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RUNNING HEAD: Posttraumatic growth after multiple traumas

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**“I get knocked down, but I get up again” – A qualitative exploration of
posttraumatic growth after multiple traumas**

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Abstract

Theories of positive change following traumatic events, known as posttraumatic growth (PTG), posit that growth occurs in pre-determined domains, but are largely based on studies of isolated traumatic events. The current paper has two aims: first, to explore whether inflexible conceptualisations of growth limit opportunities to identify other changes that may occur; and second, to describe growth processes and outcomes in survivors of multiple rather than single traumatic events. Twenty-six semi-structured interviews analysed with thematic analysis revealed two themes (outcomes of trauma and processing trauma) and seven subthemes (managing subsequent stressors, identity changes, co-existing positive and negative changes, trauma-related thoughts, control perceptions, spiritual challenges and social support and disclosure), of which, the ability to handle subsequent stressors, identity changes and control perceptions, have not been previously reported in qualitative studies. More flexible conceptualisations of growth are needed to understand the nuances of positive change among survivors of multiple trauma types.

Keywords: Control perceptions, identity, multiple trauma, posttraumatic growth, thematic analysis

Introduction

Decades of research has provided compelling evidence as to the negative psychological consequences which result from exposure to traumatic events, such as posttraumatic stress disorder (PTSD), anxiety, depression and emotion regulation problems (e.g. Cloitre et al., 2009; Kilpatrick et al., 2013). However, a growing body of literature finds that people can report positive changes from highly challenging life circumstances, such as bereavement, serious illnesses and criminal victimisation (Anderson, Renner, & Dannis, 2012; Davis, Wohl, & Verberg, 2007; Chun & Lee, 2008; Woodward & Joseph, 2003). These positive transformative changes, referred to as “posttraumatic growth” (PTG; Tedeschi & Calhoun, 2004), can lead survivors to experience positive changes in the self, closer relationships with others, and development of a new life philosophy over and above pre-trauma functioning. The current paper aims to expand our understanding of positive changes by using a qualitative methodology and to examine growth after multiple, rather than single traumatic events.

Proponents of PTG argue that growth is not a solely positive experience. In their functional-descriptive model (FDM), Tedeschi and Calhoun (2004) propose that PTG arises as part of an emotional struggle with the negative aftereffects of traumatic events and shattered world views, which can be distressing. However, as people try to make sense of their experience, effortful cognitive activity is triggered that not only allows individuals to recover but propels them to a higher level of functioning than that which existed prior to the trauma.

The FDM views growth as a potentially beneficial outcome of life crises, marked by significant cognitive and emotional changes in perceptions towards the self and the world (Tedeschi & Calhoun, 2004). It is primarily concerned with the individual’s subjective

experience of the event, rather than the nature of the event itself, that is crucial to growth. Alternatively, positive reports of change have been viewed as coping strategy to minimise the negative psychological consequences of experiencing traumatic events (Zoellner & Maercker, 2006). According to this view, growth may be part of wider coping efforts that are employed in the aftermath of trauma, and thus any positive changes reported do not necessarily equate to significant or enduring personality changes (Jayawickreme & Blackie, 2014). It is therefore possible that growth could be viewed as an outcome of the struggle with a traumatic event, or a coping strategy to buffer against distress. Further qualitative studies are needed to support the aforementioned arguments put forward in the literature.

Quantitative research dominates the existing literature on positive changes post-trauma, and qualitative studies are still lacking. The handful of qualitative and mixed-method reviews that do exist focus on populations affected by health trauma (Hefferon, Grealy, & Mutrie, 2009), sexual violence (Ulloa, Guzman, Salazar, & Cala, 2016) and interpersonal violence (Elderton, Berry, & Chan, 2017) and all highlight the need for more research into people's experiences of growth. While quantitative studies that identify factors associated with growth are worthwhile, less attention is given to the voices of trauma survivors to tell their own stories of growth in the face of potentially life-changing situations. Therefore, exploratory investigations are still needed to examine how some people shift from confrontations with trauma and navigate towards growth, in a process which may not be fully captured within extant PTG theory or measures.

Further, existing growth studies are limited by their focus on changes occurring within proscribed life domains already identified in the literature. For instance, some qualitative studies (e.g. Beck, Rivera, & Gable, 2017; Hussain & Bhushan, 2013; Shakespeare-Finch, Martinek, Tedeschi, & Calhoun, 2013) are guided by measures of growth that assume a specific interpretation of PTG, usually assessed through the Posttraumatic

Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) which is the most common measure of positive change after traumatic events. This instrument asks people to rate their perceptions of change along five pre-determined dimensions (relating to others, new possibilities, personal strength, spiritual change, and appreciation for life), which may not necessarily reflect the unique ways in which *all* people experience growth. Indeed, quantitative studies have differentially argued that growth could be captured in three life domains (changes in interpersonal relationships, changes in self-perceptions, changes in life philosophy; Tedeschi & Calhoun, 1996) or as a unitary construct (Joseph, Linley, & Harris, 2004). Recent qualitative studies have found more subtle aspects of growth that are have not been widely discussed in mainstream growth literature. For example, military veterans perceive “shades of grey” in negative events (Palmer et al., 2016), and cancer survivors became a “role model” for other patients facing similar hardship (Heidarzadeh, Rassouli, Brant, Mohammadi-Shahbolaghi, & Alavi-Majd, 2018). More qualitative studies are needed to uncover other aspects of positive change that are not included within the PTGI across a diverse sample of trauma survivors.

