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Research report

Social support barriers and mental health in terrorist attack survivors

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ABSTRACT

Background: To expand our understanding of social support and mental health, we introduce a measure of social support barriers and investigate the relationship between these barriers, social support, mental health and gender in survivors of the terrorist attack on Utøya Island, Norway.
Methods: Survivors ($N=285$) were interviewed face to face. We used confirmatory factor analysis (CFA) to assess the latent factor structure of the Social Support Barriers Scale and perceived social support (FSSQ), and linear regression analyses to investigate the associations between social support variables and mental health (PTSD-RI and HSCL-8).
Results: The CFA indicated that social support barriers and perceived social support were two separable latent constructs. Social support barriers were highly associated with posttraumatic stress reactions (adjusted regression coefficient=0.38, 95% CI=0.29–0.47. $p<0.001$) as well as with psychological distress (adjusted regression coefficient=0.35, 95% CI=0.26–0.43, $p<0.001$). In contrast, neither perceived social support nor gender was associated with mental health after adjustment for barriers.
Limitations: Most analyses were based on cross-sectional data. This is the first study to use a quantitative measure of social support barriers.
Conclusion: Social support barriers may be a new opening to understand the relationship between social support and mental health and may have a role in explaining why women are at increased risk for mental health problems. Clinicians should explore not only perceived social support but also barriers to making use of these resources when consulting young people facing major life adversities.
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1. Introduction

Social support is closely related to mental health. Nevertheless, the mechanisms involved are poorly understood (Kessler et al., 1985; Thoits, 2011). We wish to expand our understanding of social support by exploring reasons why people might choose not to make use of such support in times of trouble. We introduce the notion of social support barriers and examine their relation to perceived social support and mental health in young people who faced a terrorist attack.

Numerous empirical studies have confirmed the relationship between social support and health, particularly that social support protects against negative mental health consequences in the face of adversity (Cohen and Wills, 1985; Kessler and McLeod, 1984; Thoits, 2011). Most attention has been given to the relationship between social support and general mental health, depression and posttraumatic stress disorder (PTSD). Two meta-analyses concluded that lack of social support was one of the most important risk factors for posttraumatic stress reactions following traumatic events (Brewin et al., 2000; Ozer et al., 2003). PTSD risk, symptom severity, and recovery seem to be related to social support (Charuvastra and Cloitre, 2008). Social support has been investigated as a potential explanation for why women consistently report more mental health problems than men, but results are conflicting (Bruga et al., 1990; Gallicchio et al., 2007; Geckova et al., 2003; Matud et al., 2003; Olff et al., 2007).

There exists a wide variety of definitions of social support. One major conceptual distinction is between *received* and *perceived* social support. Whereas received support refers to actual support provisions, perceived support denotes the perception that emotional, cognitive and instrumental support would be available if required (Joseph, 1999). Perceived support has repeatedly been associated with better mental and physical health, but results are more mixed for received support (Kessler et al., 1985; Thoits, 2011).

Perceived social support may precede and predict health and well-being, but a reverse relationship may also be at work. Individuals who develop mental health problems may, for instance, experience social rejection (Kaniasty and Norris, 2008).

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In addition, mental health problems may interfere with social skills (Kessler et al., 1985), potentially disturbing social relationships as a whole. Investigations of the temporal relationships between psychological distress and social support seem to indicate that lack of social support may lead to elevated psychological difficulties, and that mental health problems may lead to a loss of social support (Kaniasty and Norris, 2008; Turner, 1981).

In an effort to understand more about the mechanisms involved in the association between social support and mental health, several authors have introduced other social support concepts. For example, an investigation of negative social support (such as feeling let down) indicated that negative support differs from lack of support and may predict mental health problems better than positive social support (Brewin and Holmes, 2003). Robinaugh et al. (2011) investigated how positive and negative dyadic interactions worked together with negative post-trauma cognitions to affect the maintenance of PTSD. Lepore and Ituarte (1999) introduced the concept of "social constraints", defined as "any social condition that causes a trauma survivor to feel unsupported, misunderstood, or otherwise alienated from their social network when they are seeking social support or attempting to express trauma-related thoughts, feelings, or concerns". This definition of social constraints is in line with Andrews et al. (2003) description of negative social support and has also been associated with symptom development (Lepore and Ituarte, 1999). Similarly, perceived blame and unsupportive social responses were related to distress in rape victims (Davis et al., 1991). Other concepts that have been investigated include dysfunctional disclosure tendencies, perceived reactions to disclosure, attitudes towards self-disclosure, and experiential dissimilarity (Pielmeier and Maerker, 2011).

