO

Do you agree to take part in this study? YES / NO

Signed: ..... Date: .....

Name in block letters: .....

Researcher signature: .....

-----  
Some participants may be asked to meet with the researcher to discuss their experiences of evacuation, and other childhood memories, in more detail. This meeting would be recorded on audiotape. Please tick one of the statements below to indicate whether you would like to participate in this part of the study:

- I do NOT wish to discuss my experiences in a meeting with a researcher. \_\_\_\_\_
- I would be happy to discuss my experiences in a meeting with a researcher. \_\_\_\_\_
- I understand that this meeting will be recorded on audiotape \_\_\_\_\_

Contact telephone number .....

**Appendix 8**

**Consent form 2: for comparison group**



Sub-Department of Clinical Health Psychology

# UNIVERSITY COLLEGE LONDON

GOWER STREET LONDON WC1E 6BT

## CONFIDENTIAL

### CONSENT FORM FOR PARTICPANTS

**Research project:** An investigation into the nature of childhood wartime experiences of evacuation, and possible psychological consequences of these experiences.

**Researcher:** Diane Foster, BSc. (Tel: 0171 391 1258)

Have you read the information sheet about this study? YES / NO

Have you had an opportunity to ask questions and discuss this study? YES / NO

Have you received satisfactory answers to all your questions? YES / NO

Have you received enough information about this study? YES / NO

Which researcher have you spoken to about this study? .....

Do you understand that you are free to withdraw from this study at any time and without giving a reason for withdrawing? YES / NO

Do you agree to take part in this study? YES / NO

Signed: ..... Date: .....

Name in block letters: .....

Researcher signature: .....

**Appendix 9**

**Parental Bonding Instrument (Parker, Tupling and Brown, 1979)**



This questionnaire lists various attitudes and behaviours of parents. As you remember **your own MOTHER** in your first 16 years would you place a tick in the most appropriate box next to each question.

## EXAMPLE:

	Very like	Moderately like	Moderately unlike	Very unlike
9. Tried to control everything I did	[ ]	[ ]	[ ]	[ <input checked="" type="checkbox"/> ]

	Very like	Moderately like	Moderately unlike	Very unlike
1. Spoke to me with a warm and friendly voice	[ ]	[ ]	[ ]	[ ]
2. Did not help me as much as I needed	[ ]	[ ]	[ ]	[ ]
3. Let me do things I liked doing	[ ]	[ ]	[ ]	[ ]
4. Seemed emotionally cold to me	[ ]	[ ]	[ ]	[ ]
5. Appeared to understand my problems and worries	[ ]	[ ]	[ ]	[ ]
6. Was affectionate to me	[ ]	[ ]	[ ]	[ ]
7. Liked me to make my own decisions	[ ]	[ ]	[ ]	[ ]
8. Did not want me to grow up	[ ]	[ ]	[ ]	[ ]
9. Tried to control everything I did	[ ]	[ ]	[ ]	[ ]
10. Invaded my privacy	[ ]	[ ]	[ ]	[ ]
11. Enjoyed talking things over with me	[ ]	[ ]	[ ]	[ ]
12. Frequently smiled at me	[ ]	[ ]	[ ]	[ ]
13. Tended to baby me	[ ]	[ ]	[ ]	[ ]
14. Did not seem to understand what I needed or wanted	[ ]	[ ]	[ ]	[ ]
15. Let me decide things for myself	[ ]	[ ]	[ ]	[ ]
16. Made me feel I wasn't wanted	[ ]	[ ]	[ ]	[ ]
17. Could make me feel better when I was upset	[ ]	[ ]	[ ]	[ ]
18. Did not talk with me very much	[ ]	[ ]	[ ]	[ ]
19. Tried to make me dependent on her	[ ]	[ ]	[ ]	[ ]
20. Felt I could not look after myself unless she was around	[ ]	[ ]	[ ]	[ ]
21. Gave me as much freedom as I wanted	[ ]	[ ]	[ ]	[ ]
22. Let me go out as often as I wanted	[ ]	[ ]	[ ]	[ ]
23. Was overprotective of me	[ ]	[ ]	[ ]	[ ]
24. Did not praise me	[ ]	[ ]	[ ]	[ ]
25. Let me dress in any way I please	[ ]	[ ]	[ ]	[ ]

This questionnaire lists various attitudes and behaviours of parents. As you remember **your own FATHER** in your first 16 years would you place a tick in the most appropriate box next to each question.