Qualitative studies can provide a more holistic understanding of the behavioural, cognitive and social processes and outcomes associated with positive change outside of established dimensions of growth identified in the PTGI. For instance, the FDM primarily emphasises the role of cognitive pathways to explain how trauma survivors report positive changes (Tedeschi & Calhoun, 2004). However, other factors that may be relevant to the growth experience, such as the social-environmental context, are less well-defined. For instance, the posttraumatic stress literature notes how negative reactions to disclosing trauma to others can exacerbate distress (Ullman & Peter-Hagene, 2014), although this has not yet received sufficient attention in growth research. Furthermore, thoughts and feelings associated with positive change are routinely assessed using standardised measures, such as

the PTGI, yet the behavioural components associated with growth have been less well-researched. This omission is important because positive changes accompanied with tangible changes in behaviours are thought to contribute towards the validity of PTG as a concept (Shakespeare-Finch & Barrington, 2012), thus conveying a constructive element that goes beyond a purely cognitive state. Acknowledging the potential for people to report a wide spectrum of positive changes outside of those already known could highlight additional areas where appropriate support could be targeted to enhance well-being.

Another limitation of the existing qualitative research is that the focus tends to be on growth experiences in samples exposed to a specific type of traumatic event. To date, this has included perceptions of positive change among survivors of child sexual abuse (Woodward & Joseph, 2003), bereavement (Davis et al. 2007), intimate partner violence (Anderson et al., 2012) and military conflict (Palmer et al., 2016). However, evidence from the wider trauma literature indicates that the majority of survivors actually endure multiple types of traumatic events in their lifetime (Brooks et al., 2019; Cloitre et al., 2009; Steine et al., 2017). Findings consistently show that negative symptoms are exacerbated following multiple trauma types, including the increased likelihood of developing PTSD compared to survivors of isolated or single events (Briere et al., 2017; Kilpatrick et al., 2013). More complex and severe symptomology may arise in a ‘dose-response’ relationship following exposure to multiple forms of trauma (Cloitre et al., 2009; Seery, Holman, & Silver, 2010; Steine et al., 2017). Thus, studies of responses to specific life events may not fully reflect the experiences of many trauma survivors. This distinction is particularly pertinent given that qualitative studies have not yet explored the impact of multiple trauma types on people’s perception of positive change.

Aims of study

The current study aims to explore using a qualitative methodology whether there are aspects of growth that are not routinely captured in existing literature and measures of growth. Furthermore, the study seeks to provide insight into perceptions of positive change among people exposed to multiple types of traumatic events rather than focusing on the impact of a single traumatic event.

Method

Participants

Interview participants were 17 females and nine males aged between 21 and 61 years old ($M = 35.69$; $SD = 12.28$) recruited using opportunity sampling from previous research into positive changes post-trauma (Brooks et al., 2016; 2017; 2019). All participants were from North West England, and were predominantly White (80.8%), and heterosexual (88.5%), with exactly half reporting to be single (50.0%). The sample were largely Christian (46.2%), with a quarter identifying as atheist (26.9%). Eight participants (30.8%) reported a disability.

Participation was open to individuals who had experienced at least two traumatic events. Participants were not excluded on the basis of co-existing pathology, with four participants self-reporting PTSD diagnoses, one reported a history of psychosis, and a further participant reported a schizoaffective disorder diagnosis. Five participants were currently accessing (or had previously accessed) psychological therapy in relation to their life experiences.

Trauma history for the sample is presented in Table 1, with prevalence figures calculated from the previous PTG study (Brooks et al., 2016; 2019). The sample experienced their most serious event at around 18.23 years old ($SD = 13.85$; range 1 to 51 years old), with an average of 15.92 years ($SD = 15.12$; range 1 to 58 years) since the event occurred.

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Participants reported an average of 4.38 different event types ($SD = 2.45$) in their lifetimes. Twenty participants (76.9%) experienced at least one interpersonal event deliberately perpetrated by other people, such as physical and sexual assault. A majority of participants (92.3%) endorsed at least *some* growth on the PTGI in the previous study (Brooks et al., 2019), although the sample also included four people who reported no growth on the PTGI.

[INSERT TABLE 1 ABOUT HERE]

Measures

Posttraumatic Growth Interview Schedule. A semi-structured interview schedule was devised to explore processes and outcomes associated with PTG based on quantitative findings from an earlier study (Brooks et al., 2016). This schedule was intentionally designed to use broad, open-ended questions so as not to confine or prime participant's responses. The schedule focused on establishing the trauma history of participants (e.g. 'Can you tell me about your life experiences so far?'), defining the nature and characteristics of their growth (e.g. 'What does growth from stressful events mean to you?'), and factors that aided or inhibited their experiences of positive change (e.g. 'What barriers have there been to experiencing positive change?'). Supplementary questions were asked for clarification, depending on the participant's responses, with possible probe questions informed by existing growth literature in terms of factors that may be associated with positive change (e.g. probes around social support). At the end of the interview schedule, participants were offered the opportunity to raise other additional themes not captured in main interview to illicit potentially new aspects of the growth experience.

