

## Disaster Risk Factors and Traumatic Stress (Systematic Review on Traumatic Stress)

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### Abstract

The main goal of this article is to do a systematic review related to disaster risk factors. Journal of clinical and counseling, Trauma, violence, and abuse, Springer Verlag, PubMed, and Torture were used as the resources to figure out the articles related to the trauma and trauma risk factors. Articles were referred, and they have gone through the sample characteristics and key research outcomes. There are many domains in this world in which appear the traumas in which diverse in nature and setting and people reactions. Doing this systematic review was targeted to find out the cross-cultural deviation and variations of contextual and subjective reactions and objective matters in which can be generalized in the domain of trauma researchers. Society is full of risk factors a powerful coping mechanism can prevent a population from setting PTSD the affected population. Meanwhile, a traumatic stress is emerging through an individual level and it can be spread at the community level.

### Keyword:

Disasters; Risk factors; Traumatic Stress

### Introduction

There are several kinds of research upon trauma and related matters such as Posttraumatic experiences, trauma symptoms, and posttraumatic growth, etc. In this systematic review, some articles systematically analyzed to figure out the nature of disaster risk factors and background of the researches which have their major focuses on disasters and traumatic stress followed by the disasters.

### Literature

In a Journal of counselling and clinical psychology, Brewin and colleagues in 2000 found out adult population is a significant population in the field of traumatic exposure as they are different in nature in terms of facing with trauma. The population merely an adult population and Brewin and colleagues in 2000 have done this meta-analysis to figure out on 14 separate risk factors for posttraumatic stress disorder (PTSD), by moderating effects of various sample and study characteristics, (civilian/military status). As a research outcome three categories of risk factor emerged: Furthermore the factors such as gender, age at trauma, and race that predicted PTSD in some populations but not in others; factors such as education, previous trauma, and general childhood adversity that predicted PTSD more consistently but to a varying extent according to the populations studied and the methods used; and factors such as psychiatric history, reported childhood abuse, and family psychiatric history that had more uniform predictive effects. Individually, the effect size of all the risk factors was modest, but factors operating during or after the trauma, such as trauma severity, lack of social support, and additional life stress, had somewhat stronger effects than pre-trauma factors.

In Pubmed article, Wickrama et al. [1] pointed out that, Women show a different characteristic of trauma risk factors and the posttraumatic symptoms. It is quite significant to figure out the gender differences in women reactions and their post-traumatic reactions upon trauma tablecontext. Especially the research has conducted by the Wickrama et al. [1] in Sri Lanka have been used as a sample whom uniquely exposed to a complex and protracted set of stressors stemming from a civil war conflict spanning over 25 years and the tsunami which struck Southeast Asia in 2004. This study investigates coping strategies and their association with trauma-related symptoms of tsunami-exposed mothers in Sri Lanka at two-time points. The research was designed in two arrays of data collection method in which characterized with two waves of data collection to figure out both mothers' and adolescents' post- tsunami mental health in early 2005, three months after the tsunami disaster, in 2008 and three years later. As an advance research method, they used the Latent-variable structural equation modelling method to test the study hypotheses among 160 tsunami-affected mothers in the Polhena village, Matara district, Sri Lanka. Results revealed that among the various coping strategies examined, and the use of cultural rituals as well as inner psychological strength was associated with lower levels of posttraumatic stress symptoms. In contrast, passive religious beliefs were associated with greater posttraumatic stress levels. This research in which conducted in the domain of Sri Lanka revealed the differential associations of various coping strategies including rituals used by mothers exposed to the tsunami in Sri Lanka and their posttraumatic stress symptom levels.

In Pubmed, there is a research work done by Somasundaram [2]. It has conducted an in order to find out trauma and risk factors, traumatic reactions depend on the cultural factors in a certain situation. A family is a place where the Asian culture highly relies upon during the process of the traumatic event. In the real situation, a trauma does not merely effect on an individual but family, community, and society. This research was conducted based on the research

method which is significant the participant observation. The study is based on the Tamil population an ethnic group of Sri Lanka. Tamil population is a war-affected population. Northern Province was affected in Sri Lanka from Tsunami and Civil war for 30 years. Psychosocial and community mental health programmed among the Tamil community revealed after the fundamental changes functioning of the family and the community were observed. It was found that while the changes after the tsunamis were not so prominent, in contrast, the chronic war situation caused more fundamental social transformations. Considering the family level, the single parents' family dynamics of single parents' families, some reductions of trust among members, and changes in significant relationships, and lack of trust among members, and some changes in significant relationships, and their child rearing practices emerged. Communities tended to be more dependent, passive, silent, some reductions of child rearing practices were seen. This affected population show no leadership capacities. Mistrustful and suspiciousness as significant factors of the affected Tamil population. Additional adverse effects included the breakdown in traditional structures, institutions and familiar ways of life, and deterioration in social norms and ethics. A variety of community level interventions were tried.

Traumatic events can emerge in the context of all over the world. It is a universal factor due to the world keeps changing and problems become more common factors than earlier. In the Journal Torture, there is an article related to the Traumatic risk factors among college students. This study was investigated the prevalence rate of traumatic events and posttraumatic symptoms among students in Poland. Data has collected with 475 students. This research which done by Lis-Turlejska [3] is significant in the context of traumatic stress and it has conducted with the university student population in a European country. Lis-Turlejska [3] described the prevalence of traumatic events and posttraumatic symptoms among university level students in Poland. The study was conducted with 475 students (69% women, 30% men, M = 22.90 years). The results of the study indicated that a majority of the sample had experienced traumatic events, with 75.6% having experienced at least one potentially traumatic event.

