Navigating the who, where, what, when, how and why of trauma exposure and response

Vallières, F., Hyland, P., & Murphy, J. (2021). Navigating the who, where, what, when, how and why of trauma exposure and response. *European Journal of Psychotraumatology*, *12*(1), Article 1855903. Advance online publication. https://doi.org/10.1080/20008198.2020.1855903

Link to publication record in Ulster University Research Portal

Published in:
European Journal of Psychotraumatology

Publication Status:
Published online: 19/02/2021

DOI:
10.1080/20008198.2020.1855903

Document Version
Publisher's PDF, also known as Version of record

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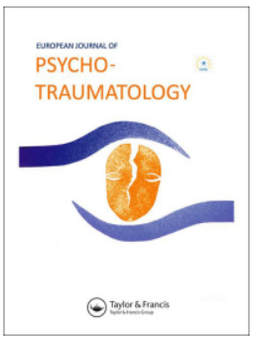

European Journal of Psychotraumatology

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/zept20

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To cite this article: Frédérique Vallières, Philip Hyland & Jamie Murphy (2021) Navigating the who, where, what, when, how and why of trauma exposure and response, European Journal of Psychotraumatology, 12:1, 1855903, DOI: 10.1080/20008198.2020.1855903

To link to this article: https://doi.org/10.1080/20008198.2020.1855903

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Published online: 19 Feb 2021.

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EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY
2021, VOL. 12, 1855903
https://doi.org/10.1080/20008198.2020.1855903

EUROPEAN JOURNAL OF PSYCHO-TRAUMATOLOGY
THE OFFICIAL JOURNAL OF THE EUROPEAN SOCIETY FOR TRAUMATIC STRESS STUDIES

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EDITORIAL

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Navigating the who, where, what, when, how and why of trauma exposure and response

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ABSTRACT

Individual differences in the response to trauma are influenced by numerous contextual factors such as one's cultural background, the environment in which trauma occurs, the meanings attached to traumatic experiences, and various other social and cultural determinants both before and after traumatic exposure. This special issue of the *European Journal of Psychotraumatology* presents a series of papers conducted as part of the Collaborative Network for Training and Excellence in Psychotraumatology (CONTEXT); a programme of research which seeks to advance our understanding of the impact of trauma within diverse populations who are highly trauma exposed. Applying a context-specific focus, CONTEXT prioritised working closely with service users and those organisations delivering critical support in the wake of trauma exposure. The seven papers presented in this special issue are divided into those who are exposed to trauma either: (i) directly (survivors of childhood adversity in the USA; LGB youth in Northern Ireland; refugees and asylum seekers in the EU; and members of the general population exposed to conflict in Israel) or (ii) vicariously (fire fighters in the UK, humanitarian aid volunteers in Sudan, and child protection workers in Denmark). Together, findings from these studies demonstrate that social support, in its many different forms, is a universally important factor in the response to trauma. We discuss how traumatic stress can be compounded when, and can thrive within, contexts where necessary social support is absent or inadequate. We also emphasize the importance of recognizing the context specificity of trauma exposure and trauma response, as well as the need for collaboration between psychotrauma researchers and organisations who deliver support to traumatized populations to ensure rapid and effective translation of research findings into practice.

ARTICLE HISTORY
Received 16 November 2020
Accepted 17 November 2020

KEYWORDS
Trauma; PTSD; social support; WEIRD; CONTEXT

PALABRAS CLAVE
Trauma; TEPT; apoyo social; WEIRD; CONTEXT

关键词
创伤; 创伤后应激障碍; 社会支持; WEIRD; CONTEXT

HIGHLIGHTS

Appreciation of the context specificity of trauma exposure and trauma response can improve psychotraumatologists' capacity to understand, describe, explain, and respond to the needs of trauma-exposed persons from diverse populations.