Procedure

Participants were invited to an interview to discuss their experiences of positive change following traumatic life events. Upon providing informed consent, it was stressed that

the participant did not have to answer any particular question and they could terminate the interview at any time without penalty. Limits to confidentiality were explained to participants, who had up to a week withdraw their comments if they so wished. As compensation for their time, participants were provided with a shopping voucher equivalent to £10.

Eighteen participants (69.2%) attended for face-to-face interviews in a private room on the university campus. The remaining interviews were conducted through video calling software Skype (30.8%), or by telephone (7.7%), if participants were unable to attend in-person. All interviews were conducted by the first author between April and May 2015. Interviews lasted between 23 and 66 minutes ($M = 35.31$; $SD = 12.24$) and were audio-recorded and transcribed verbatim. Participants did not differ on any demographic, trauma or growth characteristics by their choice of interview medium.

Epistemological approach and data analysis

The research adopted a critical realist position in exploring how participants constructed their PTG experiences. This position assumes that there is an external reality, although attempts to comprehend and measure it are imperfect (Fletcher, 2017). Accordingly, steps were taken to ensure the reliability and validity of the findings according to established criteria (Guba, 1981). First, *credibility* was provided by using thematic analysis, a recognised analytical strategy used elsewhere in the PTG literature (e.g. Mapham & Hefferon, 2012; Shakespeare-Finch et al., 2013; Woodward & Joseph, 2003), as well as triangulating findings with the research team during the coding process. Next, the *transferability* and *dependability* of the results was established through ‘thick description’ of details of the sampling method, inclusion/exclusion criteria, sample characteristics and data analysis procedures, to allow readers to evaluate the generalisability of the findings. Finally, steps were taken to capture

the voice of the participant rather than that of the researchers, which involved including quotes that agreed and deviated from the final themes (Guba, 1981).

In-keeping with the flexible and exploratory nature of the study, thematic analysis (Braun & Clarke, 2006) was used to analyse the interview data as it is not tied to any specific theoretical framework. It is also consistent with critical realist objectives to examine empirical trends within the data (Fletcher, 2017). The first author read and re-read the transcripts to familiarise themselves with these data. Initial codes were generated based on features within the transcripts that were grouped based on a specific code. Once these data had been collated, the codes were categorised into broader, overarching themes with appropriate subthemes. The themes were then reviewed, such that large and diverse themes were refined, and smaller themes collapsed together. Themes were then assessed for coherence in the context of the wider data set and to identify other potential themes that may have been missed from the initial coding process. The resultant themes were refined through discussion with the second author, who also read and coded the transcripts to reveal any areas of disagreement or additional themes of interest.

Results

From the 26 interviews undertaken, and analysed using thematic analysis, two themes (with subthemes) emerged, and are illustrated in Figure 1.

[INSERT FIGURE 1 ABOUT HERE]

Outcomes of trauma

The *outcomes of trauma* theme describes participants experiences of positive and negative change following adverse events. Three subthemes emerged; managing subsequent traumas, changes in identity, and co-occurring negative and positive changes.

Managing subsequent traumas. Participants who endorsed positive changes noted that they were more able to manage the aftereffects of other traumatic events that may have occurred or could occur in the future. First, ten participants felt that their perception of prior traumas had influenced the way they coped with subsequent events, which aided their growth. Participant 5 noted how their own experience of child sexual abuse had shaped their response to their daughter's recent suicide attempt:

"I walked into the hospital and when I arrived, I saw my daughter in an absolute mess, and I just dealt with it straight away. I didn't go to pieces – and I think dealing with all the other stuff in my life has made me more able to deal with other things that come my way." (Participant 5)

This participant, and nine other with similar views, described being *"better prepared"* with an *"ability to handle"* or negative psychological changes that could result from subsequent traumas. Collectively, these individuals believed that their prior experiences had provided them with the psychological resources and skills to manage the stressful situations.

However, five other participants felt that their prior traumatic experiences had hampered their ability to deal with subsequent traumas. These individuals were so overwhelmed by their experiences that they had seemingly given up attempts to rebuild any beliefs they previously held about themselves or the world. Participants spoke of the possibility of any positive change as being *"stilted"* which in turn had inhibited reports of growth:

"It's not like it doesn't bring up more traumatic symptoms for me and things like that, but it's just that I've had so many things happen, that there just comes a point where something clicks off in your head and you can't process any more. You have no desire to fathom it." (Participant 15)

Participant 15 had experienced multiple traumas throughout their life to the extent that they felt no longer able to find meaning in their experiences. Another participant added that enduring “*significant stress*” in their life from various adverse situations made them perceive relatively normative life events, such as a relationship breakdown, as “*very stressful or traumatic*” which may explain why they were not predisposed to report any positive changes.