Agaibi and Wilson [4] in Trauma, violence, and abuse journal explain the trauma in terms of disaster, mass violence and trauma are topic which similar by their means. Nevertheless, the influence of these events and the reactions and results are differing person to person and region to region. In general, Trauma can be defined as stressful events that present extra ordinary challenges to coping and adaptation. Trauma and Psychological impact of trauma is an upcoming theme in the modern world. A vulnerability with Trauma develops PTSD (Post Traumatic Stress Disorder). Not only Vulnerability but also resilience capacity of the individual also influenced upon if the person catches PTSD afterwards the Trauma. PTSD symptoms following traumatic stressors can be a result of personal vulnerability or types of pre-traumatic vulnerability (e.g., prior stressors, trauma and Psychological disorders).

According to the research article done by Salazar et al. [5] in Springer Verlag rely upon the foster care population in order to find out the traumatic experiences within the sample they used. Youth in foster care represent a highly traumatized population. However, trauma research on this population has focused primarily on maltreatment rather than the full spectrum of trauma experiences identified within the DSM-IV. Their study aims to fill this gap by reporting the prevalence of exposure to specific types of traumatic events for a large sample of youth with the foster care experience. The

study also reports the likelihood of lifetime PTSD diagnoses associated with each specific type of trauma. Data were collected through longitudinal panel study of 732 adolescents aged 17 and 18 who were in foster care. Lifetime trauma exposure and PTSD diagnosis were assessed using the Composite International Diagnostic Interview. Statistical comparisons have made using logistic regressions. The majority of respondents had experienced at least one trauma in their lifetime. While overall trauma prevalence did not differ by gender, males were more likely to experience interpersonal violence and environmental trauma, while females were more likely to experience sexual trauma. Caucasian participants reported higher rates of trauma exposure than African-American participants did. The types of trauma associated with the highest probability of a lifetime PTSD diagnosis were rape, being tortured or a victim of terrorists, and molestation. They concluded their study stating that youth in foster care is a highly traumatized population and meet diagnostic criteria for PTSD at higher rates than general youth populations. The ongoing impact of trauma may be particularly problematic for these young people given their abrupt transition to independence.

## Methodology

Journal articles and some of the book chapters will be evaluated in order to find out the nature of trauma researchers. Major Criteria of this analyze can be indicated as demographical, geography and context of the disasters, nature and risk and protective factors of disaster related traumatic stress were systematically analyzed.

## Discussion

As Brewin and colleagues [6] point out trauma is a matter of effecting on Gender, age and many other demographical factors. In addition to the fact that previous trauma, general childhood adversity, psychiatric history, reported childhood abuse, family psychiatric history also plays a role in determining PTSD after a traumatic event.

As wickrama et al. [1] point out the disaster specific reactions are culturally specific, and it relies upon the many factors such as gender. The Tsunami happened in 2004 was a natural disaster as well as it was a social problem for Sri Lanka in order to show many genders specific and many demographical issues inside the Sri Lankan society.

As the researchers point out the different coping strategies that people use including rituals used by mothers exposed to the tsunami in Sri Lanka and their posttraumatic stress symptom levels are significant.

In Somasundaram [2] research work, it is revealed that effect of natural and man-made disasters can emerge not only within individual level but also within the out sides such as family and relatives or who are surrounded by the individuals. Lis-Turlejska [3] study conducted in 2008 was a significant one as it was aiming twofold:1) to get preliminary data on the psychometric characteristics of the Polish adaptation of Stressful Life Events Screening Questionnaire (SLESQ) by Goodman et al. and 2) to estimate the lifetime prevalence of traumatic events and the level of posttraumatic Symptoms among the sample of university students. It was a researched occurred in the European context in order to find out many data related to lifetime prevalence of traumatic events and has shown certain pathways to other researchers that are engaging with same researchers all over the world. In fact, the sample selection and some gender imbalance and some general assumptions that they have made have some critical points.

Agaibi and Wilson [4] study is significant as it was focused on Post Traumatic Resilience. As many researchers point out that post traumatic resilience has three different stages so called normal, Acute, and prolonged forms of human stress response in traumatic situations. However, their findings can be depicted in these three points in the process of identifying Post Traumatic Stress. Posttraumatic resilience can be learned; Posttraumatic resilience characterizes psychologically healthy survivors; Posttraumatic resilience can be implemented through training programs to reduce the effects of traumatic exposure.

Salazar et al. [5] figured out a trauma and risk factors within a population rather differed from the general trauma research background. As they found out, foster care youth population also a source for find trauma and risk factors for trauma among the foster care youth.

## Conclusion

Trauma and risk factors are never ending and widely arising psychological phenomena in the modern world. Different researchers in different journals have published their researchers based upon different populations and different prevalence rates of trauma risk factors. Some researchers identify the trauma risk factors are merely a subjective experience where as some of them try to generalize the risk factors to the larger spectrum of the society. It is quite justifiable with their content validity of the sample. Though the society is full of risk factors a powerful coping mechanism can prevent a population from setting PTSD the affected population. Sometimes a traumatic stress is emerging through an individual level and it can be spread at the community level. Today the trauma can be seen everywhere including the academic and non-academic setting. There is a key to overcome

trauma together with individual coping capacities. That is individual trauma resilience. Youth is specific to the topic of trauma and trauma risk factors as the age range and the life span stage is exposed to many kinds of traumatic events. Future researches should be focused on different criteria or precipitating factors of traumatic stress and the risk perception and management of traumatic stress should focus on these criteria. Resilience is a key to get rid of from traumatic stress. Therefore, the development and encourage the trauma resilience and disaster risk perception is a key in disaster management and rehabilitation process.

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