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Research article

When social support is not enough: Trauma and PTSD symptoms in a risk-sample of adolescents

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ABSTRACT

Social support can mitigate the severity of posttraumatic stress disorder (PTSD) in children and adults following traumatic events. However, little is known about the role of social support in high-risk samples of adolescents from the community. The present study examined the relationship between social support and PTSD symptoms in adolescents exposed to traumatic events and childhood adversity, after adjusting for the effects of potential covariates, including sociodemographic factors, previous childhood adversity, level of exposure, comorbid anxiety, depression symptoms, and substance abuse, and coping strategies.

Method: The participants of the study were 183 adolescents, mean age of 16 years old (M = 15.71, SD = 1.31), ranged between 13 and 17 years old, 89 (48.6%) males and 94 (51.4%) females.

Results: The results revealed that 26.2% of the sample met the criteria for probable PTSD. Our statistical model explained 64% of the variance in PTSD symptoms, but social support was not significant after adjusting for covariates. This study found that social support was not enough to reduce PTSD symptoms in adolescents exposed to trauma and adversity. Programs focused only on improving social support may not be effective in reducing mental health symptoms for adolescents, particularly when there has been severe and/or multiple forms of childhood adversity.

1. Introduction

According to epidemiological surveys in numerous countries, 20–90% of the general population is exposed to traumatic events at least once in their lives (Perrin et al., 2014). Because of exposure to traumatic events, individuals may develop post-traumatic stress disorder (PTSD) (American Psychiatric Association, 2013). Research has shown disparate rates of PTSD ranging from 1.5% to 4.8% in community samples of adolescents (Garland, Hough, McCabe, Yeh, Wood, & Aarons, 2001; Kilpatrick et al., 2003; Merikangas et al., 2010), 14% to 23.6% in risk-samples of adolescents (Alisic et al., 2014; Dierkhising et al., 2013; Keller, Salazar, & Courtney, 2010; McMillen et al., 2005), and about 60% in war zones (Khamis, 2005; Neugebauer et al., 2009).

The variability in estimates is due to the variability in the types of trauma. For example, interpersonal trauma may lead to higher rates of PTSD because, unlike a natural disaster, typically a one-time event, interpersonal traumas are often chronic, and corrode social support, especially in cases where the perpetrator is a family member. In addition, the nature of interpersonal traumas has been

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shown to change the basic assumptions about oneself and the world in ways that affect daily functioning (Alisic et al., 2014; Benight & Bandura, 2004; Janoff-Bulman & Frieze, 1983). As shown above, living in a war zone, which inevitably increases risk of exposure to a multiplicity of types of traumatic events, including interpersonal traumas, seems to be associated with the highest rates of PTSD for trauma-exposed adolescents (Khamis, 2005; Neugebauer et al., 2009). Thus, interpersonal traumas are associated with higher rates of PTSD compared with non-interpersonal traumas.

1.1. Theoretical background: social support and post-traumatic stress

Social support has been shown to have the potential to reduce stress, depression, and enhance health, and thus is understood to be a protective factor for individuals experiencing trauma (Cohen & Wills, 1985; Evans, Steel, & DiLillo, 2013). In particular, the beneficial effects of social support can reduce the likelihood of development of posttraumatic stress disorder (PTSD) after exposure to traumatic events. According to the cognitive model of PTSD (Ehlers & Clark, 2000), social support can influence the cognitive and emotional reactions in the aftermath of the trauma. For example, social support can facilitate the opportunity for therapeutic reliving of the trauma by talking with family and friends about it and receiving supportive feedback which may reduce negative views about the meaning of the trauma. In addition, the perception of the traumatic event by friends and family can influence the perception of the subject in relation to the traumatic event by reducing negative feelings and emotions (i.e., guilt, panic, fear and shame), as well as decreasing the prevalence of avoidance strategies adopted by the subject after the traumatic event (Williams & Joseph, 1999).