Identity changes. Thirteen participants remarked how their traumatic experiences had partly or fully become part of their life story, and the extent to which this impacted on perceived positive changes. Eight of these participants described attempts to redefine themselves and create a new sense of identity, which included changing their physical appearance or their birth name. Traumatic experiences appeared to motivate these individuals to “*fight back*” against actions they saw as unjust, and begin “*a new chapter*” in their lives:

“I am in the process of becoming a new person. Strong, disciplined, caring and determined to make positive change happen to myself and the world around me. My experiences motivate me to try and become the opposite of my parents. I see this also not only as my ultimate rebirth but also my revenge in a way. One day, their power over me will be gone entirely and they will be nothing but a fact from the past.”

(Participant 14)

Participant 14 became emboldened by their experiences and appeared to endorse a new sense of identity as part of their growth. These individuals were concerned with “*cutting ties*” with potentially harmful memories from the past, which this new sense of identity allowed them to do. However, one participant went further to point out that growth for them was being seen to “*not be defined*” by their experiences; rather, it had only helped to create their own new life story.

Meanwhile, five of the aforementioned 13 participants felt their traumatic experiences had negatively impacted on their own capacity to perceive any sense of identity. These interviewees believed they were a “*shadow*” of their former selves and tended to separate their life now from that what had existed prior to the event. In these cases, participants had become somewhat subsumed by their traumatic experiences, reporting “*identity barriers*” and “*no sense*” of who they were as a person:

“I wouldn’t say I’ve experienced growth at all. My emotional barriers are up. There’s identity barriers because I don’t know who I am. I was abused for that long period of time... you don’t know who you are.” (Participant 7)

These participants believed their traumatic incidents had thwarted any perceptions of positive change, and thus they were only able to “*see the bad*” in their experiences. Participants noted that their life direction and purpose had significantly changed or had become virtually non-existent following their “*disruptive*” traumatic experiences.

Co-existing positive and negative changes. Twenty-four participants reported a range of co-occurring positive and negative changes in the aftermath of their traumatic experiences. Twenty-two participants described continued anxiety, intrusive thoughts and suspiciousness towards other people. Attempts to actively avoid “*dwelling*” on thoughts and feelings associated with traumatic experiences were common. In terms of positive changes, participants reported a “*more balanced outlook*” with reports of enhanced creativity, compassion, forgiveness, gratitude, humility, openness and tolerance, alongside some ongoing negative changes:

“Learning to be able to express and assert myself interpersonally has been a bit of a challenge as an adult. It feels like an ongoing piece of work. I suspect something of this has been significant in my episodes of physical and mental illness on the negative

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side, and on the positive, I strangely believe it has helped me develop some skills in empathy that have guided and shaped me professionally.” (Participant 22)

Eight participants reported positive changes in their careers, although still had some lingering negative effects in their personal lives. These individuals endorsed some positive characteristics in respect of “*professional growth*” in their careers as a means to manage the negative symptoms of their own personal traumas:

“I think that I do have issues in some ways that I deal with stuff but learning how to work around it has been amazing. Trying to tailor a career so I can work in and around my symptoms that feels less like something that I have to fight with in juxtaposition to the world and something that's just who I am. I can do that, so I am employable and functional so that's good.” (Participant 15)

Other positive changes reported by participants included an increased sense of autonomy and independence, noting that they were now “*putting myself first*” after not doing so previously. Individuals who strongly endorsed growth also believed they were more “*ambitious*”, “*stronger*” and appreciative of their lives, reportedly trying to “*enjoy the simple things a bit more*”. Alongside this, participants frequently noted that what previously seemed like “*big problems*” were now “*trivial*” in comparison. There was a shift from viewing life experiences through a prism of loss and hardship, to one which emphasised meaning and positive gains after suffering. For instance, participants described having a “*greater understanding*” for oneself and for the views of others, and that the experience of multiple traumatic events had made them realise that “*trauma was a part of life*” and “*you just have to work your way through it*”. In addition to psychological changes, five participants described physical health improvements, including increased energy, frequent exercise and “*fewer bouts of illness*”. Not all changes were intrinsic to the individual. For

one participant, moving to a new house was viewed as a “new start”. However four participants recounted external circumstances, such as financial difficulties, as “*overwhelming*” which in turn were a barrier to their growth. Three participants who did not endorse growth struggled to report any positive *or* negative changes:

“If you are told things and have things done to you, you start to believe them. If you're not able to have the emotional outlet, or release or anything... I did try and express myself - I did try, but it didn't work. I was the black sheep. It was bloody hard! I wouldn't say I've grown at all.” (Participant 11)

These participants commented that they had “*no particular feeling*” towards their traumas, adding they were “*ambivalent*” or so overwhelmed by their prior experiences and did not perceive any opportunities for growth. One participant believed that they “*always try to see positive*”, although they acknowledged that this might be their way of coping with stressful situations.

Interestingly, the experience of growth was relative, with some participants viewing the same character traits in very different ways. For example, six participants felt that their growth was associated with an increased trust in other people, while two participants claimed that having *less* trust in others was “*strangely positive*” for them, as it meant they would not be “*sucked in*” to a potentially traumatic situation again.

