

A Psychological Strategy to Foster Resilience and Peer Interaction for Flood Impacted Youngsters

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Abstract

Introduction: The present research aims to carry out a pilot study to evaluate the earliest efficacy of the Assistance for Learners Confronted to Trauma (SSET) program in reducing signs of post-traumatic stress disorder (PTSD) and boosting adaptability and social interaction between kids living in rural areas of Southern Punjab, Pakistan, that are influenced by food scarcity.

Objectives: The aim of this pilot investigation is to determine whether the SSET method is effective in treating traumatized kids, particularly those who have been impacted by extreme events like flooding. The goal of the study is to determine how the program affects children who live in environments with limited resources in terms of signs of PTSD reduction, resilience building, and believed assistance from others.

Methods: The research's methodology involves testing 195 kids for signs of post-traumatic stress. 42% of the kids in the sample as a whole fulfilled the requirements. The unplanned allocation was used to place these qualified kids into the experimental group (n = 81) or the control group (n = 69). The experimental group received the SSET program from a provider who had undergone clinical training, whereas the control group was not given any special treatment.

Results: The study's findings showed that children in the experimental group who participated in the SSET program experienced a significant decrease in PTSD symptoms as well as a rise in resistance and reported social support. By laying the first basis for the SSET program's deployment in this particular setting through this trial, non-clinicians may later use it to treat psychiatric problems associated to trauma.

Conclusions: According to the study, non-clinicians may use the SSET program to treat psychological problems associated to trauma in situations like these. These results establish the groundwork for more study and the prospective application of the SSET program as a successful intervention for kids afflicted by natural catastrophes.

Keywords: Peer interaction, Social Support, Hazard, Child Assessment.

Introduction

Natural disasters are happening more frequently, and the irreparable damage that they cause for residents and towns around the world is getting worse. 1.35 million People have died as an outcome of the 6884 natural disasters that CRED is an acronym for the Coordinating Centre for Investigation on the Epidemiology of Natural Hazards has documented globally over a 20-year period (1995-2014). More than sixty-eight million people were impacted by 315 natural disasters in 2019 alone, which resulted in the deaths of 11,815 individuals and monetary damages of \$131.7 billion. Following a natural catastrophe, children may encounter life-threatening traumatic experiences and disaster-related stressors, which may have lasting adverse impacts on children and adolescents, such as poor academic performance, alcohol usage, and problems with their emotional and physical well-being. (Krishna et al. (2021)).

The present research analyses empirically the psychosocial effects of school-based trauma therapy delivered to kids in Pakistan's rural areas food-insecure communities. In addition to significant levels of being impoverished rising unemployment, limited educational opportunities, and a lack of medical facilities, kids and households in these places are more prone to suffer from traumatic stress. Due to the dearth of psychological experts, providing counselling to parents in rural regions also happens to be less common conduct, and counselling support to deal with emotional and behavioural condition issues. Schools provide a helpful setting for delivering health and wellness programs and enhancing the ability of pupils to study in the educational environment, especially for those who have experienced trauma given their absence of opportunities for mental health treatments. (Sydoriv, 2023).

This method is greatly aided by the participation of community volunteers. These people support the children affected by the floods by contributing their time, knowledge, and compassion. Individuals can serve as mentors, assisting and motivating young people to overcome obstacles and develop resilience. Their presence improves relations among the community and widens the children's support system (Silva et al. (2020)).

The importance of including resilience-focused programs in the curriculum is acknowledged by this method because education is a key factor in fostering resilience. Schools play a crucial role in the healing process by teaching kids skills like social intelligence, resolving issues and a commitment to learning. Their resilience is also increased by creating a welcoming classroom atmosphere that recognizes and affirms the perspectives of flood-affected pupils (Roy, 2020).

This approach emphasizes the value of beneficial interactions and peer engagement heavily. Young people affected by floods can create links with others who have had comparable difficulties by planning mutually beneficial and enjoyable activities. These conversations offer a venue for support, motivation, and the sharing of coping mechanisms. Children can recover happiness and a sense of belonging despite hardship by participating in social events and developing connections (Gromada et al. (2020)).

