

The Australian Community Psychologist

The Official Journal of the Australian Psychological Society
College of Community Psychologists



Volume 32 No. 1

National Committee of the APS College of Community Psychologists

Chairperson	Peter Streker, Victoria
Secretary	Lynette O'Grady
Treasurer	Monika Naslund, Victoria
Web Editor	Neil Drew, Western Australia
Programme Accreditation	Lynne Cohen, Western Australia
Professional Development	Helen Killmier, Victoria
Membership Secretary	Meg Smith, New South Wales
State Chairs	Neil Drew, Western Australia Meg Smith, New South Wales Benjamin Moberly, Victoria

Australian Community Psychologist (ACP) - Editor Rachael Fox, New South Wales and Peter Gill, Victoria

Australian Psychologist Omnibus Journal

Editorial Board Member - Dawn Darlaston-Jones, Western Australia

Published by

The College of Community Psychologists of the Australian Psychological Society Ltd

ISSN 1835-7393

Disclaimer: "The publication of an advertisement by ACP is not an endorsement of the Advertiser nor of the products and services advertised. Only those professional development activities carrying the APS logo and an appropriate endorsement statement can be considered to be specifically approved by the APS. Advertisers may not incorporate in a subsequent advertisement or promotional piece the fact that a product or service has been advertised in any publication of the society. The publications of the College are published for and on behalf of the membership to advance psychology as a science and as a profession. The College reserves the right to unilaterally cancel or reject advertising which is not deemed to be in keeping with its scientific and professional aims"

General Information

The Australian Community Psychologist is the Journal of the College of Community Psychologists of the Australian Psychological Society

Editors

Dr Rachael Fox, Charles Sturt University, NSW

Dr Peter Gill, Victoria University, Victoria

Editorial Board

Professor Lynne Cohen, Edith Cowan University, WA

Dr Leigh Coombes, Massey University, Aotearoa/New Zealand

Dr Tanya Graham, University of the Witwatersrand, South Africa

Heather Gridley, Victoria University, VIC

Professor Bernard Guerin, University of South Australia, SA

Dr Meg Smith, Western Sydney University, NSW

Dr Chris Sonn, Victoria University, VIC

Advertising Rates

Full page \$100

1/2 page \$50

1/4 page \$25

All payments to be made out to:

APS College of Community Psychologists

The Australian Psychological Society

PO Box 38

Flinders Lane Post Office

Melbourne Vic 8009

Current and past issues of ACP can be accessed through Australia's web archive system PANDORA (<http://pandora.nla.gov.au/tep/84823>)

PANDORA is an initiative of the Australian National Library in conjunction with nine other collections. The name is an acronym derived from its mission: Preserving and Accessing Networked Documentary Resources of Australia.

Dr Tahereh Ziaian, University of South Australia, SA

Methodological Consultant

Dr Jasmine MacDonald, RMIT University, VIC

Associate Editors

Dr Eddie Ng, GEO Australia, VIC

Dr Bróna Nic Giolla Easpaig, Charles Darwin University, NT

Dr Harriet Radermacher, UK

Dr Renzo Vittorino, Victoria University, VIC

Dr Marlee Bower, University of Sydney, NSW

Dr Lester Watson, Charles Sturt University, NSW

Rama Agung-Igusti, Victoria University, VIC

Lyn O'Grady, VIC

Production Editor

Dr Sam Keast, Victoria University, VIC

Table of Contents

Editorial	4
Aboriginal and Torres Strait Islander Peoples' understandings, experiences and impacts of lateral violence within the workplace	5
Taneisha Webster and Yvonne Clark	
"I am Quite Blessed to be Feminine": Investigating how Lesbian Women of Colour Cope With Experiences of Heterosexism and Racism in an Australian Context	27
Jennifer Puth and Fiona Ann Papps	
Supporting Young Families to Obtain and Manage Private Rental Accommodation: Experiences of a Community-Based Homelessness Program	48
Peter Richard Gill, Daniel Ooi, Linda Chiodo, Jarrod Weir	
How Patient Input Helped Create Culturally Sensitive Multinational Instruments Assessing Post Viral Symptoms	62
Leonard A. Jason and Joseph A. Dorri	
Muslims Emerging into Adulthood in an Uncertain Sociocultural Climate	76
Nuray Okcum Kilic, Jenny Sharples, Julie Morsillo	
Trauma Exposure and Substance Use in Journalists: A Narrative Review	97
Nahisha Williams-Wynn and Jasmine B. MacDonald	
Building Vicarious Resilience through Community Service Worker Solidarity with Clients and Co-Workers	115
David N. Eades	
Book Review: Reducing the toll of suicide. Resources for communities, groups and individuals	127

Editorial

Welcome to Issue 32 Volume 1. In this issue we present research from Taneisha Webster and Yvonne Clark from South Australia investigating lateral violence in the workplace for Aboriginal and Torres Strait Islander People across Australia. Jennifer Puth and Fiona Ann Papps examine experiences of heterosexism and racism for Lesbian Women of Colour in Australia. Research evaluating a Community-Based Homelessness Program which aims to support Young Families to Obtain and Manage Private Rental Accommodation in Melbourne is presented by Peter Gill, Daniel Ooi, Linda Chiodo and Jarrod Weir. A paper from the USA by Leonard Jason and Joseph Dorri describes a participatory approach with patients to designing culturally sensitive multinational measurement tools that assess symptoms, for patients with a post-viral illness called Myalgic Encephalomyelitis/Chronic Fatigue Syndrome who have historically experienced marginalisation in medical contexts. Nuray Okcum, Jenny Sharples, and Julie Morsillo present (timely) research with young Muslim adults, on how experiences of Australia shape their social identity as Muslims, and their sense of belonging. The last 2 papers present reviews of existing work and raise questions for community psychology: Nahisha Williams-Wynn and Jasmine B. MacDonald review what is understood about trauma exposure for journalists, highlighting issues which can emerge for those in careers involving exposure to trauma. The final paper by David Eades also touches on experiences of trauma, examining how vicarious resilience might be built for Community Service Workers.

I would like to take this opportunity to warmly welcome Dr Peter Gill as Co-Editor to the ACP. Peter is a lecturer in Psychology at Victoria University, Melbourne. Peter's research interests lie in men's health, and issues of homelessness and addiction, in particular problem gambling. He has an internationally recognised publication track record in these areas and we are very pleased to welcome him to the team, and to include a paper with him as lead author in this issue.

I would also like to pay respects to Dr Anne Sibbel, who passed away since our last issue. Anne was the Production Editor at ACP for many years and put significant energies into the journal. Anne was well respected in her community as a passionate advocate and activist, as described in [this tribute](#) by the parliamentary Member for Swan Hills (WA). She is much missed in our community.

It is timely and important to acknowledge the closing of the last remaining Community Psychology Masters in Australia, at Victoria University. This happened in spite of an amazing local and international advocacy response to help keep it open, once again demonstrating our solidarity. I encourage readers to engage with the Australian Psychological Society National College of Community Psychologists, lead by Peter Streker, to contribute to taking the next steps in building Community Psychology in Australia.

Dr Rachael Fox, Charles Sturt University, New South Wales

Dr Peter Gill, Victoria University, Victoria

Editors

Aboriginal and Torres Strait Islander Peoples' understandings, experiences and impacts of lateral violence within the workplace

Taneisha Webster¹ and Yvonne Clark²

¹ University of Adelaide; ² University of Adelaide, the South Australian Health and Medical Research Institute and the University of South Australia

Lateral violence is the act of directing one's dissatisfaction inwards, towards another member of an oppressed group. Lateral violence is believed to be an ongoing and intergenerational consequence of colonisation and oppression for many Indigenous peoples around the world. Within Australian, oppression in the form of racism and negative stereotypes has consequently enabled lateral violence to thrive in Aboriginal and Torres Strait Islander communities and in the workplace. The undermining of Aboriginal and Torres Strait Islander peoples' identity and authenticity is a powerful and destructive tool of lateral violence. Lateral violence within the workplace can be via disempowering structures, management, ignorance, and lack of understanding and acknowledgement. To further explore this issue, the current study used a survey methodology to examine Aboriginal and Torres Strait Islander peoples' understandings, experiences and impacts of lateral violence within the workplace, as well as participants' experiences of reporting lateral violence via a national online questionnaire. Of the 120 participants in the present study, 90% reported having experienced lateral violence within the workplace, while 86% reported having witnessed lateral violence. For nearly 40% of participants, experiencing or witnessing lateral violence was a weekly or daily occurrence. These experiences were reported to be associated with feelings of sadness, anxiety, and anger. Furthermore, 59% of participants who reported lateral violence to a supervisor stated that they were largely unsupported. The results indicated that within the sample population lateral violence is highly prevalent and associated with negative impacts on Aboriginal and Torres Strait Islander peoples' work satisfaction, and social and emotional wellbeing.