Processing trauma

The *processing trauma* theme explores the cognitive, psychological and social contexts whereby participants believed they had reported more (or less) positive changes. Three subthemes were identified: trauma-related thoughts, control perceptions, and social support and disclosure.

Trauma-related thoughts. Two contrasting views emerged in respect of participant's thoughts about their experiences. Nine participants felt that thinking about their previous trauma experiences was a "barrier" to their growth. These negative and repetitive thoughts were difficult to control:

"I think what stopped me is negative feelings. So, if I think about what stopped me growing initially, it would have been feelings of resentment going around my head, feeling bitter, being in denial about things happening. I think they were my barriers to growth, and I think they were the things you have to overcome in order to grow."

(Participant 8)

Two of the nine participants continued to struggle with intrusive "*negative self-talk*" and did not feel that their thoughts about trauma could lead to any positive change.

For other participants, trauma-related thoughts aided their perception of growth. Fifteen participants tried to contemplate their experiences, which were a distressing yet necessary aspect of their growth. These more deliberate thoughts about the traumatic events enabled survivors to "*take a long hard look*" at themselves to understand experiences that were otherwise inexplicable. Participant 15 endorsed growth and described the learning process associated with their perceived positive changes:

"Just having the processing space was good in itself. It's really helped having time to focus on the things and thought patterns that keep me stuck, and stunt my growth. I always used to be stuck in the past, from a young age, thinking about things that I'd said or done that were bad or embarrassing or hurt someone and obsessing over those, without looking to the future." (Participant 15)

The importance of having an opportunity to understand and find meaning in experiences was critical to some survivors' reports of growth. Another participant who self-reported positive

changes believed that simply “*recognising a situation that needed sorting out*” was beneficial to their experiences of growth. For two other participants, their attempts to actively avoid contemplating the meaning behind their experiences was a “*strength*” as it allowed them to experience positive changes and reduce distress.

Control perceptions. Traumatic events had differentially impacted on participants perceptions of control over their lives and responses to events, which influenced their reports of positive change. Seventeen individuals noted how traumatic events, particularly those which had been “*at the hands of other people*”, had made them feel “*very out of control*”. There was a sense that traumatic events had gradually taken over these participants lives, and so growth was viewed as synonymous with attempts to become “*more assertive*” and regain control over responses to current and potential future adverse occurrences:

“I can’t have him control my life again, so this is why I’m fighting back. That’s why I feel like I’ve got to reach my targets, my goals of what I want to do... but it’s never really going to go away. It’s just like masking it off and brushing it to one side, because it will always be there to some degree.” (Participant 23)

There was a sense that increased control had offset feelings of helplessness and vulnerability. However, while Participant 23 endorsed growth, she also acknowledged that her increased feelings of control were associated with a tendency to avoid dealing with the experiences. Two other participants, who did not endorse growth, believed their experiences still “*held them back*” and so they were unable to move forward with their lives beyond the trauma itself.

Many of the 17 interviewees equated their new-found sense of autonomy with renewed purpose and optimism which helped their growth post-trauma. Four individuals who

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reported positive changes believed they were in control of their psychological responses to the traumas, yet also reported some residual negative symptoms:

“The way I am, I need that element of control. You have to do everything you can to keep yourself healthy. My symptoms conflict with my psyche, my ability to reason with everything... I'm supposed to be getting CBT to be able to manage it, to reduce the day to day stressors, coping strategies basically.” (Participant 17)

It would seem that for some participants who endorsed growth, greater feelings of control did not always align with increased wellbeing.

Spiritual struggles. Participants explored ideas around their spirituality or religious beliefs, and the extent to which these changed their perceptions of growth. Diverging views were held, with the first being that religion was detrimental to growth. Participant 4 partially endorsed growth and explained how the impact of his multiple traumatic experiences had challenged his perception of religion:

“I've gone through phases where I'm like, "I hate God. God's the worst person in the world." I prayed for things to get better and I was very upset when they didn't because I prayed so much. Why didn't they get better?” (Participant 4)

In addition, two others related “*arguments with God*”, who, in their view, “*allowed*” traumatic events to happen to them and which “*stunted*” any growth. Interestingly, one participant felt that to “*stop feeling God*” was a positive change, as they now felt more able to manage their symptoms without relying on an external force.

Four other participants who endorsed some positive changes believed that their experiences had led to an increased interest in a variety of belief systems. This faith had facilitated growth in these survivors by allowing them to “*renew their commitment to God*”, or provide comfort and guidance:

“The more ways you look at something in different way, the more chance you have of getting a grasp on it. I’ve looked at loss from a Christian point of view, from a Buddhist point of view and from a couple of other New Age books. You get an overview of them and think, ‘Hey, this is bigger than my grief’”. (Participant 5)

For this participant and others, their spiritual beliefs (whether pre-existing or newly found) had helped them to navigate through their difficult experiences. However, religion and spirituality did not play a role in all participant’s accounts of growth. For three participants, it was the “*greater good of people*”, rather than a higher deity, which had increased their capacity to manage the effects of future stressors. One participant who did not report positive changes noted how his experiences had “*strengthened his atheism*” and his own “*capacity to survive*”, rather than relying on any belief systems.

