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The deterioration and mobilization effects of trauma on social support: Childhood maltreatment and adulthood military violence in a Palestinian community sample

Raija-Leena Punamäki^{a,*}, Ivan Komproe^b, Samir Qouta^c,
Mustafa El-Masri^b, J.T.V.M. de Jong^b

^a Department of Psychology, 33014 University of Tampere, Finland

^b Transcultural Psychological Organization (TPO), Vrije Universiteit, Amsterdam, The Netherlands

^c Gaza Community Mental Health Programme, Gaza, Palestine

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Abstract

Objectives: To show that exposure to childhood maltreatment deteriorates, whereas exposure to adulthood military violence mobilizes social support; Second, to show that associations between traumatic events and mental health problems are mediated through social support and, subsequently, adulthood military violence is associated with low level and childhood maltreatment with high level of mental health symptoms; third, to explore whether the moderating (protecting) effect of sufficient and satisfactory social support would differ among victims of childhood maltreatment and adulthood military violence.

Method: The participants were a random-sample of Palestinian men and women ($n = 585$) of 16–60 years of age. Exposure to military violence in adulthood was assessed by the Harvard Trauma Questionnaire (HTQ-I), and to childhood maltreatment by a 13-item questionnaire developed for the study. A Social Network Schedule was applied to assess the function, source, and satisfaction with social support, and the Revised SCL90-R Symptoms Checklist to assess mental health symptoms.

Results: Findings supported our hypothesis that exposure to childhood maltreatment was associated with low levels of social support, whereas exposure to adulthood military violence was associated with high levels of social support. Contrary to our second hypothesis, both childhood maltreatment and adulthood military violence were associated with high levels of mental health symptoms. Finally, high level and satisfactory social support moderated the association between exposure to military violence in adulthood and mental health symptoms, but not between childhood maltreatment and mental health symptoms.

* Corresponding author.

Conclusion: The findings emphasize that the nature of trauma, that is, whether familial or political, determines the availability of protective resources versus vulnerability, which should be considered when tailoring interventions to trauma victims.

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Introduction

There is extensive evidence for the beneficial role of social support. People who can rely on someone when they need help and consolation are found to live longer (Berkman & Syme, 1979; Olsen, Olsen, Gunner-Svensson, & Ealdstrom, 1991; Reynolds & Kaplan, 1990), to enjoy better psychological and somatic health (Cohen & Wills, 1985; Pennix, van Tilburg, Kriegsman, Boeke, & Eijk, 1997), and to recover faster from various illnesses (Andrykowski & Cordova, 1998; Kriegsman, Pennix, & Eijk, 1995). Furthermore, findings support the idea that social support can protect mental health from negative effects of environmental stressors (for reviews: Cohen & Syme, 1985; Pierce, Sarason, & Sarason, 1996) and collective (Kaniasty & Norris, 1993; Norris & Kaniasty, 1996) and individual (Sprang & McNeil, 1998; Thuen, 1997) trauma.

However, empirical evidence concerning the beneficial role of social support is not uniform. Researchers argue that various functions and sources of social support may relate differently to health and well-being (Barrera & Ainlay, 1983; Kaplan, Cassel, & Core, 1977). The functional aspects of social support refer to the fact that people differ in their ability and opportunities to enjoy emotional (consolation, intimacy and respect) and instrumental (advice, practical help and financial aid) social support. People also vary in receiving support from family members, friends and institutions. Furthermore, people differ in how adequate they perceive the available support, and how satisfied they are with it. In other words, they may get help, sympathy and assurance, but would like to have a different kind of support, and from different sources (Pilisuk & Parks, 1986).

It is also evident that not all hardships 'invite' similar degrees of support and sympathy. Some stressful and traumatic events mobilize the support network, while others deteriorate access to it (Dunkel-Schetter & Wortman, 1982; Hobfoll & Lerman, 1989; Kaniasty & Norris, 1993). Traumatic events that mobilize social support are visually distressing, unambiguous, collectively shared and they often attribute heroic characteristics to the victims. Research shows that events like the death of a spouse (Norris & Kaniasty, 1996) and severe illness (Grassi, Caloro, Zamorani, & Ramelli, 1997) increase social support. It is also believed that war, military violence and other collective hardships increase social cohesion and support (Janis, 1951). On the contrary, traumatic events that deteriorate social support are private, ambiguous and often connote social stigma and shame. They exhaust available social support because they elicit helplessness, aversion or fear in other people (Eckenrode & Wethington, 1990; Kaniasty & Norris, 1993). Typically, victims of sexual abuse and rape face more difficulties in finding help than victims of other kinds of abuse (Cohen & Roth, 1987).

The research on mobilization and deterioration of social support indicates that support is not a stable and universal resource, but the nature of trauma may decisively influence its availability. The main research objective of this study was to examine how two traumatic events of different nature associate with social

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