This plan's final objective is to empower flood-affected children by giving them back their sense of identity, purpose, and optimism. They can help them on their journey to recovery, resilience, and improved prospects by offering secure environments, professional counselling, peer engagement, and assistance from the community. Together, let's start the recovery process, making sure that no young person is left toward in the wake of a flood and that everyone grows larger, more resilient, and more integrated into their peers and neighbourhood (Patel, 2022).

2. Literature Review

Freimund et al. (2021) offers new insight on risks associated with warming temperatures and depending on gender perceptions of the risk of flooding. It also contributes to the systematic gathering of knowledge regarding the risk of floods perspectives across a worldwide boundary. They finding similarity in their assessments of flood threat and the kinds of risk reduction strategies suggested in residents in both border communities gives clear guidelines for floods risk awareness, dissemination, and ability to prepare as well as actions to improve collaboration across borders.

McDonald-Harker et al. (2021) with 85 kids (aged Six to Nine) who were affected by the 2018 flood in Segovia, Spain, is discussed. A combination of techniques was used. The Children and Youth Resilience Assessment was used to study each of us, caretaker, and contextual factors that affect resilience post-disaster. The results show that strong resilience is related to personal characteristics, particularly support from peers, and caretaker elements, primarily caretaker psychological support.

McDonald-Harker et al. (2021) the elements linked to an elevated level of resilience in children and young people following a tragedy. The results show that both person characteristics, especially peer support, and caretaker elements, particularly receiving physical support from caregivers, are related to high instances of resilience among children and teens.

Arshad et al. (2020) emphasizes potential hazards and safeguarded elements that forecast children's ability to cope with hardship in the beginning of their lives. These results demonstrate that young children who experience flooding as an occurrence of nature grow more resilient to hardship. When seen as a whole, the current study lends credence to the idea that it is crucial to increase children's resilience in a context where they are exposed to both natural disasters and everyday adversity.

Oberg et al. (2021) explored the concept of resilience from the individual/interpersonal level via the context of families and neighbourhoods, involving the perspectives of the Somali migration, and advocate a multi-systems resilience framework that directs tactics for handling the variety of accumulating situations that follows global warming. The article finishes with a number of worldwide international policy proposals based on children's rights, resilience promotion, and a child-sensitive strategy for addressing climate change, while also promoting young people's responsibility and involvement and the establishment of peace.

Van Loon et al. (2020) contemplated the role that creative and artistic approaches may play in helping neighbourhoods in the developing world's south become more resilient to catastrophes caused by nature, particularly droughts and floods. The findings of the research analysis and case investigation suggested that, in addition to more traditional approaches, artistic and creative techniques may be utilized more frequently to increase resilience to extreme events such as flooding and drought.

Sardi et al. (2019) intends to offer fresh perspective on the evaluation of urban adaptation and the creation of a social resilience plan for lowering catastrophe risk in Malaysia. The inquiry analyses a number of past floods, their likelihood of happening in the future, and their socioeconomic effects to enable risk-informed growth and investment. To be able to gather initial information, analyse regional risk profile information, and create a strategy and equipment for flood awareness, an electronic survey was conducted in Selangor in Malaysia.

The findings of Mehryar et al. (2021) contribute to an improved comprehension of the potential contribution of national regulations to improving hurricane resilience and modification. Our study of 149 policies in 35 countries reveals a historical movement in flood regulations away from a first concentration on flooding as an environmental and flow sustainability issue toward a wider collection of laws that include reaching under DRM and weather adaption strategy.

Echendu et al. (2020) on Nigeria's ability to achieve the SDGs is highlighted, which also lists the SDGs that are most seriously impacted. To make it possible to tackle the flooding issue and help Nigeria get closer to achieving the UN's 2030 SDGs, the document urges cooperation among all interested parties. The data offered in this report aims to encourage local efforts to fight flooding in Nigeria and aid the country in more successfully fulfilling the SDGs.