Explorando el quién, dónde, qué, cuándo, cómo y por qué de la exposición y respuesta al trauma

Las diferencias individuales en la respuesta al trauma están influenciadas por numerosos factores tales como el trasfondo cultural de la persona, el ambiente en el cual ocurre el trauma, el significado asociado a las experiencias traumáticas, y varios otros determinantes sociales y culturales tanto previos como posteriores a la exposición al trauma. Esta edición especial de la *Revista Europea de Psicotraumatología* presenta una serie de artículos realizados como parte de la Red Colaborativa para el Entrenamiento y Excelencia en Psicotraumatología (CONTEXT); un programa de investigación que busca profundizar nuestra comprensión sobre el impacto del trauma dentro de diversas poblaciones altamente expuestas a trauma. A través de un enfoque específico según el contexto, CONTEXT priorizó el trabajo cercano con usuarios de servicios y aquellas organizaciones que brindan un apoyo crítico ante la exposición a trauma. Los siete artículos presentados en esta edición especial están divididos en aquellos que están expuestos a trauma ya sea: (i) directamente (sobrevivientes de adversidad infantil en los EEUU; jóvenes LGB en Irlanda del Norte; refugiados y personas en busca de asilo en la Unión Europea; y miembros de la población general expuestos a conflictos en Israel) o (ii) de forma vicaria (bomberos en Reino Unido, voluntarios de asistencia humanitaria en Sudan, y trabajadores de protección de la infancia en Dinamarca). Juntos, los hallazgos de estos estudios demuestran que el apoyo social, en sus diferentes formas, es un factor universal importante en la respuesta al trauma. Discutimos cómo el estrés traumático puede agravarse, y prosperar, en contextos donde el apoyo social necesario está ausente o es inadecuado. También enfatizamos la importancia del reconocimiento de la especificidad contextual de la exposición al trauma y la respuesta al trauma, así como la necesidad de colaboración entre investigadores de psicotrauma y organizaciones que brindan apoyo a poblaciones traumatizadas para asegurar una traducción rápida y efectiva de los hallazgos de investigación a la práctica clínica.

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创伤暴露和反应的人物，地点，事物，时间，方式和原因

对创伤反应的个体差异受许多背景因素的影响，例如一个人的文化背景，创伤发生的环境，创伤经历相关意义以及创伤暴露前后各种其他社会和文化决定因素。本期《欧洲精神创伤学期刊》特刊介绍了一系列论文，这些论文是'精神创伤学培训和卓越协作网络'(CONTEXT)的一部分;一个旨在提高我们对不同高创伤暴露人群中创伤影响理解的研究计划。通过针对特定背景，CONTEXT优先考虑与服务用户以及那些在创伤暴露后提供关键支持的组织紧密合作。本期特刊发表的七篇论文依据创伤暴露分为：(i) 直接接触 (美国童年期逆境幸存者;北爱尔兰LGB青年;欧盟难民和寻求庇护者;以及以色列境内遭受冲突的普通民众) 或 (ii) 替代接触 (英国消防员，苏丹人道主义援助志愿者和丹麦儿童保护工作者) 。总之，这些研究的结果表明，多种形式的社会支持是应对创伤普遍重要的因素。我们讨论了在缺乏必要的社会支持或社会支持不足的情况下，创伤性应激可能怎样复合，发展。我们还强调承认创伤暴露和创伤反应背景特殊性的重要性，以及精神创伤研究者和为创伤人群提供支持的组织之间进行合作以确保将研究结果快速有效地转化为实践的必要性。

1. Introduction

A burgeoning evidence base details the context specific complexities of psychotraumatology research. Those attempting to navigate the psychotraumatology literature, contribute to it, or use it to inform policy or practice must contend with a constellation of studies that explore multiple aspects of trauma exposure, response, recovery, intervention, prevention, and treatment. These studies, often based on data gathered from general or distinct trauma populations and conducted using a broad range of methodologies and trauma measures, highlight an array of individual, trauma specific, and situational/contextual factors that underpin trauma exposure, response, and recovery.

To understand trauma, one must have an informed sense of who has been traumatised. Decades of research has shown that individual factors such as age (D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Green et al., 1991; McCutcheon et al., 2010; Norris, Kaniasty, Conrad, Inman, & Murphy, 2002), sex (Breslau, Davis, Andreski, Peterson, & Schultz, 1997; Olff, 2017; Shansky, 2015), ethnicity (Ford, 2008; Penk et al., 1989), refugee status (Knaevelsrud, Stammel, & Olff, 2017), socioeconomic status (Brattström, Eriksson, Larsson, & Oldner, 2015; Jarl, Cantor-Graae, Chak, Sunbaunat, & Larsson, 2015), emotional regulation (Cloitre, Miranda, Stovall-McClough, & Han, 2005; Nagulendran & Jobson, 2020), area of residence (Erickson, Hedges, Call, & Bair, 2013; McCall-Hosenfeld, Mukherjee, & Lehman, 2014), and victim/survivor, perpetrator, or witness status (Kilpatrick et al., 1989; Nishith, Mechanic, & Resick, 2000; Smith, Davis, & Fricker-Elhai, 2004) can play a part in determining if, how, when, and where trauma can occur, as well as how one will respond when it does occur.