Keywords: Aboriginal, Torres Strait Islander, Indigenous, lateral violence, workplace, identity, authenticity

In recent years, the term 'lateral violence' has been reported by Indigenous peoples in various parts of the world. In Australia, the term has been used to explain infighting, intra community conflict and the broad expression of violence towards peers and other community members within Aboriginal and Torres Strait Islander communities (Gorringer et al., 2011). The dominant theory in the literature to explain lateral violence is the oppression theory (Rainford et al., 2015). It is defined as the way an oppressed and powerless group of people overtly and covertly direct their dissatisfaction inwards (towards themselves, their family and community), and toward those less powerful people (Embree & White, 2010). The term and concept of lateral violence has also been applied to the experiences of oppressed members within certain professions such as nursing over the past three decades (Roberts, 2015).

Attempts to undermine and challenge another member's authenticity and identity is reflected in a number of disruptive behaviours. The behaviours associated with lateral violence

are both covert and overt. Manifestations of covert lateral violence, are indirect, subtle, and widespread, including gossiping, putting people down, unfairly judging them, sabotage, bullying, breaking confidences and privacy, rumour mongering, withholding information (AHRC, 2011; Clark et al., 2016), and nepotism and board stacking (Cook, 2012). These behaviours can be instigated by individuals and or groups of people when targeting others (AHRC, 2011; Clark, et al., 2016). Covert forms of lateral violence within Aboriginal and Torres Strait Islander communities are seen as more insidious, hidden, and perhaps safer (less detected by others) compared to overt forms of lateral violence (Clark et al., 2016). Conversely, overt behaviours are more obvious and typically involve physical aggression (Bigony et al., 2009), which can attract legal attention. The presence of overt behaviours in Aboriginal and Torres Strait Islander communities is reflected in high statistics relating to intra community violence (ABS, 2016). Jack (1999) suggests that covert forms of social aggression are often used when the risks associated with overt forms are too high and if the intention of the person is to socially exclude whilst simultaneously gaining power. When such behaviour goes unchallenged it can allow the cycle of violence to continue (AHRC, 2011).

Other theories that explain the occurrence of disruptive and negative behaviours, including biological, developmental, intrapersonal and interpersonal models, have also been used to explain lateral violence (Vessey et al., 2011). These models have all contributed to the development of a comprehensive understanding of human behaviour; however, all have limitations (Vessey et al., 2011). For example, Farrell (2001) states that oppression theory of lateral violence does not cover the breadth of factors which create this destructive behaviour and allow it to thrive. Instead, Farrell states that lateral violence should be considered from three perspectives – micro (individual level), meso (organisational structure) and macro (level of power) – and that all three levels are interconnected. Despite the differing theories to explain lateral violence, the literature continually shows that when lateral violence occurs it has a negative impact on the individual, organisations, and the whole community (Bigony et al., 2009; Rainford et al., 2015).

Lateral violence is believed to have various triggers and behaviours. The triggers appear to revolve around two core concepts of *identity* and *authenticity* (AHRC, 2011; Bennett, 2014; Clark et al., 2016). The way Aboriginal and Torres Strait Islander people identify is complex and multifaceted, and unique to each person. Aboriginal and Torres Strait Islander people are not homogenous, are diverse, and come from different families, communities, and language groups with varying histories and experiences. The Commonwealth Government definition of Aboriginality is via self-identification, descent, as well as community acceptance and identification (i.e. language group, familial and cultural affiliations). Authenticity is linked to identity and refers to the legitimacy of one's Aboriginality. Individual and community perceptions can differ and a person's identity and authenticity can also vary depending on location, history and community dynamics.

Historically, many government policies have been oppressive, and acted to categorise and remove Aboriginal and Torres Strait Islander people from their families and communities and to assimilate them into Western society. Consequently, the colonial and historical impact has devastating outcomes for Aboriginal and Torres Strait Islander people (Human Rights and Equal Opportunity Commission [HREOC], 1997) which is still felt today. For example, Aboriginal and Torres Strait Islander people have been assimilated into Western society to varying degrees, with many sitting within two worlds, and/or on the margins of both Aboriginal and Torres Strait Islander community and Western society (Roberts, 1983; Whyman et al., 2021a). The two world and marginality arena is a vulnerable space where people can be uncertain and confused about their own cultural identity (Roberts, 1983). They can also be undermined, questioned, and challenged about their authenticity and identity by others in the

Aboriginal and Torres Strait Islander community. This means that already oppressed peoples continually contribute to intercommunity conflict and lateral violence (Whyman et al., 2021b).

Preliminary research with a small sample of the Aboriginal population in South Australia has shown a relationship between lateral violence, wellbeing, and psychological distress (Clark et al., 2016). A previous Aboriginal and Torres Strait Islander Social Justice Commissioner (Mick Gooda) closely linked acts of lateral violence with various types of trauma, including *situational*, *cumulative* and *inter-generational trauma* (AHRC, 2011). Thus, it is generally believed Aboriginal and Torres Strait Islander people experience lateral violence as a reaction to various types of trauma, but especially from the effects of ongoing oppression, discrimination, and colonisation (Bennett, 2014). As a consequence of unresolved colonial trauma and the pervasiveness of lateral violence cycle, whereby the oppressed become the oppressors, has resulted.

Globally, various forms of interpersonal and group violence have been described by the World Health Organisation, such as child maltreatment, youth violence, intimate partner and sexual violence, and elder abuse. Central to these understandings of violence is the intentional use of force, threats and power to harm oneself or others, which can result in injury, death, psychological harm, maldevelopment or deprivation (World Health Organisation [WHO], 2014). Lateral violence is one of many acts of violence in which power is also at its core. Hence, power based behavioural manifestations, such as bullying and gossiping, have also been described in many communities and is a frequently reported behaviour of lateral violence. National data from the Bullying and Harassment: Australian Workplace Barometer 2014–15, reveals that 9.4% of Australian workers reported they had been bullied at work in the previous six months. The results also showed that there was an increase in bullying from the previous reports of 7% of the Australian workforce (Safe Work Australia, 2019).

Within Indigenous communities the added layer of racism and oppression which are depowering mechanisms, as well as trauma, means that laterally violent behaviours can become intensified, chronic, and normalised. Silencing can be used to maintain the status quo in communities (Clark, 2017; Gorringer et al., 2011). Furthermore, oppressed and depowered individuals and communities can and often fight those closest to them in an attempt to gain any semblance of power. In Australia and other Indigenous environments, lateral violence has been described as pervasive. These include in the home (Langton, 2008), community (Gorringer et al., 2011; Whyman et al., 2021a), schools (Coffin et al., 2010), residential schools in Canada (Bombay, 2014), university (Bailey, 2020), against women (Jaber et al., 2022), and in the workplace (Clark & Augoustinos, 2015).

To date, only a few studies have specifically explored the experiences of lateral violence and or other types of ingroup (between Aboriginal and Torres Strait Islander people) behaviours. Some of these contexts include studies by Clark and Augoustinos (2015) who found that 47% of Aboriginal participants reported that the workplace was the most common place where they had heard of the term lateral violence. A previous report by the Office of the Registrar of Indigenous Corporations (ORIC) (2010) indicated that various industries, including Aboriginal community corporations, reported that the third most prevalent class of corporate failure was due to internal disputes and called for early identification of such cases and the facilitation of mediation and dispute resolution. Such a high dispute rate suggests that organisations maybe prone to lateral violence. The Aboriginal sector within the arts industry (Cook, 2012) also highlighted lateral violence and reported three key findings: (1) lateral violence is rife; (2) many feared addressing lateral violence due to retribution and thus loss of employment; and (3) the definition of lateral violence was unclear. Within the University sector the Indigenous branch of the National Tertiary Education Union (NTEU) investigated the occurrence of lateral violence and racial discrimination within the workplace for Aboriginal

and Torres Strait Islander members across all universities in Australia (NTEU, 2011). The results showed that 60.6% of the participants ($N = 172$) experienced what they identified as lateral violence in their workplace. In 8.6% of cases where universities attempted to address lateral violence, only 5.7% resulted in affirmative action addressing lateral violence. Racial discrimination and racist attitudes were directed at 71.5% of participants with a total of 15.3% reporting to the university. Only 18.6% of reports resulted in affirmative action addressing racial discrimination. These percentages illustrate the high prevalence of lateral violence and racism within the workplace and the inability of organisations to effectively address and minimise their occurrence. A more recent report by the NTEU (2018) indicated that 66% of Aboriginal and Torres Strait Islander people were now subject to lateral violence, a 6% increase. Recommendations to address lateral violence were to better understand its presentation in the workplace and how it differs from bullying and harassment. Recommendations also included proactive approaches with communities, mental health practices and that lateral violence and racism are appropriately included in policies and procedures.

The Current Study

There remains a paucity of literature on lateral violence concerning Indigenous people in various environments. Even though there is some information pertaining to lateral violence in the workplace, it continues to be very minimal and limited in scope. The current research is exploratory and aims to investigate the nature, experiences, reporting of incidences and responses, enablers, and barriers to reporting, and the impact of lateral violence on individuals within the workplace and in various industries. The research findings will assist in raising awareness and could contribute significantly to changing systems and decreasing disruptive behaviours where lateral violence potentially exist and thrives.