		Very like	Moderately like	Moderately unlike	Very unlike
1.	Spoke to me with a warm and friendly voice	[ ]	[ ]	[ ]	[ ]
2.	Did not help me as much as I needed	[ ]	[ ]	[ ]	[ ]
3.	Let me do things I liked doing	[ ]	[ ]	[ ]	[ ]
4.	Seemed emotionally cold to me	[ ]	[ ]	[ ]	[ ]
5.	Appeared to understand my problems and worries	[ ]	[ ]	[ ]	[ ]
6.	Was affectionate to me	[ ]	[ ]	[ ]	[ ]
7.	Liked me to make my own decisions	[ ]	[ ]	[ ]	[ ]
8.	Did not want me to grow up	[ ]	[ ]	[ ]	[ ]
9.	Tried to control everything I did	[ ]	[ ]	[ ]	[ ]
10.	Invaded my privacy	[ ]	[ ]	[ ]	[ ]
11.	Enjoyed talking things over with me	[ ]	[ ]	[ ]	[ ]
12.	Frequently smiled at me	[ ]	[ ]	[ ]	[ ]
13.	Tended to baby me	[ ]	[ ]	[ ]	[ ]
14.	Did not seem to understand what I needed or wanted	[ ]	[ ]	[ ]	[ ]
15.	Let me decide things for myself	[ ]	[ ]	[ ]	[ ]
16.	Made me feel I wasn't wanted	[ ]	[ ]	[ ]	[ ]
17.	Could make me feel better when I was upset	[ ]	[ ]	[ ]	[ ]
18.	Did not talk with me very much	[ ]	[ ]	[ ]	[ ]
19.	Tried to make me dependent on him	[ ]	[ ]	[ ]	[ ]
20.	Felt I could not look after myself unless he was around	[ ]	[ ]	[ ]	[ ]
21.	Gave me as much freedom as I wanted	[ ]	[ ]	[ ]	[ ]
22.	Let me go out as often as I wanted	[ ]	[ ]	[ ]	[ ]
23.	Was overprotective of me	[ ]	[ ]	[ ]	[ ]
24.	Did not praise me	[ ]	[ ]	[ ]	[ ]
25.	Let me dress in any way I please	[ ]	[ ]	[ ]	[ ]

**Appendix 10**

**General Health Questionnaire (Goldberg, 1972)**

# THE GENERAL HEALTH QUESTIONNAIRE

**GHQ 28**  
**David Goldberg**

Please read this carefully.

We should like to know if you have had any medical complaints and how your health has been in general, *over the past few weeks*. Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

## Have you recently

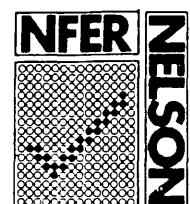
<b>A1</b> – been feeling perfectly well and in good health?	Better than usual	Same as usual	Worse than usual	Much worse than usual
<b>A2</b> – been feeling in need of a good tonic?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>A3</b> – been feeling run down and out of sorts?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>A4</b> – felt that you are ill?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>A5</b> – been getting any pains in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>A6</b> – been getting a feeling of tightness or pressure in your head?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>A7</b> – been having hot or cold spells?	Not at all	No more than usual	Rather more than usual	Much more than usual
<hr/>				
<b>B1</b> – lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B2</b> – had difficulty in staying asleep once you are off?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B3</b> – felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B4</b> – been getting edgy and bad-tempered?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B5</b> – been getting scared or panicky for no good reason?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B6</b> – found everything getting on top of you?	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>B7</b> – been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual

**Have you recently**

<b>C1 – been managing to keep yourself busy and occupied?</b>	More so than usual	Same as usual	Rather less than usual	Much less than usual
<b>C2 – been taking longer over the things you do?</b>	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
<b>C3 – felt on the whole you were doing things well?</b>	Better than usual	About the same	Less well than usual	Much less well
<b>C4 – been satisfied with the way you've carried out your task?</b>	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
<b>C5 – felt that you are playing a useful part in things?</b>	More so than usual	Same as usual	Less useful than usual	Much less useful
<b>C6 – felt capable of making decisions about things?</b>	More so than usual	Same as usual	Less so than usual	Much less capable
<b>C7 – been able to enjoy your normal day-to-day activities?</b>	More so than usual	Same as usual	Less so than usual	Much less than usual