3. Methodology

3.1 Research Context

The current study was carried out in Multan, Afghanistan in southern Punjab, Pakistan, in the flood-affected rural areas, from August 2019 to February 2022. Major medical and psychological services are scarce in Pakistan's disaster-affected rural areas, as was already mentioned. The SSET programme was chosen due to its potential for usage in low-resource situations by non-clinicians. But in the present investigation, SSET was given by a practitioner with clinical training. Teachers from nearby schools who were in attendance to aid the group process helped the individual. Because this was the region's first attempt of its like, this choice was made. The territory and its potential non-clinical executioners required specific installation and education methods, and it was possible that further adaption would be required.

SSET has generally been used in developed countries (like the US), which instructors were more probable to have training in behavioural assistance, social-emotional disorders, and access to organizational systems for support, despite the fact that it was created to be utilized by non-clinicians. In the most recent issue of the American Educator, the American Federation of Educators emphasized trauma consciousness. Many countries and districts of schools have created content for educating teachers that emphasize Trauma education and

psychological learning (e.g., Wisconsin, Washington). Therefore, it may be logical to assume that US instructors are more likely to be prepared to treat mental well-being and trauma than Pakistani ones.

The process of conducting the study includes various steps. The initial action taken by the researchers was a literature study to find evidence-based trauma therapies offered in schools. Services for Children Submitted to Trauma (SSET) was chosen as the greatest practical and perhaps economically viable choice in this step for two crucial reasons: the syllabus's plan and its final aim of having specialists offer it requiring psychological training.

The study involved preparing assessments to evaluate performance using forward and reverse translation of languages. The assessments included measures of social support, PTSD symptoms, and the impact of experiences. Academics, including educators and psychologists, assisted in translating the survey questions into Urdu, ensuring consistency with the original questions. The responses were then translated back into English to ensure no loss of information. A pilot test was conducted with 30 students from a flood-affected area to assess comprehension. The study also utilized an existing localized version of the resilience measure called the Children and Minority Resilience Determine.

Five public elementary schools in three regional union organizations that are part of the public education domain served as the source of this study's respondents. Those regional councils are located in Multan region, Southern Punjab, Pakistan, which has been devastated by flooding. These educational institutions were chosen as targets because of their proximity to the river. Objective sampling was used to choose the participants (see Fig. 1). There were 223 pupils registered in grades 5-7 overall at these schools.

Prior to the beginning of gathering information, the investigators hosted a meeting with parents and teachers to begin the process of recruiting pupils. All 225 of the students' parents were invited to the gathering. Through the parents of the students who were enrolled in the schools, scholars issued invitations and consent paperwork to the families. Each stage of the investigation, including evaluations randomization, and evaluations, was stated in the authorization forms. Specifically, the parent's permission emphasized that if their child was qualified for the therapy, he or she might be allocated at unplanned either to get the therapy or to be in an observer group that didn't receive it. Both the prenatal screening study and the treatment trial required parental consent to give their assent. 195 families (87%) of the 225 students gave their written approval. change into 90 words.

Following parental permission, the investigators assessed students using the Children's Rehabilitation Institute's Revised Impact of Activity Mark, measuring posttraumatic signs. Participant scores ranged from 5 to 66 ($M=34.66$; $SD=15.94$). Out of the 195 evaluated pupils, 76 (40%) exceeded the medical cut point of 30. A score of 35 or higher indicates the company of post-traumatic stress disorder signs in both safeguarded and vulnerable populations, based on previous validation studies conducted in developed and developing countries. The assessment focused solely on food consumption due to locals' resistance to inquiries about various traumatic events.

For every student who tested high on the CRIES-13, the investigators arranged parent conferences. This conference was arranged to inform parents of qualifying kids' CRIES-13 results and to re-explain the study's objectives and randomized processes to parents. 150 students—64 males and 86 girls—with a normal age of 12.44 years (range: 8–14 years) prepared by the last cohort. Another type of intervention and one control population followed by a random assignment to each school, with each school having 80 total students. All five schools had a same number of these kids, who took part in grades 5-7 (Institution 1: $n=32$, 21.3%; Institution 2: $n=33$, 22%; Institution 3: $n=25$, 16.67%; Institution 4: $n=26$, 17.3%; Institution 5: $n=34$, 22.67%).