We anticipate that:

- a significant percentage ($>60\%$)¹ of the sample will report experiencing (as a victim) and witnessing lateral violence within the workplace.
- A smaller percentage ($< 70\%$) of the sample will report experiencing (as a perpetrator) lateral violence within the workplace.
- There will be a significant impact of lateral violence within the workplace which will have a negative effect on the emotional state (i.e. sadness, angry, worry) and workplace performance (i.e. productivity, work satisfaction, motivation) of participants.
- Many participants who experience lateral violence in the workplace will report seeking support to deal and/ or cope with it.
- There will be a limited or insufficient policies and procedures to address lateral violence in the workplace
- Lateral violence is not isolated to the workplace but also occurs in tandem in the community.

Method

¹ This percentage was chosen as it is similar to the percentage reported in the NTEU study, described above, which was deemed high.

Design

The current study utilised a survey methodology to capture both quantitative and qualitative data from a sample of Aboriginal and Torres Strait Islander people. Quantitative data was captured by Likert and yes/no responses to questions designed to summarise broad trends in the experiences of workplace lateral violence. Short answer qualitative questions allowed for more nuanced descriptions of these experiences. All questions related to understandings and experiences of lateral violence occurring in the past 12 months.

Participants

A total of 162 Aboriginal and Torres Strait Islander people participated in an online self-report questionnaire via SurveyMonkey about lateral violence within the workplace. The survey was distributed via Facebook and through community networks. The inclusion criteria for this study specified that participants be Aboriginal and/or Torres Strait Islander, over the age of 18 years and employed sometime within the last five years in Australia. As a result of these criteria a total of four participants were excluded as they did not identify as Aboriginal or Torres Strait Islander. A further 38 participants were also excluded from this study due to incomplete questionnaires. The final sample consisted of 120 Aboriginal and Torres Strait Islander people (reported together as in the survey). This comprised of female $n = 97$, male $n = 22$ and gender binary/fluid $n = 1$. Most participants (95%) were currently working, and half (50%) the sample was aged between 35 and 54 years. Approximately 46% of the sample worked for a mainstream organisation, with a slightly higher (52.5%) number working in an Aboriginal related sector (Aboriginal Community Controlled Organisation or Unit). The majority of these workers were situated in education (almost 36%), social work (20%) and health (almost 16%) industries. Participant demographics are presented in Table 1.

Table 1

Participant Demographics (n = 120) (%)

Demographic Variable	<i>n</i>	%
Gender		
Female	97	80.8
Male	22	18.3
Binary/fluid	1	0.8
Age		
18-24	13	10.8
25-34	23	19.2
35-44	34	28.3
45-54	26	21.7
55-64	22	18.3
65+	2	1.7
Organisation Type		

Aboriginal Community Controlled Organisation (ACCO)	33	27.5
Mainstream Organisation	55	45.8
Aboriginal Unit	30	25
Other	2	1.7
Industry		
Education	43	35.8
Social Work	24	20
Health	19	15.8
Justice	10	8.3
HR/Admin	5	4.2
Trade	3	2.5
Do Not Wish to Disclose	3	2.5
Arts	1	.8
Other	12	10

Procedure

Ethical consideration

The present study was approved by the University of Adelaide Human Research Ethics Committee in 2017. No major risks were identified or reported during the study.

Participant recruitment

A set of questions (described below), called the Workplace Lateral Violence for Aboriginal and Torres Strait Islander Peoples' Questionnaire (WLVATSIPQ), was uploaded on SurveyMonkey with an invitation to be part of the study. It was widely distributed through social media and email. These included a provision of a Facebook page which was shared to Aboriginal and Torres Strait Islander people by targeting Aboriginal and Torres Strait Islander university student groups, activist groups, region specific groups, support groups; and via email to various networks familiar to the authors (i.e. colleagues, social media groups and community networks) across Australia. A further note was provided asking participants to distribute the invitation through their own networks with the aim of increasing the sample size. As the cohort required for this study was Aboriginal and Torres Strait Islander specific, the survey was purposely disseminated to locations with high Aboriginal and Torres Strait Islander engagement, although still accessible to the general public.

Before embarking on the study, participants were briefed about the research on a participant information page with a guarantee that their identity would remain anonymous, and they had the right to withdraw at any stage. Further, a list of national counselling services was supplied for them to contact if they became distressed by any information in the questionnaire with an invitation to contact the researchers if they had any concerns. Participants were then

invited to tick the consent box and fill out the questionnaire within a time frame of six weeks (8th May 2017 to 18th June 2017). The participants took an average of 15 minutes to complete the questionnaire.

Materials

The demographic questions included gender, age, employment status, workplace type and industry. After the demographic information, a definition of lateral violence from the literature was provided followed by questions checking whether participants understood the definition. Once participants signified their understanding, they proceeded to a set of questions enquiring about their experiences, feelings, impacts and reporting of lateral violence.

These questions were designed in the absence of existing standardised measures or enquiries about lateral violence within the workplace for Aboriginal and Torres Strait Islander people in Australia. Questions were drawn and adapted from the Lateral Violence in Nursing Survey (Stanley et al., 2007), Critical Care Nurse Survey on Lateral Hostility (Alspach, 2008), Horizontal Violence Survey (Dumont et al., 2011), Horizontal Violence Scale (Longo & Newman, 2014) and research recommendations on preventing lateral violence within Aboriginal contexts (Clark & Augoustinos, 2015; Clark et al., 2016; Clark, 2017; Gorringer et al., 2011). The purpose of this method was to collect descriptive and statistical information about lateral violence rather than to measure or validate the questionnaire.

The WLATSIPQ consisted of 54 questions in total and were arranged into six meaningful and functional areas by the researchers and were similar to the categories used in many of the above-mentioned scales. The questions underwent multiple reviews by the authors to ensure each area was sufficiently covered, consistent with unbiased language. To gather relevant information the WLATSIPQ used various scales consisting of a 5-point Likert scale (from strongly disagree to strongly agree); a frequency rating scale (from never to daily); dichotomous questions requiring a yes or no response; multiple response answers; and dialogue boxes.

The first category was about participant understanding of lateral violence in which there were 6 items. This question related to a definition of lateral violence provided at the beginning of the questionnaire. Participants were asked to provide yes or no answers about whether they understood the definition, if this aligned with their previous understanding of lateral violence, and if they had heard about lateral violence prior to starting the questionnaire. A link to a lateral violence article (AHRC, 2011) was supplied for participants' perusal if they needed an improved understanding of lateral violence before continuing with the survey. The last questions in this section asked if they had seen the presence of lateral violence in their workplace (yes/no), and if they believed it was an issue in their workplace (5 point Likert scale).

The next set of questions focused on participant experiences of lateral violence as a victim and impacts which consisted of 18 items in this section. Participants were asked to rate (5 point Likert scale) their experiences of lateral violence (1 question), the emotional impact (7 questions) and work impact (4 questions), how often they had experienced lateral violence (1 question - frequency rating scale), and what type of lateral violence they experienced (1 question - multiple choice). This section also asked if their experiences of lateral violence was confined to their workplace (1 question – 5 point Likert scale), if not, was it a continuation of that experienced in the workplace (1 question – yes/no), and to describe the experience (2 questions – open response).

There were 5 items that related to the witnessing of lateral violence. For example, participants were asked (5 point Likert scale) if they had witnessed lateral violence in their

workplace (1 question), if this affected their emotional well-being and perception of their workplace (2 questions), and to rate how often they witnessed lateral violence (1 question - frequency scale). They were then asked whether they reported lateral violence (1 question – yes/no).

In terms of using lateral violence (as a perpetrator) a total of 11 items were contained in this section. Participants were asked (5 point Likert scale) if they had used lateral violence in their workplace (1 question), the emotional impact of this (4 questions – 5 point Likert scale and 1 question – open response), and how often they had used lateral violence (1 question - frequency scale). Participants were asked if they were aware that they were using lateral violence (1 question – yes/no) and, if so, what motivated them to do so (1 question – open response). Participants were asked if they had used lateral violence outside the workplace (1 question – 5 point Likert scale) and, if so, how (1 question – open response).

It was also important to understand the reporting of lateral violence and, in this section, there were 8 items. Participants were asked if they had reported lateral violence to a manager/supervisor (1 question – yes/no) and, if not, their rationale for not reporting (1 question - multiple response). Participants were asked how they felt when reporting lateral violence (5 questions - 5 point Likert scale). Furthermore, participants were probed about whether their workplace had policies, procedures and practices about lateral violence (1 question - yes/no).

Analysis

The quantitative data was descriptively analysed reporting on frequencies, means and percentages in order to provide information on prevalence. Content analysis was undertaken for the qualitative, open-ended questions, patterns were analysed from the responses to each question and relevant themes/categories were developed. Frequencies were calculated to determine scope and severity of lateral violence within the workplace. Both types of data were analysed using Excel.

Results

Prevalence of Workplace Lateral Violence

As shown in Table 2, a high percentage of participants reported experiencing (90%) and witnessing (89.2%) lateral violence, with a smaller percentage reporting using or perpetrating lateral violence (62.5%).