To understand trauma, one must also be mindful of and knowledgeable about the actual traumatic events that cause traumatic stress responses. Research shows that specific trauma related factors such as the nature of trauma (e.g., interpersonal versus situational versus vicarious trauma (Clemmons, Walsh, DiLillo, & Messman-Moore, 2007; Jenkins & Baird, 2002; Solomon & Heide, 1999)), the duration of trauma (e.g., single versus multiple versus repeated traumatisation (Green et al., 2000; Norris, Murphy, Baker, & Perilla, 2003; Suliman et al., 2009)), and the severity of trauma (e.g., varying extremes of sexual abuse/assault; trauma with/without physical injury/harm (Norris et al., 2003; Zink, Klesges, Stevens, & Decker, 2009)) can influence trauma response, and trauma-related pathology/morbidity.

Furthermore, much about the situational context of trauma has been shown to influence not only the type of trauma that occurs and where and to whom but also why it occurs. Key situational and contextual factors such as the time and place of the trauma (e.g., intrafamilial versus public versus regional/national (Blum, 2007; Koenen et al., 2002; Nickerson et al., 2011), the cultural context (e.g., the influence of religious/cultural norms (Garcia, Finley, Lorber, & Jakupcak, 2011; Nicolas, Wheatley, & Guillaume, 2015)), and the political landscape (e.g., conflict related or politically motivated trauma (Schaal, Dusingizemungu, Jacob, & Elbert, 2011; Schaal & Elbert, 2006; Thabet, Abed, & Vostanis, 2004)) have been evidenced to play important roles in determining how individuals experience trauma and, importantly, whether those around them compound or mitigate the effects of trauma exposure, response, and recovery. Understanding the 'who', 'where', 'what', 'when', 'how' and 'why' of trauma exposure, therefore, presents a challenging but critical task for all who wish to more accurately understand and successfully navigate trauma response and recovery.

Unfortunately, the context specific complexity of trauma exposure, response, and recovery is not fully recognised or captured in the extant psychotraumatology literature. Moreover, the overwhelming majority of evidence gathered with regard to the manifestation of negative psychological responses to trauma has been predominantly obtained from WEIRD samples – people from Western, Educated, Industrialised, Rich, and Democratic societies (Fodor et al., 2014; Henrich, Heine, & Norenzayan, 2010; Olff, 2018). Our understanding of the 'who', 'where',

'what', 'when', 'how' and 'why' of trauma is, therefore, limited, and as a consequence, those attempting to navigate the psychotraumatology literature are likely blind to many trauma victim/survivor identities, forms and types of trauma, places and contexts of trauma occurrence, trauma treatments and trauma recovery, and manifestations of trauma response. Because of this, our diagnostic nosologies relating to traumatic stress and trauma related disorders, as well as our standardised measures of trauma response, may lack validity and reliability for many. Moreover, the efficacy of our treatment and preventions programmes may be undermined by a lack of acceptability and accessibility.

Recognising this, The COllaborative Network for Training and EXcellence in psychoTraumatology (CONTEXT), a consortium of nine organisations spanning the academic, non-governmental, voluntary, and public sectors was formed in 2016 with the primary goal of training a cadre of psychotraumatology research fellows sensitive to these considerations (Vallières et al., 2018). Our goal was to bring academic research in closer contact with organisations who respond to the needs of trauma-exposed people. Bringing academics and organisational leaders together, CONTEXT co-designed a series of studies identified as priority research areas within organisations, such that results would produce tangible benefits for the organisation and their work with survivors of trauma. This collaborative approach was intended to bridge the existing research-to-practice gap, such that research findings are more effectively translated into organisation-specific practices that ultimately improve the lives of people affected by trauma.

2. In this issue

The collection of papers presented in this special issue serve as an indication of this work, and reflect the different ways in which trauma can occur (direct or vicarious trauma exposure); the different contexts in which it can occur (e.g., occupational related exposure); the different times in a person's life when it can occur (e.g., childhood or adulthood); the different forms it can take (interpersonal or non-interpersonal trauma exposure); and the different reasons for trauma exposure (e.g., identity-based victimization). Importantly, these studies were conducted across both WEIRD and non-WEIRD populations.