However, social support may be particularly difficult for adolescents exposed to interpersonal trauma to access. This difficulty is intensified in adolescence because it is a developmental period that typically involves pervasive and often simultaneous contextual and social role changes (Schulenberg, Sameroff, & Cicchetti, 2004). Adolescents are also more likely than children and adults to engage in a variety of risky behaviors, as well as at greater risk of experiencing trauma (Nooner et al., 2012). These changes, transitions and risk exposure put adolescents at heightened risk of developing PTSD symptoms. Additionally, when children or adolescents experience abuse within their family, it may shatter the basic assumptions about themselves and the others, resulting in a sense of fear and insecurity with others and self-questioning (Janoff-Bulman & Frieze, 1983). This response to trauma can result in difficulty in turning to social support to help after experiencing the trauma (Punamäki, Komproe, Qouta, El-Masri, & de Jong, 2005).

1.2. Methodological limitations of prior literature

Only a few studies assessed the role of social support among adolescents exposed to traumatic events. For example, a meta-analysis of 64 studies of adolescents exposed to traumatic events included only four studies that examined the adolescent social support (Trickey et al., 2012). This meta-analysis showed that low social support increased the risk for the development of PTSD. However, these studies used community samples exposed to non-interpersonal trauma (e.g. accident, natural disaster) (Udwin, Boyle, Yule, Bolton, & O'Ryan, 2000; Vernberg, La Greca, Silverman, & Prinstein, 1996) which may not be comparable to adolescents exposed to interpersonal trama. In addition, the measurement of social support was problematic, e.g. one question about feelings of being isolated/excluded (Heptinstall, Sethna, & Taylor, 2004; Stallard & Smith, 2007). Similarly, the following studies revealed that higher levels of social support were predictors of lower levels of PTSD after the exposure to a traumatic event (Cluver, Fincham, & Seedat, 2009; La Greca, Silverman, Lai, & Jaccard; 2010; Murtonen, Suomalainen, Haravuori, & Marttunen, 2012; Salami, 2010; Schiff, Pat-Horenczyk, & Peled, 2010; Xu & Yuan, 2014). However, these studies with adolescents did not control the effect of three important covariates, which have been described in the literature as important factors for the development of PTSD after exposure to trauma (see Trickey et al., 2012), i.e. childhood adversity and family dysfunction (McLaughlin et al., 2012; Scott, Smith, & Ellis, 2010; Xie et al., 2010), comorbid psychological problems and substance abuse (Fan, Zhang, Yang, Mo, & Liu, 2011; Kar & Bastia, 2006; Kilpatrick et al., 2003; Perkonigg, Kessler, Storz, & Wittchen, 2000), and coping strategies (e.g., Bal, Van Oost, De Bourdeaudhuij, & Crombez, 2003; Elzy, Clark, Dollard, & Hummer, 2013; Read, Griffin, Wardell, & Ouimette, 2014).

The previous literature raises important questions. In the context of interpersonal trauma, does social support always have positive effects, or do its effects vary based on the family history of violence, or the type and chronicity of the trauma? In the context of adolescence, which is a critical transition to adulthood involving several developmental demands and social role changes, does social support have the same beneficial effect that it does for adults exposed to trauma? While social support has been found to mitigate the severity of PTSD in adults exposed to traumatic events (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003), there is little known about the role of social support in risk-samples of adolescents exposed to interpersonal trauma. The few previous studies used community samples exposed to non-interpersonal trauma or had some methodological limitations, such as the measures used to assess social support or the lack of adjustment of covariates in analysis.

1.3. Study aims and hypotheses

The current study examines the relationship between social support and post-traumatic stress symptoms in adolescents exposed to trauma, childhood adversity and family dysfunction. The present study adds to the literature by examining of the effect of social support among adolescents exposed to traumatic events, after adjusting for the effects of potential covariates presented in literature, including sociodemographic factors (e.g., sex and age), previous chronic adversity, level of exposure, comorbid anxiety and depression symptoms and substance abuse, and coping strategies. We tested whether the potential effect of social support would still be significant after controlling for these covariates. We expected that social support would be a significant predictor of PTSD symptoms, after adjusting for potentially confounding variables described in the literature.