Table 2

Frequency of participants who Experienced, Witnessed and Used lateral violence in the workplace in the past 12 months (%) (n=120)

Variable	n	%
Experienced lateral violence		90
Once	4	3.3
A few times	45	37.5
Monthly	20	16.7
Weekly	31	25.8
Daily	8	6.7
Witnessed lateral violence		89.2
Once	0	0
A few times	42	35
Monthly	18	15
Weekly	36	30
Daily	11	9.2
Used lateral violence		62.5
Once	30	25
A few times	34	28.3
Monthly	5	4.2
Weekly	6	5
Daily	0	0

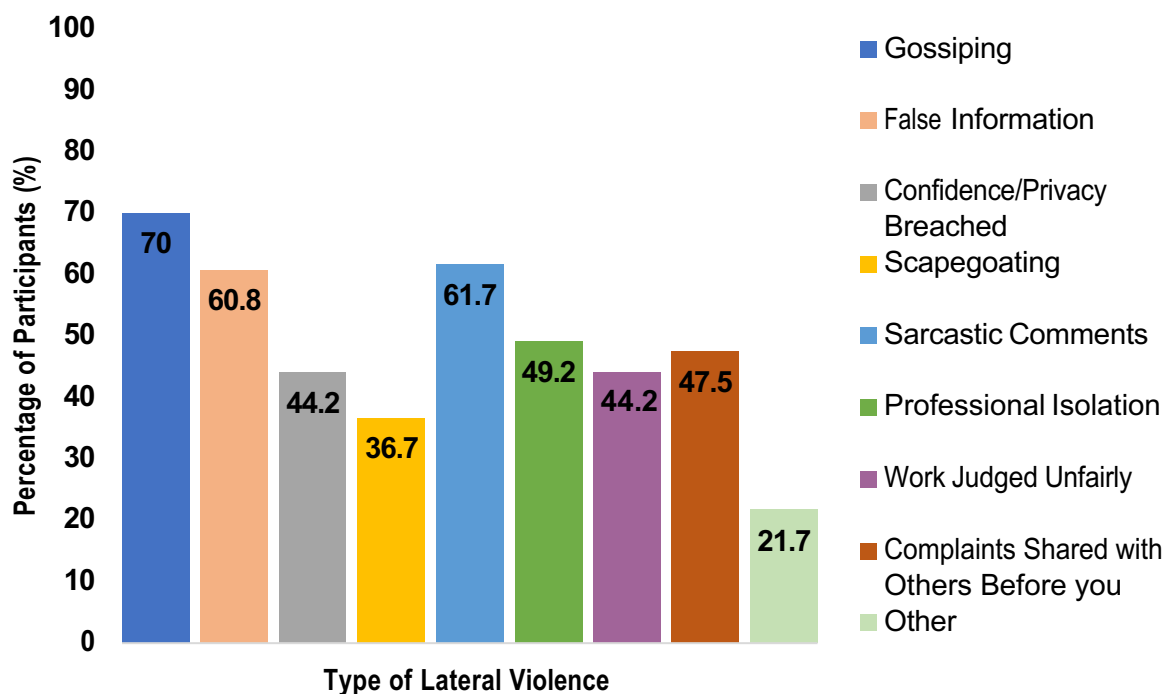
A proportion of 37.5% of participants reported experiencing lateral violence outside of their workplace. Of these participants, approximately 70% reported it was a continuation of the lateral violence they had experienced in their workplace, while approximately 30% were unsure of its origins.

A content analysis of participants' open-ended responses to frequency related questions was used to determine where lateral violence frequently occurred when outside of the workplace. The common places reported were within families, community events, Aboriginal organisations, on social media, and in the general community.

Figure 1 shows the percentage of participants experiencing different behavioural lateral violence types. Gossiping (70%) followed by sarcasm (61.7%) and providing false information (60.8%) were the most prevalent behavioural forms of lateral violence within the workplace.

Figure 1

Percentage of total participants who had experienced different Behavioural types of lateral violence experienced within the workplace in the past 12 months (n =120)



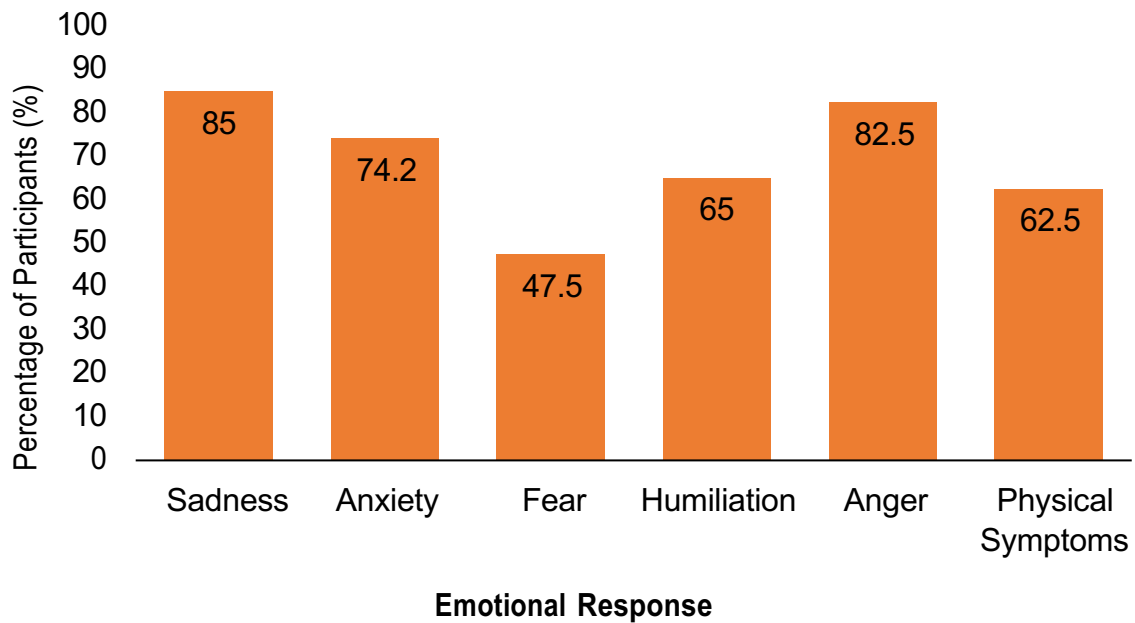
Emotional Impact of Lateral Violence

Of the 108 participants who experienced lateral violence in their workplace, the majority (82.5%) either agreed or strongly agreed that the violence had a negative impact on their overall emotional wellbeing, with feelings of sadness (85%), anger (82.5%) and anxiety (74.2%) being the most frequently reported. The frequencies of specific emotional outcomes are presented in Figure 2.

The results also revealed that of the participants who witnessed lateral violence, 75.8% agreed or strongly agreed that it affected their emotional wellbeing, while 81.7% felt it affected their perception of their workplace.

Figure 2

Emotional response elicited from experiencing lateral violence in the workplace (n=120)



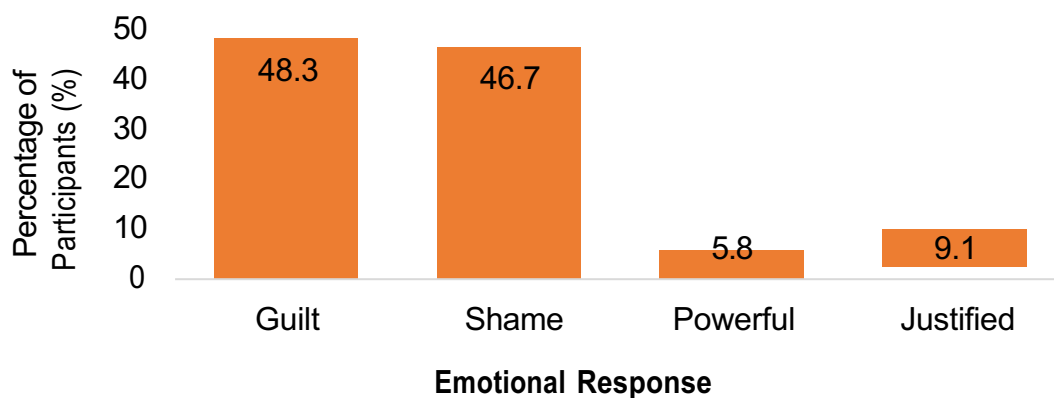
Note: Categories agree and strongly agree have been collapsed in this figure

As shown in Figure 3, nearly half of the participants who reported using (perpetrated) lateral violence in their workplace felt guilt or shame in relation to their behaviours. A total of 15% of participants who reported using lateral violence were aware their behaviour was lateral violence whilst perpetrating it.

Content analysis of qualitative data was undertaken to reveal participant motivations for perpetrating lateral violence. The most common motivations reported were frustration, anger/annoyance, retribution/ payback, and to fit in. These themes suggest both reactive and planned processes to perpetrating lateral violence. This seems to suggest that oppression and powerless people will direct their dissatisfaction towards people of similar power.

Figure 3

Emotional Responses Elicited from Using Lateral Violence in the Workplace (n=120)



Note. Categories agree and strongly agree scores have been collapsed in this figure.