First, Haahr-Pedersen et al. (2020) examined the occurrence and co-occurrence of adverse childhood experiences (ACEs) within a nationally representative sample of adults from the USA. Women were not only more likely than men to experience specific types of ACEs, but they also experienced more complex patterns of ACEs. Haahr-Pedersen also showed that women who experienced adversities involving a chaotic homelife were especially vulnerable to a range of psychosocial difficulties during adulthood. Conducted in collaboration with the Danish Children's Centres, the state body in Denmark responsible for responding to the needs of children who have experienced trauma and adversity, result of this study led to the adoption of a similar methodology being applied across all children centres in Denmark to identify ACE patterns specific to children in this context.

Second, in a study conducted with The Probation Board of Northern Ireland, Travers et al. (2020) showed that young adults in Northern Ireland who identify as lesbian, gay, or bisexual were more vulnerable to trauma exposure and mental health problems compared with their heterosexual peers. Importantly, they found that lesbian, gay, or bisexual young adults who received support from their family members were less vulnerable to mental health problems following traumatic exposure.

In the third study, conducted in collaboration with the International Federation of the Red Cross Reference Centre for Psychosocial Support and the Sudanese Red Crescent, Aldamman et al., 2019) examined the association between organisational support and psychological distress among humanitarian aid volunteers from Sudan. Aldamman and colleagues showed that perceived organizational support was a vital resource in helping to protect volunteer psychological wellbeing in a context of extreme stress and danger. These findings were used to advocate for strengthened organisational practices and support for humanitarian volunteers, who despite comprising the vast majority of the humanitarian workforce, are often not privy to the same organisational benefits reserved for paid humanitarian staff.

Next, Louison Vang et al. (2020) tackled the issue of secondary traumatization and burnout among child protection workers in Denmark. Their findings supported the construct validity of secondary traumatization and provided evidence that this form of traumatization is positively associated with social and cognitive impairment. Additionally, they showed that reduced support from colleagues and supervisors was associated with higher levels of secondary traumatization. Conducted in collaboration with the Danish Children's Centres, this work demonstrated the important mental health benefits of ensuring sufficient supports for those working with highly traumatized people on a regular basis.

Next, Gleeson et al. (2020) performed a systematic review to identify key risk factors for mental health problems among asylum-seeking and refugee populations living in Europe. The focus of this review was to identify risk factors in the context of post-migratory experiences of international protection seekers. The

review showed that the length of time taken to process an asylum request, and the separation of asylum seekers from their family members were associated with poorer mental health outcomes. Conducted in collaboration with Spirasi, Ireland's national centre for the rehabilitation of victims of torture, many of whom are refugees and asylum seekers, these findings were used as further evidence of the pernicious effects of regressive International Protection policies and to inform Spirasi's contribution to a Government White Paper on the future of the International Protection system in the Republic of Ireland.

In the penultimate study in this special issue, Frost et al. (2020) examined the relationship between Complex Posttraumatic Stress Disorder (CPTSD) and Borderline Personality Disorder (BPD) in a trauma exposed sample from the general population of Israel. Frost and colleagues identified unique and distinctive factors of each disorder, but also showed that the two conditions share a latent vulnerability. Notably, in the general population, those who were not in a relationship with a significant other were found to be at a higher risk of CPTSD and BPD symptomatology. The study was conducted in collaboration with the Dublin Rape Crisis Centre who work to prevent the harm and respond to the trauma of sexual violence. As CPTSD and BPD are common disorders among those with a history of sexual assault, identifying the unique phenomenological signatures of both disorders was used to inform improvements to their ongoing clinical assessments and interventions.

Finally, and in tribute to John Langtry, a senior officer in the UK fire service and PhD student, who sadly died during the course of his PhD research, Tamrakar, Langtry, Shevlin, Reid, and Murphy (2020) analysed data from John's doctoral research to examine patterns of help-seeking behaviour among firefighters from the UK. They showed that emergency response personnel rarely seek support from mental health professionals, and instead prefer to rely on informal support from those in their personal network. Notably, firefighters who obtained support from a spouse were especially unlikely to exhibit psychosocial difficulties. These findings were translatable to project collaborators within the Police Service of Northern Ireland, whose workforce experience similar rates of trauma exposure to firefighters, leading to a better understanding of the different ways in which emergency service personnel prefer to seek psychological support.