Social support and disclosure. All participants commented on the significance of social support as part of their growth. Two main aspects of social support were described by participants, namely, reactions to disclosing trauma, and the benefits and difficulties associated with receiving support. Twenty-one participants noted how family, friends, neighbours or professionals were helpful in the processing of their experiences:

“I feel my traumatic experiences were dealt with due to my incredible support network. Without them, I wouldn’t have been able to cope with what life has, and continues to, throw at me. I have always been able to cope and know where and who to seek solace in when dealing with trauma and stress. For this reason, I have never felt the need to seek out other resources for support such as religion.” (Participant 1)

The presence of social support, or even the perception that support was available, appeared to facilitate growth in these participants. Additionally, six individuals noted that positive support was “*comforting*” and encouraged them to accept help, rather than trying to manage

the situation alone. Eight participants commented on the benefits of accessing formal therapy on their perceptions of positive change, noting that it provided a space to *“break down and collapse in a heap, which is what was needed in order to pick oneself up and move on”*.

These survivors were able to reassess their experiences in a manner that was *“guided and not dictated”* by professionals, which aided their growth. Insensitive and thoughtless reactions to the disclosure of traumatic experiences, or a perceived lack of support from close others, were noted to inhibit perceived positive change:

“I didn’t see any positive changes at all. I remember telling people but I just kind of got ignored. I got bullied and stuff and then... it’s kind of like told some friends about being sexually abused, and they passed it off as attention seeking. I was bitter and kept everything to myself.” (Participant 21)

Participants who echoed similar sentiments also noted how negative reactions to their experiences could make any possibility of growth *“much harder than it needed to be”*.

Discussion

This study used a qualitative methodology to explore whether there are aspects of growth not routinely considered in previous quantitative studies. Further, the current study examined positive changes in the context of multiple trauma exposure and did not ask participants to talk about the impact in relation to a single traumatic event. Growth for the survivors in this study appeared to arise from a broad array of cognitive, emotional and social processes. Interviews revealed how experiences of adversity led to differential outcomes and psychological processes, which in turn were conducive to, or inhibited, perceived growth. Some behavioural changes accompanied these perceived psychological transformations as well. Taken together, the study not only confirmed aspects of the emotional struggle and

growth after traumatic experiences already identified in the literature but highlighted new aspects of the growth experience outside of existing themes.

The findings confirmed aspects of the growth experience already examined through quantitative research, although the study went further to unpack the nuances of positive change. Themes around spiritual re-examination and the benefits of social support have been acknowledged (Beck et al., 2017; Shakespeare-Finch et al., 2013; Tedeschi & Calhoun, 2004) but such research does not consider individual differences in the experience of these themes. For instance, some survivors' growth reports were aligned with losing (rather than gaining) theistic beliefs, an aspect not widely noted in literature. Of further note was the finding that perceptions of positive change were influenced by reactions from close others, an area that has also received limited attention in growth research. Studies of negative reactions to trauma disclosure find that they can exacerbate negative symptoms among survivors (Ullman & Peter-Hagene, 2014). The study extends these findings by illustrating how these social factors can impede or facilitate positive changes as well, building upon the FDM and other research (Hussain & Bhushan, 2013; Shakespeare-Finch et al., 2013) that has previously given less attention to social-environmental influences in comparison to dispositional characteristics.

Additional aspects of the growth experience were revealed which have received less attention in the qualitative literature. Individuals who re-examined the meaning of the traumatic events endorsed growth to a greater degree than those who tended to avoid thoughts about their experiences, consistent with quantitative research findings (e.g. Hallam & Morris, 2011). The results also indicated how perceptions of growth were intertwined with a survivor's sense of identity. Previous research has found that survivors who positively integrate the trauma into their life story can endorse growth (Morris, Campbell, Dwyer, Dunn, & Chambers, 2012), although the current findings also indicate that reports of positive

change can be impeded should the survivor's identity be consumed by their experiences. This provides qualitative support to the salience of identity in positive adjustment after traumatic events, as observed in quantitative research (e.g. Sapach, Horswill, Parkerson, Asmundson, & Carleton, 2019). Another unique finding was the exploration of the relationship between survivor's perceptions of positive change and their sense of control, which has received limited attention in the qualitative literature. Recent quantitative findings indicate that survivors who perceive more control over their responses are more likely to endorse growth (Brooks et al., 2017). The findings broadly map onto the theorised pathways of growth outlined in the FDM (Tedeschi & Calhoun, 2004), thus offering qualitative support to this model that until now has largely received quantitative support. At the same time, further growth themes (such as the ability to handle subsequent stressors) have been highlighted that warrant further exploration in subsequent research. Behavioural changes that accompany growth, such as increased altruism towards other people and improved functioning in work, were also noted by participants. Existing assessments, such as the PTGI, and the wider growth literature neglect behavioural changes and instead focus on alterations in cognitive or emotional states resulting from trauma. However, research has questioned whether cognitive changes alone are sufficient to be deemed 'PTG' as people can experience distorted perceptions of their ability to cope following trauma (Zoellner & Maercker, 2006). The study could therefore offer some insight into the validity of behavioural aspects of growth as a tangible marker of *actual* rather than *perceived* positive change (Shakespeare-Finch & Barrington, 2012).