<b>D1 – been thinking of yourself as a worthless person?</b>	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D2 – felt that life is entirely hopeless?</b>	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D3 – felt that life isn't worth living?</b>	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D4 – thought of the possibility that you might make away with yourself?</b>	Definitely not	I don't think so	Has crossed my mind	Definitely have
<b>D5 – found at times you couldn't do anything because your nerves were too bad?</b>	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D6 – found yourself wishing you were dead and away from it all?</b>	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>D7 – found that the idea of taking your own life kept coming into your mind?</b>	Definitely not	I don't think so	Has crossed my mind	Definitely has

A       B       C       D       TOTAL



**Appendix 11**

**Adult Attachment Styles (Hazan and Shaver, 1987)**

**CONFIDENTIAL**

NAME (optional): .....

Which of the following statements best describes your feelings?

- 1. I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't often worry about being abandoned or about someone getting too close to me. \_\_\_\_\_
  
- 2. I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, love partners want me to be more intimate than I feel comfortable being. \_\_\_\_\_
  
- 3. I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to merge completely with another person, and this desire sometimes scares people away. \_\_\_\_\_

(Please tick the statement that is closest to describing the way you feel)

**Appendix 12**

**Social Support Questionnaire – 6 (Sarason et al, 1987)**





**4. How satisfied?**

6—very satisfied	5—fairly satisfied	4—a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied
------------------	--------------------	----------------------	---------------------------	-------------------------	-----------------------

**5. Who accepts you totally, including both your worst and best points?**

___ No one	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

**6. How satisfied?**

6—very satisfied	5—fairly satisfied	4—a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied
------------------	--------------------	----------------------	---------------------------	-------------------------	-----------------------

**7. Whom can you really count on to care about you, regardless of what is happening to you?**

___ No one	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

**8. How satisfied?**

6—very satisfied	5—fairly satisfied	4—a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied
------------------	--------------------	----------------------	---------------------------	-------------------------	-----------------------

**9. Whom can you really count on to help you feel better when you are feeling generally down in the dumps?**

___ No one	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

**10. How satisfied?**

6—very satisfied	5—fairly satisfied	4—a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied
------------------	--------------------	----------------------	---------------------------	-------------------------	-----------------------

**11. Who can you count on to console you when you are very upset?**

___ No one	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

**12. How satisfied?**

6—very satisfied	5—fairly satisfied	4—a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied
------------------	--------------------	----------------------	---------------------------	-------------------------	-----------------------

**Appendix 13**

**Evacuation Experience Questionnaire**

EVACUATION EXPERIENCE QUESTIONNAIRE

Name (optional): \_\_\_\_\_
Address (optional): \_\_\_\_\_

Are you: MALE [ ] FEMALE [ ]

Are you: MARRIED [ ] SINGLE [ ]
DIVORCED / SEPARATED [ ] WIDOWED [ ]

EMPLOYMENT: (if retired last employment) \_\_\_\_\_

AGE LEFT SCHOOL: \_\_\_\_\_ years old

AGE NOW: \_\_\_\_\_ years old

Did you go to College / University? YES NO (please circle)
Have you had any problems with your health? YES NO
Have you ever had any problems with your nerves? YES NO

1. How old were you when you were first evacuated? .....

2. Which town did you live in before you were evacuated? .....

3. Were you evacuated on "E-Day" (1st September 1939)? Yes No

4. Were you given an explanation about what was happening? Yes No

If so, what were you told?

.....
.....
.....

5. How many billets did you have in total? .....

6. How were your billets arranged? (e.g. through school, family etc.)

.....

FIRST BILLET

7. Where was your first billet located? .....

8. How long did you stay in your first billet? .....

9. Did any of the following people stay with you in this billet? (please circle)

Mother Brother(s) Sister(s) School friend Other: .....

10. How often did you see you parents during this time?

(Mother) .....

(Father) .....

EVACUATION EXPERIENCE QUESTIONNAIRE

11. Why did your first billet end?

- End of war [ ] Billeting family did not want evacuee [ ]
Unhappy in billet [ ] Parents unhappy with billet [ ]
Other .....

12. Did you keep in contact with the people with whom you were first billeted after you had left? Yes / No

13. How would you describe your experience during your first billet? (please circle)

- Very positive, Quite positive, Neither positive nor negative, Quite negative, Very negative

SECOND BILLET (If you did not have a second billet, please go to question 28.)

14. Where was your second billet located? .....

15. How long did you stay in your second billet? .....

16. Did any of the following people stay with you in this billet? (please circle)

- Mother, Brother(s), Sister(s), School friend, Other: .....