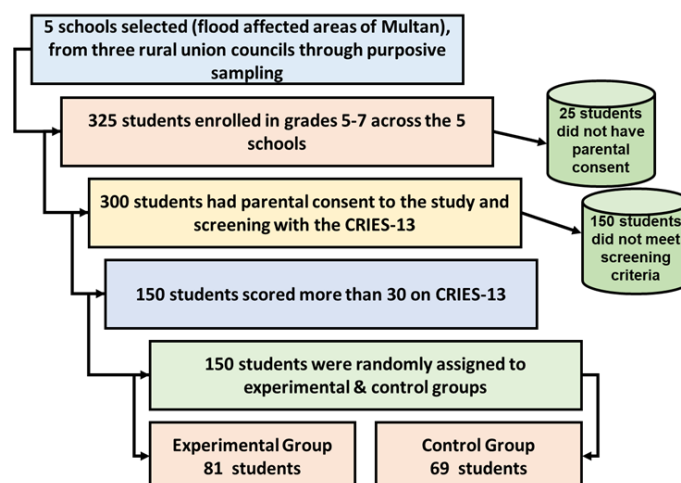


Figure 1: Analyse flowchart

Both initial and post-intervention measurements were completed by individuals in the two groups using paper and pencil by members of the research team who were blind to the study circumstances. For the purpose of choosing participants, baseline measurements were given. Over the course of 12 weeks, students in the intervention category got lessons from the SSET program, whereas those in the control group did not get any intervention. As mentioned earlier, collaborators during the course of the intervention were local school teachers who supported the group but failed to present the classes. The post-test was administered soon after the procedure was finished.

Following the zero-immersion time frame, the investigators administered SSET to the participants in the experiment. In Pakistan, an instructional session that ends before the start of the regular school day is referred to as a "zero tolerance," period." In most cases, "Zero eternity" is consumed as a morning "retreat" during the kids play outside, chat with friends, or finish any unfinished work. During the start of the official school week, during "zero period," pupils in the control group were requested to take part in SSET.

Like other pupils who were not an element of the study, those in the group serving as the control participated in their usual routines (such as exploring outside, hanging out with companions, and doing schoolwork).

4. Intervention

SSET is an intervention program designed to support children who have experienced trauma and are exhibiting symptoms of trauma-related stress disorders like PTSD. It is a modified version of the CBITS program, adapted to be more practical and accessible for educators and school counsellors. The program consists of 10 structured sessions delivered once a week for 50 minutes to a class of 7 to 10 students. It incorporates elements such as interpersonal support, cognitive restructuring, meditation techniques, and utilizing interpersonal problem-solving to lessen the effects of depression and PTSD, as well as recover overall operational in traumatized adolescents.

The SSET curriculum was modified by including the regional tongues, for example Urdu, Punjabi, and Siraiiki, to provide historical significance and affordability. In line with Pakistan's collectivist cultural framework, frequent parental communication was also developed. Usually once a month, parent sessions were held when the therapist and co-facilitator gave parents psychological instruction, solicited comments on how their kids were doing, and asked for assistance from parents for the program. Despite the fact that a therapist oversaw the intervention process, five co-facilitators—one from each school—helped execute the SSET sessions and parent meetings after receiving some initial training. Instructors from the participating institutions decided to serve in this capacity as co-facilitators. To guarantee program accuracy, they were under the main clinician's observation.

Due to community preferences, either video or audio recordings were not possible; however, loyalty to SSET was ensured by the lead author participating in live analysis of sessions and by regular conversations with the

group leader for the purpose of reviewing consultation elements, participation by students, and any difficulties or successes.

The collaborators of the intervention completed a quick assessment to gauge its acceptance, and they all said they would suggest SSET to others. They thought that the approach was helpful and efficient in changing the conduct of pupils and that the gained skills might be used by parents and other community members.

The SSET program provides an educational intervention for kids who have experienced trauma and are displaying symptoms of PTSD. It was modified for non-clinical workers to provide delivery with linguistic modifications and frequent parent involvement. The program demonstrated potential in terms of enhancing pupil conduct and overall health, according to co-facilitators, who gave it favourable reviews.