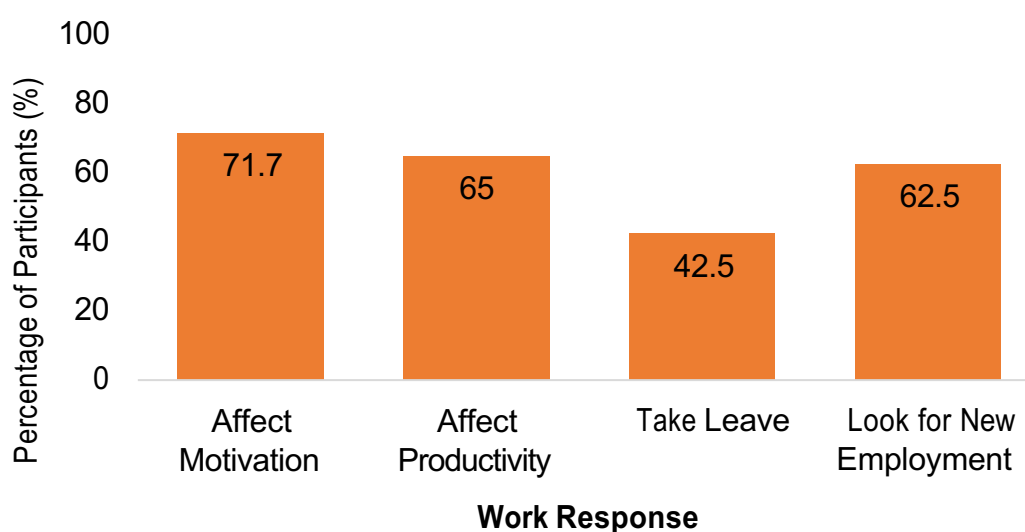
In addition, a total of 30% of participants reported using lateral violence outside their workplace.

Work Impact of Lateral Violence

As per Figure 4, the majority of participants who experienced lateral violence in their workplace either agreed or strongly agreed that it had a negative impact on their work capacity, in particular, a reduction in their motivation to work (almost 72%). Productivity and looking for new employment were also notably high.

Figure 4

Work response elicited from experiencing lateral violence in the workplace (n=120)



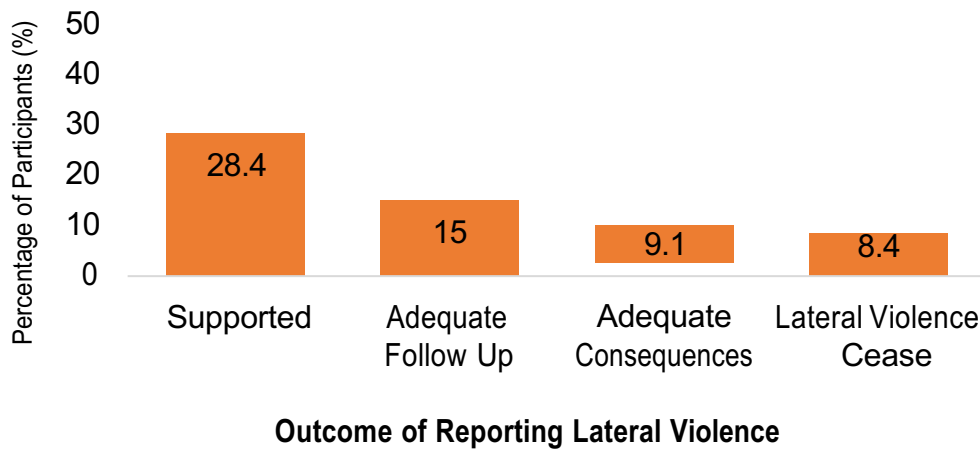
Note: Categories agree and strongly agree scores have been collapsed in this figure

Reporting Lateral Violence

Overall, 59.2% of participants who experienced lateral violence informed a manager or supervisor. A proportion of 40.8% of participants who witnessed violence reported it to a manager or supervisor. As shown in Figure 5, only 28.4% of those who reported violence felt adequately supported, while restorative action was taken in a small percentage of cases.

Figure 5

Reported outcomes of participant reports of lateral violence in the workplace (n= 120)

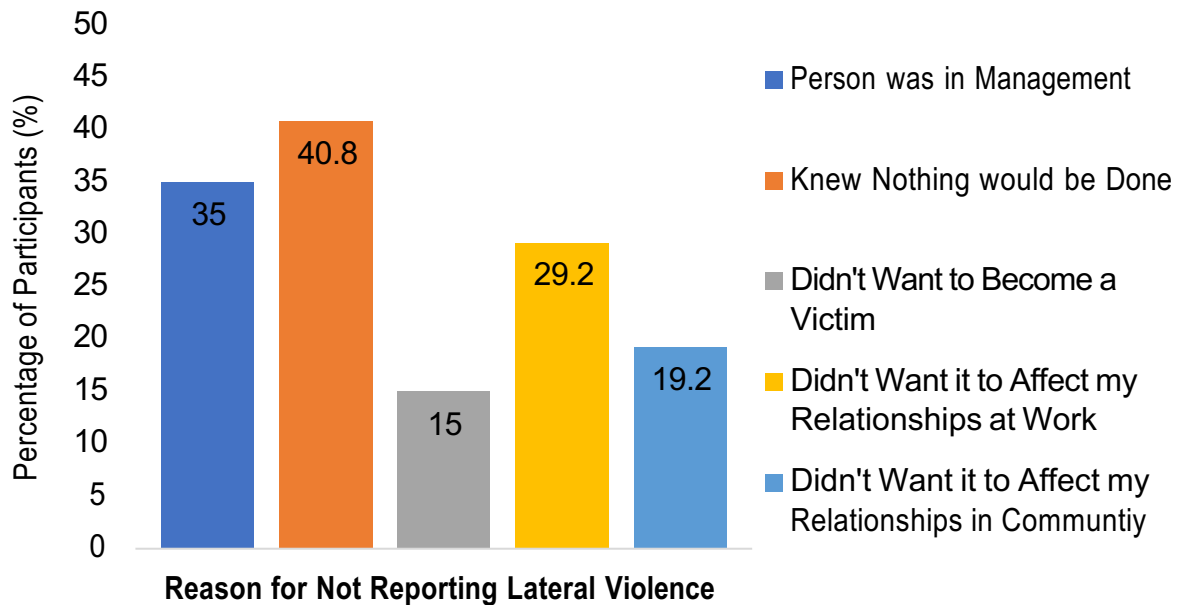


Note: Participants agree and strongly agree scores have been collapsed in this figure.

There were various reasons for participants not reporting lateral violence, with many believing that nothing would be done about it (40.8%), while 35% reported that the perpetrator was in a management position. The frequencies are presented in Figure 6.

Figure 6

Reasons why participants did not report lateral violence in their workplace (n= 120)



Discussion

It is believed that lateral violence is pervasive in Indigenous communities globally which appears due to oppressive environments. As an exploratory study, the findings support a prevalence within the workplace as it identified that a high percentage of participants had experienced and or witnessed lateral violence. These findings supported our first anticipated

aim (over 60% of participants). Furthermore, these incidences of lateral violence were found to occur across a range of organisations and industries and on a regular basis. The most common behaviours of lateral violence experienced by participants in the study included gossiping, sharing false information, and sarcastic comments which is consistent with research findings about covert behaviours in the general nursing profession (Alspach, 2008; Bambi et al., 2014) and for Aboriginal and Torres Strait Islander people in the University sector in Australia (NTEU, 2011; 2018). This also supports that covert forms of lateral violence are insidious and more common than overt forms (Clark et al., 2016), particularly in workplace environments that have policies and procedures that supposedly govern behaviours and professionalism.

This study also offers an opportunity to explore the ways lateral violence affects Aboriginal and Torres Strait Islander people within the workplace, including emotions and workplace performance. The most frequent emotional effects experienced by participants were sadness, anger, and anxiety, all indicating a negative response as a result of lateral violence. The results from this study correspond with previous literature in the nursing profession, which has consistently shown the profound negative impact of lateral violence on emotional health and work-life satisfaction, such as reduced self-esteem, psychological distress, and negative physical symptoms (Bigony et al., 2009; McKenna et al., 2003; Rainford et al., 2015; Vessey et al., 2011).

The high levels of lateral violence currently being experienced by Aboriginal and Torres Strait Islander people and the effects are concerning given the already high levels of trauma and vulnerability within communities. Such incidences will have ramifications for Aboriginal and Torres Strait Islander people, and may lead to impaired psychological, social, and emotional wellbeing issues and increase intra community conflicts. This can contribute to a fracturing of one's cultural identity which can lead to a questioning of one's authenticity which may affect their place and acceptance within their community, all of which can have long-term negative impacts for Aboriginal and Torres Strait Islander people (AHRC, 2011; Bennett, 2014; Clark et al., 2016). Although the results of the study are descriptive there is potential for important future research opportunities. These could include investigating the extent to which Aboriginal and Torres Strait Islander peoples' mental health and identity is adversely impacted by their experiences of lateral violence and whether the frequency of lateral violence impacts the severity of emotional and work performance outcomes.

In terms of the negative impact lateral violence had on work satisfaction, an overwhelming percentage of participants reported decreased satisfaction. Not only does lateral violence impact Aboriginal and Torres Strait Islander peoples' desire to attend work but also affects psycho-social benefits of work. The study further reiterated that participants who were experiencing lateral violence felt reduced motivation and productivity at work as well as feelings of anger. The results imply that experiences of lateral violence may have a serious effect on retention and quality of work and job satisfaction, which may lead to long-term impacts on employment opportunities and financial stability for Aboriginal and Torres Strait Islander people. The social and emotional wellbeing of Aboriginal and Torres Strait Islander people may also be negatively impacted by these workplace experiences. The social and emotional wellbeing model developed by Gee et al. (2014), is shaped by the strengths of one's connections to their body, mind, emotions, family and kin, community, culture, country, spirituality and ancestry. Strengthening and nurturing such connections at an individual, collective (community) or systems level, may improve cultural and emotional safety in the workplace (Clark et al., 2022).