3. Implications for future research

The articles presented in this special issue demonstrate that advancing our understanding of the 'who', 'where', 'what', 'when', 'how' and 'whys' of trauma exposure can be better achieved by applying a context-specific focus and by conducting research in close collaboration with organisations who deliver support to those affected by trauma. Such collaborative approaches not only improve communication between researchers and practitioners, but also maximise the likelihood that findings are used to inform more effective resource allocation, evidence-based practices, and to advocate for better individual, organisational, and societal support for the those who have been affected by trauma. In addition, researchers and clinicians coming together from across cultures and countries, as in the Global Collaboration on Traumatic Stress (https://www.global-psychotrauma.net/), will continue to propel the field of psychotraumatology forward (Olff et al., 2020; Schnyder et al., 2017).

An unexpected, but not altogether unsurprising finding that emerged in this issue was the important role played by social support in protecting against psychological distress following traumatic exposure. The importance of social support in understanding posttraumatic stress responses has been well established for a long time (Brewin, Andrews, & Valentine, 2000; Bryant, 2016; Olff, 2012; Ozer, Best, Lipsey, & Weiss, 2003; Simon, Roberts, Lewis, van Gelderen, & Bisson, 2019), and was also the focus of a previous special issue in this journal (Sijbrandij & Olff, 2016). In the meta-analysis by Brewin et al. (2000), a lack of social support was shown to be the strongest predictor of PTSD from 14 different risk factors. Furthermore, when people who have experienced a trauma believe that the support they have received from others in society is inadequate, they are more likely to display symptoms of PTSD six and nine months later (Dunmore, Clark, & Ehlers, 2001). Social support is also a critical element for trauma recovery as it is known to promote feelings of safety, engagement in treatment, and response to treatment (Bryant, 2016; Charuvastra & Cloitre, 2008; Shnaider, Sijercic, Wanklyn, Suvak, & Monson, 2017; Tarrier, Sommerfield, & Pilgrim, 1999). It also appears to have been relevant in buffering against acute stress responses during the early phase of the COVID-19 pandemic (Zhou & Yao, 2020).

Despite an extensive literature attesting to the critical role of social support in trauma response and recovery, the importance of social support has not been well integrated within different theories of PTSD (see Brewin & Holmes, 2003). One notable exception to this is the recently proposed 'Socio-Interpersonal Theory of PTSD' (Maercker & Hecker, 2016; Maercker & Horn, 2013). In this model, trauma exposure is recognised to affect an individual's social and interpersonal world at multiple levels, including one's (a) social emotions of shame, guilt, anger etc., (b) relationships with others that they are close to, and (c) relationship to their wider culture and social context. This theory suggests a person's response to trauma, and thus their

likelihood of developing trauma-related psychopathology, will be meaningfully affected by the social reactions of those that they are in close and distant relationship with. It also suggests that 'positive contextual conditions and favourable intrapersonal factors may lead to restructuring health, wellbeing or feelings that the individual's life is meaningful' (Maercker & Horn, 2013, p. 477). Thus, both theory and empirical evidence attests to the fact that traumatic stress can be compounded when, and can thrive within, contexts where necessary social support is absent or inadequate. It is our view that if psychotraumatology research prioritises and continues its encouraging trajectory towards greater international collaboration (Olff et al., 2020), and involvement of non-academic organizations that serve the needs of traumatised populations (Vallières et al., 2018), we as a field will arrive at a more complete understanding of the 'who', 'where', 'what', 'when', 'how' and 'why' of trauma exposure, response, and recovery.

Speaking publicly, the renowned English psychologist John Read once recounted how his wife had quipped that his entire career was built on two ideas which everybody in society already knew. The first idea was that '*Bad things happen, and they can fuck you up*', and the second idea was that '*If your problems have been caused by human things, like other people treating you not as well as human beings should, then probably the solution is a human being treating you really well.*' While these ideas may appear prosaic to some, an appreciation of the extant literature on trauma exposure, response, and recovery reveals that there is tremendous wisdom and truth in them. The small body of research in this special issue aligns with John's ideas and indicate that irrespective of the 'who', 'where', 'what', 'when', 'how' and 'why' of trauma, treating human beings with kindness, compassion, and support can help to prevent and heal many of the scars of trauma.

Funding

This work was supported by the COllaborative Network for Training and EXcellence in psychotraumatology (CONTEXT) programme from the European Union's Horizon 2020, under the Marie Sklodowska-Curie [722523].

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