17. How often did you see you parents during this time?

- (Mother) .....
(Father) .....

18. Why did your second billet end?

- End of war [ ] Billeting family did not want evacuee [ ]
Unhappy in billet [ ] Parents unhappy with billet [ ]
Other .....

19. Did you keep in contact with the people with whom you were billeted after you had left? Yes / No

20. How would you describe your experience of the second billet? (please circle)

- Very positive, Quite positive, Neither positive nor negative, Quite negative, Very negative

THIRD BILLET (If you did not have a third billet, please go to question 28.)

21. Where was your third billet located? .....

22. How long did you stay in your third billet? .....

23. Did any of the following people stay with you in this billet? (please circle)

- Mother, Brother(s), Sister(s), School friend, Other: .....



EVACUATION EXPERIENCE QUESTIONNAIRE

37. How did family life after the evacuation had ended compare with family life before you were evacuated?

Much better      A little better      The same      A little worse      Much worse

38. If there was a change, what do you think caused this?

Your evacuation experience [ ]      Your mother's wartime experience [ ]

Your father's wartime experience [ ]      Other relative's wartime experience [ ]

Other reason.....

.....

39. Name three good things about the experience of evacuation (if possible):

a)

b)

c)

40. Name three bad things about the experience of evacuation (if possible):

a)

b)

c)

41a. Have you ever had any form of psychological therapy?      Yes / No

41b. If yes, did you talk about your evacuation experiences?      Yes / No

42. If you had bad experiences during your time as an evacuee, how did you cope with them AT THE TIME?

Thought about it and tried to solve the problems it caused      [ ]

Blamed myself / others for its effect on me      [ ]

Pretended it was not happening at the time      [ ]

Spoke to other people about how I felt      [ ]

Tried not to think about it. Put it out of my mind.      [ ]

Tried to think of nice things instead (e.g. a trip in the country, winning a million pounds)

[ ]

43. In general, how do think you are coping with them NOW?

Think about it and try to solve the problems it caused      [ ]

Blame myself / others for its effect on me      [ ]

Pretend it has not happened      [ ]

Speak to other people about how I feel      [ ]

Try not to think about it. Put it out of my mind.      [ ]

Try to think of nice things instead (e.g. a trip in the country, winning a million pounds)

[ ]

**EVACUATION EXPERIENCE QUESTIONNAIRE**

**If you would like to add any other information that you feel is important regarding your experiences as an evacuee, please use the space below:**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**



**Appendix 14**

**Evacuation Experience Questionnaire adapted for comparison group**



EXPERIENCES DURING WARTIME QUESTIONNAIRE

8. Did you return to your original home after the war had ended? Yes No

9. How happy were you in general in the months after the war ended?

Very Happy      Quite happy      Neither happy nor unhappy      Quite unhappy      Very unhappy

10. How did family life after the war had ended compare with family life before the war?

Much better      A little better      The same      A little worse      Much worse

11. If there was a change, what do you think caused this?

Your warime experience [ ]      Your mother's wartime experience [ ]

Your father's wartime experience [ ]      Other relative's wartime experience [ ]

Other reason.....  
.....

12. Name three good things about your life during the war (if possible):

a)

b)

c)

13. Name three bad things about your life during the war (if possible):

a)

b)

c)

14a. Have you ever had any form of psychological therapy? Yes / No

14b. If yes, did you talk about your wartime experiences? Yes / No

15. If you had bad experiences during the war, how did you cope with them AT THE TIME?

Thought about it and tried to solve the problems it caused [ ]

Blamed myself / others for its effect on me [ ]

Pretended it was not happening at the time [ ]

Spoke to other people about how I felt [ ]

Tried not to think about it. Put it out of my mind. [ ]

Tried to think of nice things instead (e.g. a trip in the country, winning a million pounds) [ ]

EXPERIENCES DURING WARTIME QUESTIONNAIRE

**16. In general, how do think you are coping with them NOW?**

- Think about it and try to solve the problems it caused [ ]
- Blame myself / others for its effect on me [ ]
- Pretend it has not happened [ ]
- Speak to other people about how I feel [ ]
- Try not to think about it. Put it out of my mind. [ ]
- Try to think of nice things instead (e.g. a trip in the country, winning a million pounds) [ ]

**If you would like to add any other information that you feel is important regarding your experiences as a child during wartime, please use the space below:**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**