The current investigation takes a somewhat different vantage point, and was triggered by a Swedish study that explored social support in survivors of the Estonia ferry disaster in 1994 in a 15-year follow-up (Arnberg, 2012; Arnberg et al., 2013). The survivors described their concerns about making use of available social support and how they evaluated other people′s capacity and ability to be there for them. For example, individuals refrained from making use of social support because they felt pressure to move on and they did not want others to think that they were "caught up in what happened"; they also felt that their significant others were too distressed; or could not genuinely understand them because they had not experienced the disaster. These results underline the fact that social support is reciprocal and relational and occurs in transaction with other people.

In this paper we conducted a further exploration of people′s reasons for refraining from using social support. We constructed a short scale to measure social support barriers and included this scale in our study of survivors of the Utøya Island terrorist attack in Norway in 2011. We investigated how social support barriers relate to perceived social support and negative social support, as well as how these three factors are related to mental health.

On July 22, 2011, Norway experienced a terrorist attack: a bomb explosion in the government quarter of the capital, Oslo, followed by a shooting attack on the Utøya Island outside of Oslo, where a summer camp was being hosted for the Norwegian Labor Youth Party. On Utøya Island, the terrorist hunted down and shot those he could find, resulting in the deaths of 69 people. In addition, 56 individuals were hospitalized with severe injuries. Our previous study underlined the high degree of trauma exposure among the survivors, including threats to life, witnessing experiences, sensory impressions, and loss of a loved one. There were no substantial gender differences in trauma exposure (Dyb et al., 2013).

The aims of the present study were as follows:

1) To investigate what types of social support barriers are reported in these severely traumatized young people and to examine the performance of the Social Support Barriers Scale.
2) To study the relationship between social support barriers, perceived social support and negative social support, as well as their potential associations with mental health. Associations with mental health are analyzed separately for posttraumatic stress and psychological distress to explore whether potential associations are restricted to specific posttraumatic symptoms or if they apply to mental health in general.
3) To examine potential gender differences in reported social support barriers, as well as in the relationship between barriers, posttraumatic stress, and psychological distress.

2. Methods

2.1. Participants and procedures

The Norwegian police identified 495 survivors of the terrorist attack on Utøya Island. The 490 survivors above the age of 13 years were sent postal invitations to participate in the study and were subsequently interviewed face to face. Two waves of data collection were completed. This study mainly uses data from wave two, and hence has a cross-sectional design. Wave one was conducted at four to five months after the terrorist attack, and wave two was conducted at 13–14 months. The response rate at wave one was 66.3% (N=325), and at wave two was 58.2% (N=285). At wave two, all survivors were invited to the study, including those who did not participate in wave one, and 255 individuals (52.0% of all survivors) participated in both waves. Interviews were conducted by health professionals with specific training for this study. The study was based on written informed consent, and parental consent for participants under the age of 16. The study was approved by the Regional Committee for Medical and Health Research Ethics in Norway. There were no significant differences in gender or age between participants and non-participants. More details on participants and procedures are described in a previous paper (Dyb et al., 2013).

2.2. Measures

2.2.1. Social support barriers

This measure was constructed on the basis of a qualitative interview study of survivors 15 years after the Estonia ferry disaster in 1994, in which 852 lives were lost (Arnberg, 2012; Arnberg et al., 2013). We constructed a scale consisting of five items related to potential social support barriers, inspired by Arnberg′s study. Respondents were asked to what degree they had refrained from seeking help or support or from talking about their situation with other people because they thought (1) that people were tired of hearing about it, (2) that other people had enough dealing with their own problems, (3) that people would think they were too caught up with it, (4) that they would be burdening their friends, or (5) that people who were not present at Utøya would not understand me. The latter item has previously been termed experiential dissimilarity (Arnberg et al., 2013; Thoits, 2011). Items were not specified according to relationships (friends, family, colleagues, etc.). All items were scored on a 5-point Likert-type scale from '*Not at all*' (0) to '*Very much*' (4). We used the mean scores of these five items. Cronbach′s alpha for the 5-item social support barriers scale was 0.83.

2.2.2. Social support

Perceived social support was measured by the seven-item Duke-UNC Functional Social Support Questionnaire (FSSQ: Broadhead et al., 1988), including getting attention, care and support from close ones; being cared for if sick, getting advice

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