5. Measures

Table 1: Characteristics of the demographics

Demographic Variable	Categories
Age	7-10
Sex	Male and Female
Societal economic standing	Low-Income (monthly income < 12,000 PKR)
	Middle Class (monthly income: 14,000–76,000 PKR)
	Upper Class (monthly income > 76,000 PKR)
Family System	Nuclear (living only with one's siblings and their families)
	Attached Family (living with parents, grandparents, etc.)
Parental Education	Basic (Grade 1–4)
	The Mid (5th-8th Grade)
	Matric (Grades 9 - 10)
	Intermediate (Grade 11–12)
	Undergraduate degree

SPSS was utilized for the statistical analysis. In the current study, symptoms of PTSD, resiliency, and interaction with others were evaluated in two groups of students—the experimental population and the control group—at Phase 1 (pre-test) and Phase 2 (post-test). Education's plan was categorized as a "varied between-within participant's evaluation of variability." This method, which evaluated the impact of time and interventions on the result of the factor, was also recognised as a "split-plot" ANOVA strategy (SPANOVA). In order to ascertain whether intervention effects varied after taking significant demographic variables into account, additional studies were also carried out.

6. Result

6.1 Descriptive Statistics

By treatment assignment, Table 2 lists the participant's characteristics. Participants' ages ranged from 11.43 to 1.44 years on average. The sample's gender distribution was 37% female and 63% male (n=52, n=28). Fifth graders made up the greatest percentage of students (39.8%). Most participants (85%) fell into the low social and economic standing category. Parents made up the majority of those who had completed elementary or middle school (39% in each group). Nearly half of the women had completed elementary school. Nearby no notable alterations among the program and control categories in terms of demographic traits or initial outcome measurements.

Table 2: Students' demographic information by involvement and control group

	Involvement (n=41)	Control (n=39)
	N	N
Gender		
Male	58	42
Female	20	32
School		
1	18	16
2	18	18
3	14	14
4	16	16
5	20	20
Grade		
4		16
5		32
6		32
Socioeconomic status		
Low		60
Middle		18
Family system		
Nuclear		38

Joint		40
Father's education		
Primary		22
Middle		28
Metric		12
Intermediate		14
Graduate		4
Masters		6
Mother's education		
Primary		34
Middle		24
Metric		12
Intermediate		8
Graduate		4
Masters		-

6.2 Effects of SSET on Child Assessments

Teams and organizing time served as two definite between-subject separate elements in the current study. These variables were Team 1 and Team 2, Phase 1 and Phase 2, and PTSD symptoms, resilience, and social support. These continuous variables that depended were measured at Phase 1 and Phase 2. For each dependent variable individually, they ran the combined between-within groups assessment of variance test again. Age, Sex, Societal economic standing, and maternal education were included as factors in our preliminary statistical investigation of the data.

The outcomes variables were not significantly correlated with any of the covariates, but so the presence of them did not affect the findings. As a result, they preferred not to include the effects of variables when presenting results from statistical analyses. The key findings regarding the combined effects of the group performing the experiment are outlined in the following table by time.

6.3 PTSD Symptoms

The data analysis of combined among-within subjects ANOVA showed a substantial group by stage (Team*time) consequence on the individuals' PTSD ratings [$F(1, 74) = 69.99$, $p < .002$ (fractional $\eta^2 = .49$, Wilk's $\lambda = .54$)]. This discovery implies a substantial variance in the intercession's ability between conditions in terms of the severity of the participants' PTSD symptoms. Over time, SSET students improved as the nasty PTSD symptom levels for the experimental group decreased. Pupils in the control group, on the other hand, did not make progress since their mean PTSD symptom levels at baseline and post-intervention were the same (fig 2).

Additionally, Substantial major effects of time as well as team were present, on PTSD symptom scores ($F(1, 75) = 67.93, p < .001$ (fractional $\eta^2 = .48$, Wilk's $\lambda = 1.00$) and $48.69, p < .002$ (partial $\eta^2 = .40$).

6.4 Resilience

On the resilience scores, there was also a substantial group by duration (Team*time) association [$F(1, 74) = 62.12, p < .002$ (fractional $\eta^2 = .47$, Wilk's $\lambda = .57$)]. This finding suggests that the intervention made a substantial alteration in the suppleness ratings of pupils over time. Pupils who got SSET over time showed improvement, whereas those who did not did not (Fig 2). Additionally, there were substantial main effects of time and group on resilience scores ($F(1, 75) = 63.99, p < .002$ (fractional $\eta^2 = .48$) and Wilk's $\lambda = .60$, respectively).