It is clear that lateral violence has overall negative impacts on Aboriginal and Torres Strait Islander people in the workplace and flowing into their personal lives. Despite this, it

appears a small proportion of those who experienced (victimised) or witnessed lateral violence and reported negative effects also used (perpetrated) lateral violence against others in their workplace. There are a host of reasons why using lateral violence may have been under reported in this study. In addition to reported feelings associated with guilt and shame, other reasons may include, fear of being caught out, honesty, believing it was not actual lateral violence, and simply forgetting the incident. Further exploration of why, how, who and when people use lateral violence could inform strategies to support organisations to address lateral violence and improve outcomes for their Aboriginal and Torres Strait Islander staff.

Understanding the implications of lateral violence within the workplace provides insight into employment challenges experienced by Aboriginal and Torres Strait Islander people, and potentially enhances their employment trajectories and satisfaction. This study suggests that career pathways and sustainability of employment of Aboriginal and Torres Strait Islander staff could be under threat in workplaces where lateral violence is pervasive. Potential ramifications include a high turnover and difficulty attracting, recruiting, and retaining Aboriginal and Torres Strait Islander staff in Aboriginal and Torres Strait Islander services and organisations. This may contribute to and perpetuate low proportions of Aboriginal and Torres Strait Islander people working in such services and organisations and when they do, as indicated in the results, they are looking for new employment and thus retention is an issue. Our findings potentially add to the study by Clark (2017) which showed that some Aboriginal and Torres Strait Islander people will avoid working within Aboriginal and Torres Strait Islander organisations for fear of lateral violence and negativity.

The presence of lateral violence within organisations occurs at both structural and individual levels. A proportion of 40% of the sample stated they did not report lateral violence because they felt nothing would be done to address it within the workplace and or the perpetrator worked in management. This suggests a potential level of acceptance, inaction, or paralysis or lack of trust in the organisation when lateral violence is witnessed and experienced by Aboriginal and Torres Strait Islander workers. The results could also indicate that normalisation of lateral violence being prevalent in the workplace might coincide with research indicting normalisation in the community.

Similarly, acceptance or stagnation in the nursing profession enables ongoing oppression and lateral violence between nurses. In addition, 35% of participants stated the perpetrator was in management and 15% were concerned about potential ramifications and therefore were reluctant to report the incidences of lateral violence. According to Roberts (2015), organisational and managerial attitudes towards lateral violence impacts on workplace retention and after three decades of research in the nursing profession, laterally violent behaviours continue to pervade with very few interventions to change the behaviours or power dynamics that enable such violence to flourish (Roberts, 2015). Within this preliminary study it seems clear that organisations that are supposed to support and respond to a collective of Aboriginal and Torres Strait Islander workers, are not adequately deterring or addressing lateral violence. Until this occurs Aboriginal and Torres Strait Islander people will continue to experience negative outcomes as a result. Some organisations and research projects are considering culturally safe practices and are inclusive of recognising and addressing lateral violence as part of their approach (Clark et al., 2022).

Another anticipated aim of the research is that participants who experience lateral violence will seek support to cope and deal with the impacts. The study found a high percentage of participants reported experiencing and witnessing lateral violence and reporting to a manager or supervisor, highlighting the desire of many participants to address lateral violence. It was unclear from this study what deterred the remaining participants from reporting lateral violence.

Of those who reported lateral violence (59% of the overall sample) approximately one in four did not feel supported by their manager. Many factors could be influencing this finding, including lack of knowledge and training about lateral violence, awareness of issues at different organisational levels, poor managerial education and skills development and individual deficits and attitudes (i.e. lack of empathy for those who reported lateral violence). A better understanding of these influencing factors would be pertinent for organisations to adequately address the lack of support, perhaps by drawing on the positive or helpful aspects of those who followed up reports of lateral violence. Even though the number of participants who reported that lateral violence did not cease after they reported to management was small, it was nonetheless very concerning. This suggested some level of incompetence within organisational structure, policies, practices, and managerial skills. This was supported by the low level of participants who believed their workplace had policies and procedures to address lateral violence, as well as participants who were unsure if their organisation did.

The results of the current study provide evidence that lateral violence is a serious issue in the workplace for Aboriginal and Torres Strait Islander people, and which requires significant attention, particularly within environments where there are significant numbers of Aboriginal and Torres Strait Islander people. The negative impacts of lateral violence are overwhelming with serious consequences for workplace productivity, satisfaction, staff recruitment, retention, and morale to name a few. Unfortunately, symptoms of oppression are lack of power and inaction which can then enable further oppression. Therefore, when organisations do not address these issues, the likelihood of lateral violence re-occurring is greater, and without appropriate intervention only limited change will be achievable. This assertion is consistent with previous Safe Work Australia data that shows bullying is a serious concern in the general community and that there has even been a steady increase over time (Safe Work Australia, 2019).

Thus far, in Australia, the terminology along with an increased understanding of lateral violence has proliferated in Aboriginal and Torres Strait Islander contexts with increased information, articles, educational and awareness workshops, and initiatives for the Aboriginal and Torres Strait Islander community and workplace (Clark & Glover, 2019). Addressing workplace lateral violence can be achieved with a combination of individual and systemic approaches. On an individual level, each staff member is responsible for improving their professional relationship with others and acknowledging the impact of their actions within the workplace culture (Woelfle & McCaffrey, 2007). Organisations need to focus on enabling supportive and positive workplace practices and culture, whilst reviewing policies and procedures which allow lateral violence to burgeon. Awareness, education and understanding about lateral violence (individually and organisationally) has been shown to be effective in changing behaviours, attitudes, and various work practices, especially in the nursing profession (Dahlby & Herrick, 2014). A number of Aboriginal specific initiatives addressing lateral violence are available, including: Aboriginal People & Lateral Violence which is also referred to as the Black poppy syndrome (Ryan, 2023); Lateral Healing in Victoria which specialises in awareness and train-the-trainer workshops that counteract lateral violence (Koorreen Enterprises, 2017); Lateral Love which provides information about lateral violence and lateral love (Lateral Love, 2017); Spirit Healing which provides lateral violence workshops for Aboriginal workplaces which is based in New South Wales (Brown, 2022); and Preventing Lateral Violence which is based in Adelaide and offers a one-day workshop that increases awareness and empowerment to various Aboriginal people (Clark et al., 2014). These workshops have been evaluated and shown to contribute to improvements in understanding, attitudes, and behaviours for preventing lateral violence in various contexts (Clark et al. 2017a; 2017b; Clark & Glover, 2019). Additionally, there are collective or repository Indigenous

websites that can steer one toward appropriate resources and or training (Well Mob, 2023). Emphasis must be placed on education, awareness and understanding to address the negative impacts of lateral violence and combat its normalisation.

Limitations

Limitations to the study include a potential self-selection bias in the sample. It could be that only those who had experienced or witnessed lateral violence and were adversely affected by these incidences responded to the questionnaire compared to those with limited or no experience of lateral violence or with minimal emotional impact. Additionally, the study may have raised the hopes of some participants wanting greater action towards change. Such limitations are consistent with previous studies looking into lateral violence within nursing populations.

Given that there were no culturally relevant questionnaires focusing on lateral violence, questions from existing measures within the nursing population as well as information from previous research and literature were drawn upon to inform the current set of questions used in this study. Due to the development of a new Workplace Lateral Violence for Aboriginal and Torres Strait Islander Peoples' Questionnaire (WLVATSIPQ) and the exploratory nature of this research, it was outside the scope of this research to test the validity and reliability of the questionnaire. A validated measure would have ensured more robust findings. There were some specific limitations with the utilisation of the questionnaire, data collection, and analysis. The differing measuring scales used (i.e. yes/no responses and the five point Likert scale) made it difficult to combine some analyses. There were also some inconsistencies within the Likert scale asking "how often" the event occurred which only became apparent after collecting data. Examples relate to: question 23 which did not provide the option to select 'once' meaning participants may have selected another option even though it was incorrect; question 27 combined 'once' and 'never' potentially confusing participants; and question 17 did not provide an option to choose 'not applicable' if the participant had not experienced lateral violence which could have skewed the responses. Furthermore, there were not enough dialogue boxes for participants to add desired comments. A trial of the questionnaire would have also been beneficial, but given the time limitations of this project, this could not be achieved. Opportunities were also missed to conduct further analyses with the material, such as calculating for inter-reliability. These errors are minor within the context of an exploratory process and minimally affected the analysis and interpretation of results. There is confidence by the authors that the overall results prevail. Nevertheless, some level of caution will need to be applied when considering these results.