An additional contribution of the present study was insight into perceived growth following multiple, rather than single or isolated traumatic events, which has not been addressed by existing research. The experience of multiple trauma types appeared to predispose some individuals to report positive gains, while others continued to struggle with

lingering negative symptoms. Literature has noted that chronic or frequent traumatic experiences are associated with long-term difficulties, such as managing emotions and maintaining a sense of control over one's psychological adjustment, which can be exacerbated following subsequent traumas (Seery et al., 2010). For others, frequent trauma exposure can lead to a 'toughening' and increased preparedness to manage the effects of subsequent adverse events (Janoff-Bulman, 2004). It is possible that positive changes following multiple numbers of trauma types can arise through a 'dose-response' relationship, much in the same way that has been observed in relation to negative outcomes (Seery et al., 2010).

The study also highlights that positive changes are not a universal experience. Existing studies (e.g. Vanhooren et al., 2017; Woodward & Joseph, 2003) are biased in that they tend to sample people who have reported at least *some* growth and exclude those who do not. However, the current study suggests that some people do not report any personal benefit or find meaning from their traumatic experiences. It is possible that experiencing multiple types of events can overwhelm the psychological resources of the survivor (Butler et al., 2005), and so inhibit any potential for growth. Conversely, the event may not have been 'seismic' enough to challenge a person's assumptive world (Tedeschi & Calhoun, 2004). Subsequent traumas may only confirm pre-existing negative worldviews that were formed from past trauma, and thus there would be no impetus for growth. Therefore, while positive changes can be reported regardless of trauma history, it is not necessarily a guaranteed outcome or psychological process following adversity.

Implications

The study demonstrates a greater need for more qualitative holistic investigations of processes and outcomes associated with PTG that consider *both* positive and negative

changes in psychological functioning, as opposed to focusing on positive changes only (e.g. Chun & Lee, 2008; Woodward & Joseph, 2003). A related implication is the need to explore other potential aspects of the growth experience outside many existing qualitative studies that confine their findings within pre-determined factors (Beck et al., 2017; Shakespeare-Finch et al., 2013). In doing so, such studies limit the scope for identification of other experiences outside of these dimensions that may be relevant for positive change. Consequently, future qualitative studies may benefit from adopting more flexible and independent conceptualisations of growth to generate new lines of empirical enquiry.

The findings tentatively suggest that reports of positive change in survivors of multiple trauma types may be conceptualised as *both* a process and an outcome following the struggle with traumatic events. Prior research has broadly viewed growth as *either* a process (Zoellner & Maercker, 2006) or an outcome (Shakespeare-Finch & Barrington, 2012; Tedeschi & Calhoun, 2004), although the findings indicate that it is qualitatively difficult, and perhaps counterintuitive, to separate experiences in this way. For example, survivors reported attempts to find meaning within their social networks, alongside more positive character traits. This may reflect the different stages of adaptation in which these survivors find themselves (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018), such that coping attempts may reflect growth processes, through to more ‘permanent’ personality changes that may be characterised as outcomes.

The study draws attention to the complex and nuanced experiences of positive and negative change in survivors of multiple trauma types. While an awareness of the impact of multiple trauma types on psychological adjustment is increasing among practitioners (e.g. Naff, 2014), it is currently not reflected in the growth literature. As this study highlights new aspects of the growth experience, more holistic investigations as to the impact of multiple

trauma on perceptions of positive and negative change are required so that important insights can be gained as to how best to support survivors.

This qualitative investigation may provide some insight into the validity of the positive changes experienced. Some survivors endorsed growth yet acknowledged attempts to avoid trauma-related memories. For example, greater trust in relationships was beneficial for some people, while a *lack* of trust was also viewed as positively by others as it served a protective function. This may point to different aspects of growth, such that some changes (i.e. a lack of trust, using professional work as a distraction from personal issues) are seen as a defensive response to stress that does not mirror improved psychological functioning (Zoellner & Maercker, 2006), and others (i.e. greater trust, altruistic behaviours) reflect tangible positive change (Shakespeare-Finch & Barrington, 2012; Tedeschi & Calhoun, 2004). Thus, practitioners should not necessarily view 'PTG' as a reified concept until more is known about the different functions positive changes may serve for survivors of multiple trauma types.