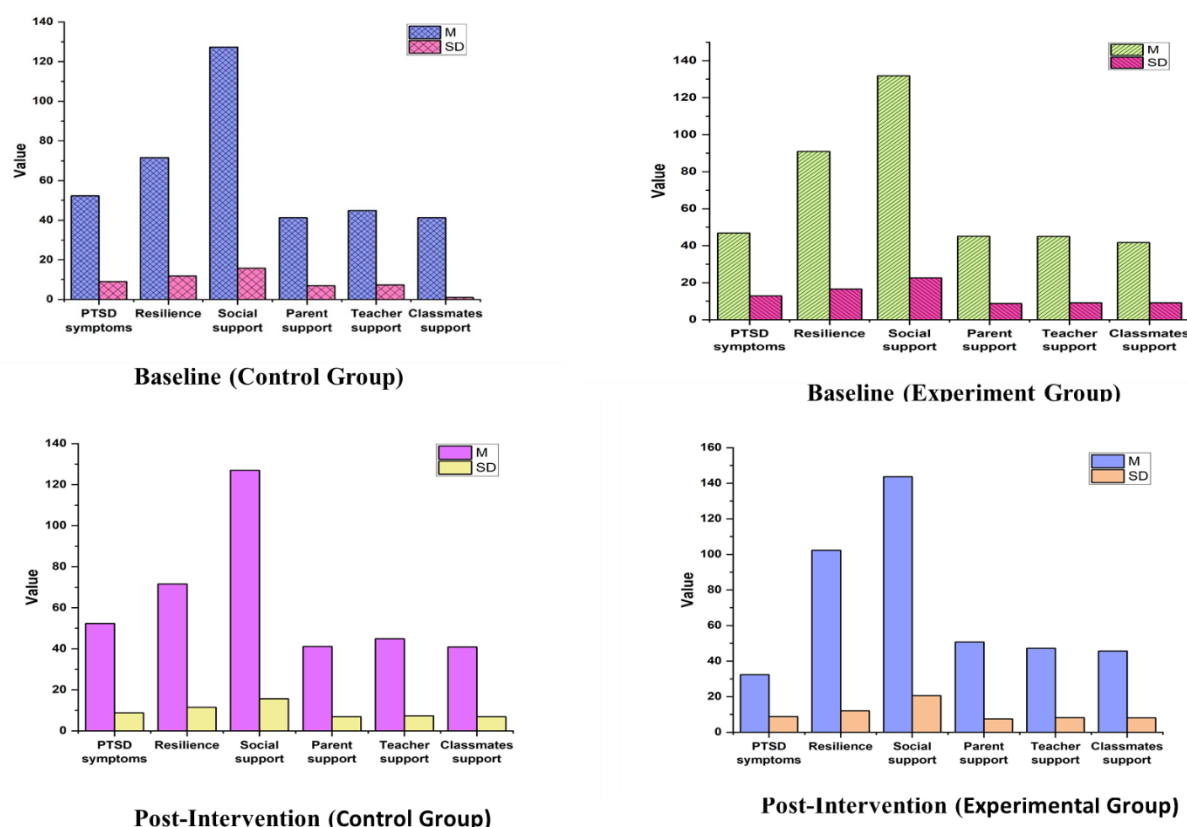


Figure 2: Baseline and post-intervention

Social Assistance

In addition, a substantial team by time effect on interpersonal maintenance score was found by the statistical analysis [$F(2, 75) = 52.76, p < .001$ (fractional $\eta^2 = .43$, Wilk's $\lambda = .60$)]. This discovery suggests that the SSET intervention caused the experimental group to perceive more social sustenance terminated time. Mainly, after obtaining the intervention, pupils in the research group's mean psychological support scores rose. Students in the control group, on the other hand, did not experience any appreciable changes in their social support ratings (Fig 2). Additionally, there was a significant main effect of group ($F(1, 74) = 8.10, p < .06$ (partial $\eta^2 = .08$) and time ($F(1, 74) = 46.67, p < .002$ (fractional $\eta^2 = .40$, Wilk's $\lambda = .64$) on social support. Similar patterns were observed in parental support, according to pupils. Parental involvement was substantially impacted by the team vs. time effect ($F(2, 86) = 72.48, p < .002$; complete squared = .49; Wilk's $\lambda = .54$). As opposed to those pupils who didn't get SSET, this demonstrated that the estimated parental support ratings for the children who received SSET grew over time. The major impacts of a period of time and team both had a substantial impact on parental support ($F(2, 82) = 18.558, p < .002$; fractional formed = .24; Wilk's $\lambda = .56$; and $F(2, 782) = 74.88, p < .002$; fractional formed = .52; respectively).

In the end, the chance consequences of an amalgamated between-within participants ANOVA additionally shown an important team by moments (Team*time) interaction effects on the student-reported the educator motivate [$F(1, 82) = 30.42, p < .002$ (fractional η^2 formed=.28, Wilk's $\lambda=.76$)] and fellow classmates support [$F(1, 78) = 48.84, p < .002$ (fractional η^2 formed=.42, Wilk's $\lambda=.68$)]. Once more, the pattern in the means showed that the experimental group of students who received SSET improved in their perception of assistance as time passed contrasted to those who did not, but not compared to the control group. Similar significance was found for the main impacts of time on acceptance from teachers and classmates ($F(1, 78) = 42.56, p=.002$, proportional formed=.38, Wilk's $\lambda=.68$) and confidence ($F(1, 76) = 29.17, p<.001$, fractional formed=.32, Wilk's $\lambda=.78$). However, there was no discernible between-group variance in assistance from teachers and classmates.

7. Conclusion

The purpose of this study was to assess the efficacy of the Sustaining Environments for Pupils Confronted to Trauma (SSET) project in reducing PTSD symptoms, boosting mental toughness, and providing social assistance for kids in food-scarce regional parts of Pakistan. The method makes use of widespread cognitive-behavioural techniques to improve children's understanding of their feelings, ideas, and behaviours following trauma. It is meant to be delivered by individuals without medical experience. The goal is to teach children Techniques for coping and build their adaptability. This particular research is notable because it is the first effort of its kind to implement an initiative of this kind in rural Pakistan.