Strengths

Granted the paucity of research on lateral violence within the Aboriginal and Torres Strait Islander communities, this exploratory study has provided strong insight into the pervasiveness of lateral violence and demonstrates a crucial need for further research. The results revealed how lateral violence impacts Aboriginal and Torres Strait Islander peoples social and emotional wellbeing and workplace behaviours. Its negative outcomes, particularly on workplace behaviours, highlights the impact lateral violence may be having on organisations' service delivery, task outputs and capacity, as well as the financial costs of high staff turnover, increased sick leave taken and reduced productivity. The necessity for organisations to take responsible actions to address lateral violence is clear. Considering the sensitive nature of the research topic, the relatively high response rate indicated the interest in the topic and corroborated the need for interventions addressing lateral violence as well as

effective cultural safety initiatives within the workplace. The majority of participants were willing to engage and completed the survey in its entirety and the results covered a range of areas of concern which is being disseminated to the public through this article.

Further Research

There continues to be limited psychological literature and resources concerning Aboriginal and Torres Strait Islander peoples' experiences and the impacts of lateral violence. Therefore, future research investigating a range of areas is warranted. For example, the Workplace Lateral Violence for Aboriginal and Torres Strait Islander People Questionnaire could be improved, sampled, and validated for use within the workplace and serve as a baseline measure for improvements within the workplace. Psychological support in relation to lateral violence, both within the workplace and community, would vastly improve understanding, as well as addressing and supporting the development of effective interventions and resources for preventing and addressing lateral violence. These could include the activation of awareness, education, and empowerment processes for Aboriginal and Torres Strait Islander people to prevent, address, and cope with lateral violence when it pervades various environments at individual and systemic levels. Additional research exploring specific organisational responses, policies and procedures for lateral violence could also be of benefit to the Aboriginal and Torres Strait Islander community and within Aboriginal organisations and services. Therefore, constructing a comprehensive understanding about the interrelationship amongst Aboriginal and Torres Strait Islander individuals, organisational structure and the systems that support both, with the aim to build a culturally safe and united workplace, would be extremely constructive and beneficial to all. At the very least, this approach could create a safe environment to attract, recruit and retain Aboriginal and Torres Strait Islander staff who in turn could provide a similar (safe and united) service back to the community. Feasibility research could help inform a hotline or external service, such as counselling or Employee Assistance Program (EAP) services about lateral violence to aid systems and individuals to address it.

Conclusion

The present study highlights the extensive exposure to, and prevalence of, lateral violence experienced by Aboriginal and Torres Strait Islander people within the workplace and in a range of industries and organisations. Lateral violence negatively impacts individuals in various ways including their emotional wellbeing and workplace satisfaction which can contribute to high staff turnover. Lateral violence can be addressed within the workplace with a combination of individual and systemic approaches especially where organisations understand the significance of addressing and preventing lateral violence as well as supporting staff who are subjected to it. There needs to be an emphasis on education and awareness to combat normalisation and the negative emotions and implications of lateral violence as well as a review of policies and procedures and support mechanisms. Education and awareness approaches are important and powerful when provided by other Aboriginal and Torres Strait Islander personal and services.

References

- Alspach, G. (2008). Lateral hostility between critical care nurses: A survey report. *Critical Care Nurse*, 28(2), 13–19.
- Australian Bureau of Statistics (ABS). (2016). *National Aboriginal and Torres Strait Islander Social Survey 2014-15*. Retrieved September 15, 2017, from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Main%20Features~Safety,%20law%20and%20justice~8>

- Australian Human Rights Commission (AHRC). (2011). Towards a reconciled Australia: An agenda of hope. *Social Justice Report 2010*. Canberra: Aboriginal and Torres Strait Social Justice Commissioner.
- Bailey, K. A. (2020.) Indigenous students: Resilient and empowered in the midst of racism and lateral violence. *Ethnic and Racial Studies*, 43(6), 1032-1051. <https://doi.org/10.1080/01419870.2019.1626015>
- Bambi, S., Becattini, G., Giusti, G., Mezzetti, A., Guazzini, A., & Lumini, E. (2014). Lateral hostilities among nurses employed in intensive care units, emergency departments, operating rooms, and emergency medical services. *Dimensions of Critical Care Nursing*, 33(6), 347--354. <https://doi:10.1097/DCC.0000000000000077>
- Bennett, B. (2014). How do light-skinned Aboriginal Australians experience racism?: Implications for social work. *AlterNative: An International Journal of Indigenous Peoples*, 10(2), 180--192. <https://doi.org/10.1177/11771801140100020>
- Bigony, L., Lipke, T. G., Lundberg, A., McGraw, C. A., Pagac, G. L., & Rogers, A. (2009). Lateral violence in the perioperative setting. *AORN Journal*, 89(4), 688-700. <https://doi.org/10.1016/j.aorn.2009.01.029>
- Bombay, A. (2014). *Origins of lateral violence in Aboriginal communities: A preliminary study of student-to-student abuse in residential schools*. Canada: Aboriginal Healing Foundation.
- Brown, M. (2022). Killing me softly Lateral violence workshop. Retrieved December 2, 2022, from <https://www.aboriginalculturaltraining.com.au/lateral-violence-workshop>
- Clark, Y. (2017). *Lateral Violence in the Aboriginal Community in Adelaide, SA: From Dilemmas to Strategies*. PhD thesis, University of Adelaide. <https://doi.org/10.4225/55/59defd9fba33b>
- Clark, Y., & Augoustinos, M. (2015). What's in a name? Lateral violence within the Aboriginal community in Adelaide, South Australia. *The Australian Community Psychologist*, 27(2), 27-42.
- Clark, Y., Augoustinos, M., & Malin, M. (2016). Lateral violence within the Aboriginal community in Adelaide: "It affects our identity and wellbeing". *Journal of Indigenous Wellbeing*, 1(1), 43-52.
- Clark, Y., Augoustinos, M., & Malin, M. (2017a). Evaluation of the preventing lateral violence workshops: Phase 1 questionnaire responses. *Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin*, 2(3), 41-53.
- Clark, Y., Augoustinos, M., & Malin, M. (2017b). Evaluation of the preventing lateral violence workshops: Phase 2 qualitative responses. *Journal of Indigenous Wellbeing: Te Mauri-Pimatisiwin*, 2(3), 54-66.
- Clark, Y., Glover, K., & Butler, S. (2014). *Preventing Lateral Violence [Workshop Flyer]*. Adelaide.
- Clark, Y., & Glover, K. (2019). Lateral Violence in the Aboriginal Community: From Awareness to Transformations. In R. Shelley, K. Te Riele, N. Brown, & T. Crellin (Eds.). *Harnessing the transformative power of education*. Brill.
- Clark, Y., Gee, G., Ralph, N., Atkinson, C., Brown, S., Glover, K., McLachlan, H., Gartland, D., Hirvonen, T., Atkinson, J., Andrews, S., & Chamberlain, C. (2022). The Healing the Past by Nurturing the Future: cultural and emotional safety framework (Version 1). <https://doi.org/10.26181/19731487.v1>
- Coffin, J., Larson, A., & Cross, D. (2010). Bullying in an Aboriginal context. *Australian Journal of Indigenous Education*, 39, 77-87. <https://doi.org/S1326011100000934>

- Cook, S. (2012). Lateral violence is an Indigenous Arts thing. *Artlink*, 32(2), (n.p.). Retrieved July 5, 2018, from <https://www.artlink.com.au/articles/3785/lateral-violence-is-an-indigenous-arts-thing/>
- Dahlby, M., & Herrick, L. (2014). Evaluating an educational intervention on lateral violence. *The Journal of Continuing Education in Nursing*, 45(8), 344–350. <https://doi.org/10.3928/00220124-20140724-15>
- Dumont, C., Riggelman, K., Meisinger, S., & Lein, A. (2011). Horizontal violence survey. *Nursing*, 41(4), 9-10. <https://doi.org/10.1097/01.NURSE.0000395841.43657.39>
- Embree, J. L., & White, A. H. (2010). Concept analysis: Nurse-to-nurse lateral violence. *Nursing Forum*, 45(3), 166-173. <https://doi.org/10.1111/j.1744-6198.2010.00185.x>
- Farrell, G. A. (2001). From tall poppies to squashed weeds: Why don't nurses pull together more? *Journal of Advanced Nursing*, 35(1), 26-33. <https://doi.org/j.1365-2648.2001.01802.x>
- Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In P. Dudgeon, H. Milroy & R. Walker (Eds.), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (2nd ed.) (pp. 55-68). Canberra: Commonwealth of Australia.
- Gorringe, S., Ross, B., & Fforde, C. (2011). 'Will the Real Aborigine Please Stand Up': Strategies for breaking the stereotypes and changing the conversation. *AIATSIS Research Discussion Paper no. 28*. Canberra: Research Program.
- Human Rights and Equal Opportunity Commission (HREOC). (1997). *Bringing them Home: Report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families*. Sydney, Australia: Commonwealth of Australia.
- Jaber, L.S., Stirbys, C., Scott, J., & Foong, E. (2022). Indigenous Women's Experiences of Lateral Violence: A Systematic Literature Review. *Trauma, violence & abuse*, 24(3), 1763-1776.
- Jack, D. C. (1999). *Behind the mask: Destruction and creativity in women's Aggression*. Koorreen Enterprises. (2017). *Lateral violence*. Retrieved September 13, 2017, from <http://koorreen.com.au/lateral-violence/>
- Langton, M. (2008). The end of 'big men' politics (essay). *Griffith Review* 22. Retrieved July 5, 2017, from <https://www.griffithreview.com/articles/the-end-of-big-men-politics/>
- Lateral love. (2017). *Lateral love*. Retrieved September 15, 2017, from <https://www.facebook.com/lateralloveaustralia/>
- Longo, J., & Newman, D. (2014). The Development and Psychometric Testing of the Horizontal Violence Scale. *Issues in Mental Health Nursing*, 35, 924-933.
- McKenna, B. G., Smith, N. A., Poole, S. J., & Coverdale, J. H. (2003). Horizontal violence: Experiences of registered nurses in their first year of practice. *Journal of Advanced Nursing*, 42(1), 90-96. <https://doi.org/j.1365-2648.2003.02583.x>
- National Indigenous Unit of the NTEU. (2011). *I'm not a racist, but: Report on cultural respect, racial discrimination, lateral violence and related policy at Australia's Universities*. Victoria: NTEU.
- National Indigenous Unit of the NTEU. (2018). *I'm still not a racist, but: Second Report on cultural respect, racial discrimination, lateral violence and related policy at Australia's Universities*. <https://www.NTEU.ORG.AU/ATSI>
- Office of the Registrar of Indigenous Corporations (ORIC) (2010). *Analysing key characteristics in Indigenous corporate failure: Research paper*. Australian Government.

