Role of Direct and Secondary Traumatic Experience on Later Functioning

Pamela L. Knox, Linda R. Guthrie

Abstract—Trauma in early life is widely regarded as a cause for adult mental health problems. This study explores the role of secondary trauma on later functioning in a sample of 359 university students enrolled in undergraduate psychology classes in the United States. Participants were initially divided into four groups based on 1) having directly experienced trauma (assaultive violence), 2) having directly experienced trauma and secondary traumatization through the unanticipated death of a close friend or family member or witnessing of an injury or shocking even), 3) having no experience of direct trauma but having experienced indirect trauma (secondary trauma), or 4) reporting no exposure. Participants completed a battery of measures on concepts associated with psychological functioning which included measures of psychological well-being, problem solving, coping and resiliency. Findings discuss differences in psychological functioning and resilience based on participants who experienced secondary traumatization and assaultive violence versus secondary traumatization alone.

Keywords—Psychological Functioning, Resiliency, Trauma, Abuse

I. INTRODUCTION

TRAUMA in early life is widely regarded as a cause for mental health problems in adulthood. Numerous factors including individual and cultural coping styles, beliefs, histories, values and personality characteristics all affect individual response to trauma. Cole and Putnam's [1] developmental perspective on traumatic stress articulates the long-term interactions between childhood abuse, specifically sexual abuse, to overall psychological, social and interpersonal development. Mullen and Fleming [2] report that the occurrence of three or more adverse events, in terms of physical or sexual abuse in early life, negatively impact the quality of life as an adult. The concept of traumatic experience may encompass physical, sexual and emotional abuse as well as abuse to pets and property according to Ganley [3]. As stated in Lopez and Snyder [4], recent resiliency research focuses on the identification of strengths within the "resilient personality", i.e. aspects which allow individuals to persist in light of diverse difficulties.

The indirect experiencing of traumatic events has been examined with mental health providers but not with a general population. The term "secondary traumatization" is often used interchangeably with "vicarious traumatization" in the literature to describe the seeing and hearing on a regular basis the trauma within individuals and communities according to Pearlman and Saakvitne [5].

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Vicarious traumatization and secondary traumatic stress are differentiated by Baird and Kracen [6]. *Vicarious traumatization* consists of harmful changes that occur in the professionals' views of themselves, others, and the world, as a result of exposure to the graphic and/or traumatic material of others. *Secondary traumatic stress* refers to a set of psychological symptoms that mimic post-traumatic stress disorder, but is acquired through exposure to persons suffering the effects of trauma. In other words, secondary trauma is trauma-related stress which is experienced indirectly, through the process of being a witness to another person's trauma whether through observation or the stories trauma survivors share. Vicarious traumatization can also be seen as focusing on internal changes in beliefs or cognitions especially related to safety, trust and intimacy and overall to world view.

Secondary trauma itself is a slow, cumulative process. As symptoms evidence over time, the effects of secondary trauma like sexual or emotional abuse are often difficult to detect in any immediate fashion. With global media coverage nearly instantaneous in the 20th century, individuals in all developed countries are exposed to the vicarious experiencing of traumatic events. Whether 9/11, homicides or victimization shown on the television, internet or in print media, the impact of traumatic events, even those not directly experienced, likely effect future psychological functioning.

This study extends the concept of secondary traumatization or traumatic stress to university students. Students in this study had also either observed homicide, physical or sexual abuse to others and either had no personal history of being a victim of assaultive violence or had directly experienced assaultive violence including physical or sexual violence. Resiliency varies across the lifespan based on Windle [7] and the work of Windle, Bennett, and Noyes [8]. Richman and Bowen view resiliency as a frame of reference or a belief system that guides people in coping with environmental challenges [9]. According to Maluccio, Pine and Tracy [10] resilient persons possess attributes such as "social competence, problem solving skills, autonomy and self esteem, a sense of purpose, and an orientation to the future" (p. 11). This view is in accord with the research of McCubbin, Thompson, Thompson, and Fromer [11]. Walsh [12] defines resiliency further in terms of trauma or threat using more specific terms as "the capacity to rebound from adversity, strengthened and more resourceful" (p. 4). Masten, Best, and Garmezy [13] view resiliency as "efforts to restore or maintain internal or external equilibrium under significant threat" (p. 430) resulting in good outcomes and competence despite the presence of stress and risk. This study examines this "bouncing back" phenomena of resiliency in relation to secondary trauma and psychological functioning.

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II. METHOD

The initial sample consisted of 359 university students (ages 17-51 years of age; mean=22.59) enrolled in undergraduate psychology classes in the Mid-South of the United States. The original sample consisted of individuals who had secondary traumatization experiences, experiences with secondary traumatization and assaultive violence, and others who had no trauma experience as shown in Table I.