As a result, SSET was provided by an interventionist who had received clinical training, with the assistance of classroom teachers. This was seen to be a crucial first step in customizing the intervention for the local setting and creating guidelines for execution that may serve as the framework for program distribution in the future. The effects of the intervention on the children's resilience, social support, and PTSD symptoms were evaluated.

8. Implications

The study has significant ramifications for developing the use and research foundation for CBT-based psychological care offered in rural Pakistan and maybe in other parts of the world.

Pakistan is dealing with issues like militant groups, severe weather, and other horrific events that kids and teenagers frequently go through. The findings of the present study demonstrate a promising approach that non-clinicians might theoretically use to preserve children's psychological well-being and mental health. Children in Pakistan who have experienced domestic terrorism, children who live in earthquake-prone areas, and children who have been affected by maltreatment, interpersonal abuse, and family violence may also benefit from SSET. As a matter of fact, while the initial attempts were concentrated on the aftermath of the storm itself, many students who were served reported various and different trauma experiences. This was highlighted by researchers and practitioners functioning in a post-Katrina environment in the gulf region. Future efforts may broaden the scope of trauma-focused treatments by including direct assessment of different types of trauma and the psychological reactions to this exposed now that an initial basis has been created.

It is crucial to educate non-clinical practitioners if we are to advance this area of research and practice. Although the materials were effectively converted into Siraiki, Punjabi, and Urdu by the study's lead clinician, it would have been more difficult for employees who were not comfortable with clinical terminology. Additionally, there are challenges with the workforce due to the absence of student support workers in the region's schools, a lack of tutors, and a limitation of time to provide extra intervention. Utilizing instructional time outside of usual hours is one option. Despite difficulties with staffing and accessibility, SSET is a promising school-based treatment in a community with minimal resources. Establishing continuing development opportunities for local school staff to provide programs like SSET as they grow is essential.

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