Limitations

The study is not without limitations. Several participants self-reported that they were currently accessing psychological therapy at the time of the interview. Studies of therapeutic support on the perception of positive changes are limited but suggest that such interventions may enhance the growth experience (Roepke, 2015). Thus, some PTG experiences may have been positively influenced by such therapy, and indeed survivors did acknowledge this on occasion. Furthermore, while the study included people who reported a range of growth experiences, or no growth at all, participants self-selected to take part. The cathartic nature of disclosing information within interviews means it is possible that those with a specific interest in the topic may be overly represented in the study. However, self-selecting

participants can provide deeper insight into the phenomenon of interest (Saunders, Lewis, & Thornhill, 2016), which was to explore the experiences of positive change among survivors of multiple trauma types. Finally, the degree to which the type and severity of traumatic experience influenced perceptions of positive change was not explored. Some research (e.g. Kira et al., 2013) has suggested that there may be differences in the degree of growth reported according to whether the event was deliberately-perpetrated or a natural occurrence. Furthermore, the severity of the event has been shown to impact on reports of positive change in quantitative studies (e.g. Chopko, Pamieri, & Adams, 2019), which would also warrant qualitative investigation.

Conclusion

This was the first study to qualitatively explore growth processes and outcomes in survivors exposed to multiple types of traumatic events. It is clear that adversity is a part of many people's lives, and psychological responses are complex and highly individualised, encompassing a range of positive and negative changes. The findings provide some support for the FDM and core growth concepts that are assessed within existing PTG measures but highlight other positive changes that are not currently captured. Practitioners should therefore be open and flexible to a range of cognitive, emotional and social changes that survivors may endorse, although practitioners should also be mindful that positive changes may not equate to tangible improvements in wellbeing.

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Table 1. *Characteristics and trauma history of interview participants (N = 26).*

PPT number	Age	Gender	Trauma history
1	25	F	Serious illness, parental neglect
2	25	F	Natural disaster, attempted rape, physical assault, bereavement
3	24	F	Vehicle accident, serious illness, bereavement, witnessed event
4	57	M	Physical assault, threats by others, military conflict, terrorism
5	43	F	Vehicle accident, CSA, IPV, physical assault, serious illness, bereavement, neglect, witnessed event
6	26	M	CSA, vehicle accident, bereavement, neglect, occupational event
7	35	F	Witnessed vehicle accident, terrorism
8	28	F	Vehicle accident, natural disaster, bereavement
9	23	F	Sexual assaults, bereavement, neglect
10	44	F	Stalking, IPV, rape, imprisonment, bereavement, neglect
11	36	M	CSA, IPV, physical assault, rape
12	55	F	CSA, torture, accident, physical assault, natural disaster, rape, imprisonment, neglect, bereavement, witnessed event, occupational event, other event
13	26	F	Psychotic episodes, neglect, emotional abuse
14	41	F	CSA, rape, parental neglect, physical assault, bereavement
15	38	F	CSA, sexual assault, IPV, physical assault, rape, neglect, witnessed event, other event
16	21	M	Disappearance of family member, physical assault
17	25	M	Vehicle accident, physical assault, CSA, serious illness, occupational event
18	26	F	Rape, imprisonment
19	35	F	CSA, rape, imprisonment
20	58	M	Serious illness, military conflict
21	23	F	Child physical abuse, child psychological abuse, rape
22	33	M	CSA, neglect
23	38	F	IPV, rape, CSA, imprisonment, other event
24	52	M	IPV, homelessness, imprisonment, witnessed event
25	31	M	CSA, military conflict, natural disaster, rape, neglect, witnessed event, other event
26	61	F	Child physical abuse, sexual assault, death of client, IPV, physical assault, serious illness

Note. PPT = participant; F = female; M = male; CSA = child sexual abuse; IPV = intimate partner violence.

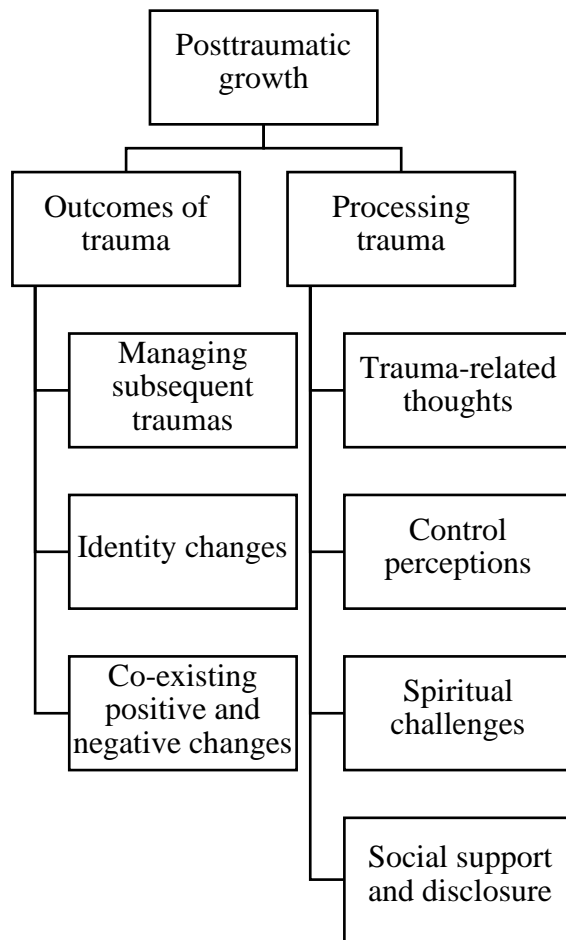


Figure 1. Emergent themes and subthemes from semi-structured interviews.