TABLE I
TRAUMA EXPERIENCES FOR INITIAL SAMPLE

Gender	No Trauma Experience	Assaultive Violence Alone	Secondary Trauma Alone	Secondary Trauma & Assaultive Violence
Male	7 (8.9%)	4 (5.1%)	31 (39.2%)	37 (46.8%)
Female	24 (15.0%	8 (2.9%)	137 (48.9%)	93 (33.2%)

N = 359

Participants completed a battery of measures on concepts associated with psychological functioning including Heppner and Peterson's Problem Solving Inventory [14]; Carvers' Coping Responses Inventory-Adult [15], Ryff's Psychological Well-Being Scales [16], and Briscoe and Harris' Resiliency Attitudes Scale-Adult [17].

III. RESULTS

Participants who had no experience with secondary traumatization or had experienced assaultive violence alone were dropped from the sample due to limited numbers. The final sample of 298 participants is shown in Table II.

TABLE II
TRAUMA EXPERIENCES FOR FINAL SAMPLE

Gender	Secondary Traumatization Alone	Both Secondary Traumatization and Assaultive Violence
Male	31 (45.59%)	37 (54.41%)
Female	137 (59.57%)	93 (40.43%)

N = 298

Regression analyses of the Problem Solving Inventory, a self-report measure which examines problem solving in relation to problem solving confidence, approach-avoidance style, personal control and general problem solving, showed no significant differences.

Of the 14 subscales on the Brief Cope, only two subscales (*Behavioral Disengagement* and *Self-Blame*) correlated significantly with "secondary traumatization alone" or "secondary traumatization and assaultive violence". Participants with "secondary traumatization and assaultive violence" experiences correlated higher ($R^2 = .126$, p=.008) with *Behavioral Disengagement* indicating that they would be more apt to "give up" in attempting to cope. Participants with "secondary traumatization alone" experiences correlated negatively ($R^2 = -.117$, p=.014) with *Self-Blame* indicating that these individuals blame themselves less on items related to blame in this coping measure.

Regression analyses of the six Psychological Well-Being Scales showed no significance with the exception of the *Environmental Mastery* and *Purpose in Life* subscales. Those experiencing "secondary traumatization alone" scored higher for *Environmental Mastery* (F=4.764, p=.030) and *Purpose in Life* (F= 5.589, p=.019) than those who experienced both "secondary traumatization and assaultive violence". This would suggest that for *Environmental Mastery* individuals who had experienced "secondary traumatization alone" feel a greater sense of control over their environment as well as a greater sense of purpose of goals in life and what they seek to accomplish.

Significant correlations of the Resiliency Attitude Scale for participants with "Secondary traumatization alone" experiences were found overall [*Total* (r^2 =.105, p=.023) and *Standardized score* (r^2 =.105, p=.023)] and for three subscales: *Initiative* (r^2 =.140, p=.004), *Creative Humor* (r^2 =.140, p=.004), *General Resiliency* (r^2 =.124, p=.009). *Initiative* addresses creative problem solving and the ability to take charge. The significant correlation suggests that this group is at least minimally able to address problem solving despite the lack of significance found earlier in the Problem Solving Inventory. *Creative Humor* which relates to dealing with inner feelings in difficult or troubling experiences suggests some capacity for dealing with the emotionally charged exposure to traumatic experiences with others. *General Resiliency,* the ability to persist in working through problems and making the best of a bad situation, indicates the ability in these participants as well.

For those who experienced "secondary traumatization and assaultive violence", results are negatively correlated overall [the *Total* (r^2 =-.128, p=.007) and *Standardized score* (r^2 =-.128, p=.007)] and for four subscales: *Initiative* (r^2 =-.144, p=.003), *Creative Humor* (r^2 =-.114, p=.003), *General Resiliency* (r^2 =-.116, p=.014), and *Independence* subscale (r^2 =-.152, p=.002).The *Independence* subscale which measures the ability to determine safe boundaries between self and significant others for this group suggests a lack of ability to establish independence and appropriate safe boundaries.

IV. DISCUSSION

Zurbriggen [18] notes that secondary traumatization in non-clinical settings has only recently been the focus of attention and even less so in the research literature. Studies of indirect trauma have shown that exposure to accounts of traumatic events through the media can leads to secondary stress symptoms [19] [20] [21], personal safety concerns [22], and the need to educate young people in their 20's on trauma, the normalization of trauma symptoms, and self-care if they are to deal with traumatic materials while minimizing secondary traumatization [18].

Our findings suggest that while "secondary traumatization alone" may result in individuals being able to take charge of their problems, deal with troubling experiences, and engage in creative problem solving, individuals who have experienced both "secondary traumatization and assaultive violence" are less able to cope or deal with the world. The

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cumulative effect of trauma has taken its toll. This is in keeping with recent studies on the effect of trauma type and cumulative trauma with adolescents [23]. The additive effects of multiple traumas, what appears to be the norm for minority populations and the elderly, is hypothesized to amplify symptomotology and shown to impact cognitive functioning in the areas of perceptual reasoning, working memory, processing speed, and verbal comprehension. Ethnic and racial variables, as well as specific types of assaultive violence, merit further investigation [23]. A better understanding of the cumulative trauma dynamics, including the multigenerational transmission of traumatization, may also allow for the establishment of appropriate intervention models from a holistic, community based model.

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