- Rainford, W. C, Wood, S., McMullen, P. C, & Philipsen, N. D. (2015). The disruptive force of lateral violence in the health care setting. *The Journal for Nurse Practitioner*, 11(2), 157-164. <https://doi.org/j.nurpra.2014.10.010>
- Roberts, S. J. (1983). Oppressed group behaviour: Implications for nursing. *Advances in Nursing Science*, 21-30.
- Roberts, S, J. (2015). Lateral Violence in nursing: A review of the last three decades. *Nurse Science Quarterly*, 28(1), 36-41. <https://doi.org/0894318414558614>
- Ryan, F. (2023). Aboriginal people and lateral violence: Big River Connections. Retrieved July 07, 2023, from <https://bigriverconnections.com.au/workshops/aboriginal-people-lateral-violence/>
- Stanley, K. M., Martin, M. M., Michel, Y., Welton, J. M., & Nemeth, L. S. (2007). Examining Lateral Violence in the Nursing Workforce. *Issues in Mental Health Nursing*, 28(11), 1247-1265. <https://doi: 10.1080/01612840701651470>
- Safe Work Australia. (2019). *Psychological health and safety and bullying in Australian workplaces*. Retrieved (17.02.2021) from <https://www.safeworkaustralia.gov.au/system/files/documents/2002/psychosocial-health-and-safety-and-bullying-in-australian-workplaces-5th-edition.pdf>
- Vessey, J. A, DeMarco, R., & DiFazio. (2011). Bullying, harassment, and horizontal violence in the nursing workforce: The state of the science. *Annual Review of Nursing Research*, 28(1), 132-157. <https://doi.org/0739-6686.28.133>
- Well Mob. (2023). Retrieved March 1, 2023, from <https://wellmob.org.au/>
- Whyman, T., Adams, K., Carter, A., & Jobson, L. (2021a). Lateral violence in Indigenous peoples. *Australian Psychologist*, 56, 1-14.
- Whyman, T., Murrup-Stewart, C., Young, M., Carter, A., & Jobson, L. (2021b). ‘Lateral violence stems from the colonial system’: Settler-colonialism and lateral violence in Aboriginal Australians. *Postcolonial Studies*. <https://doi.org/10.1080/13688790.2021.2009213>
- Woelfle, C. Y., & McCaffrey, R. (2007). Nurse on nurse. *Nursing Forum*, 42(3), 123-131. <https://doi.org/j.1744-6198.2007.00076.x>
- World Health Organisation (WHO). (2014). *Global status report on violence prevention*. Geneva: WHO. Retrieved from <https://www.who.int/publications/i/item/9789241564793>

Email Address for Correspondence

Taneisha Webster

taneishaw@hotmail.com

Yvonne Clark

Yvonne.clark@sahmri.com

Author biographies

Taneisha Webster, Honours in Psychological Science, The University of Adelaide, is a Wathaurong woman from Victoria. She has worked within the Aboriginal community in various institutions and in various roles over the past ten years, with a focus on trauma, community healing, social and emotional wellbeing and child welfare.

Associate Professor Yvonne Clark, PhD, is a Kokatha woman from South Australia, a Clinical Psychologist, and currently in a joint appointment as a Principal Research Fellow at

the South Australian Health and Medical Research Institute (SAHMRI) and the University of South Australia. She has worked within the Aboriginal community in various institutions and in various psychological roles over the past thirty plus years in mental health, wellbeing and healing.

“I am Quite Blessed to be Feminine”: Investigating how Lesbian Women of Colour Cope With Experiences of Heterosexism and Racism in an Australian Context

Jennifer Puth and Fiona Ann Papps

Australian College of Applied Professions

Lesbian women continue to experience interpersonal and institutional oppression in Australia. When lesbian women are also persons of colour, multiple and braided layers of discrimination from the intersection of identities intensify experiences of oppression, with negative consequences for mental health. Currently, there is no research investigating how lesbian women of colour (WOC) experience heterosexism and related systems of oppression, the perceived effects of these experiences on their mental health, and the strategies they use to cope with these experiences. Inductive data-driven thematic analysis of individually conducted semi-structured interviews with six, lesbian WOC living in Australia revealed that they experienced discrimination from a variety of sources based on gender and sexuality but also race, and that this discrimination was perceived to affect their mental health. Participants employed self-directed strategies (e.g., avoidance, denial, and assertiveness) and outward-directed strategies (e.g., seeking psychological support, legal or human resources support, and finding community) to cope with heterosexism and racism. Findings can be used to inform the design and implementation of culturally safe and sensitive psychoeducation and community-based programs and clinical interventions applied by psychologists and other mental health professionals working with lesbian women at the intersections.

Keywords: heterosexism, mental health, LGBTIQ+, racial/ethnic minorities, women

Lesbian women continue to experience interpersonal and institutional oppression in Australia (Smith & Simmonds, 2018). Research that has explored the impacts of oppression on the mental health and wellbeing of marginalised communities has demonstrated that lesbian women are more likely to be diagnosed and treated for mental disorders and are more likely to engage in self harm and attempt suicide than gay men (LGBTIQ+ Health Australia, 2021). For comparable age groups in Australia, 83.3% of lesbian women reported experiencing high levels of psychological distress (compared with 27.3% of the general population), 61.7% of lesbian women reported having suicidal ideation in the past 12 months (compared with 13.3% of the general population), and 14.1% of lesbian women reported a suicide attempt (compared with 1.1% of the general population; LGBTIQ+ Health Australia, 2021). These health outcomes are directly related to experiences of discrimination, stigma, prejudice, and abuse grounded in both sexism and heterosexism (Chesir-Teran, 2003; Smith & Simmonds, 2018). However, these experiences also result from a matrix of societal, ideological, structural disadvantages that collectively impact the psychosocial wellbeing of lesbian, gay, bisexual, trans, intersex, and queer (LGBTIQ+) adults, and these burdens are unevenly distributed along gender and race lines (Ramirez & Paz Galupo, 2019).

A significant number of LGBTIQ+ people living in Australia are culturally and linguistically diverse (CALD). In a study of 1,032 young people aged from 16 years to 27 years who identified as gender variant or sexually diverse, 28.6% reported a racial or ethnic background other than Anglo-Celtic (Robinson et al., 2014). Of these youths, 18% also reported experiencing a conflict between their cultural background and their sexuality or gender identity (Robinson et al., 2014). In data drawn from the 2019 *Australian Workplace Equality Index*, of the 27,347

responses to the survey, 4,455 (16.29%) identified as coming from a CALD background, and of these, 17.26% identified as LGBTIQ+ (AWEI, 2020). These numbers suggest that there is a small, but important, proportion of lesbian women who are also from CALD backgrounds. Some of these women may be women of colour and/or Aboriginal and Torres Strait Islander (ATSI; Korff, 2021). Following Women of Colour Australia (2023), we use the expression “women of colour” (WOC) not as a biological designation, but a self-chosen solidarity designation, representing non-white women who have been oppressed and minoritised and commit to work together to redress these systems of oppression.

In addition to experiencing significant discrimination that results from homophobia (Smith & Simmonds, 2018), lesbian WOC may experience additional systems of oppression, such as racism, with resultant discrimination and isolation, and difficulties in maintaining cultural ties and family support, especially among lesbian WOC who are also ATSI (Australian Human Rights Commission, n. d.). Because of the individual and additive action of distinct socio-cultural identities (Archer et al., 2022; Warner, 2008), such experiences of oppression may have complex effects on physical and psychosocial well-being (Greene et al., 2008). However, research has yet to be conducted in Australia that investigates how lesbian WOC experience heterosexism as a key system of oppression, how they experience racism as intersecting with heterosexism, how they perceive their experiences of oppression as affecting mental health, and what strategies they use to cope with heterosexism and other systems of discrimination. We explore these issues in the present research.

Systems of Discrimination: Heterosexism and Racism

Although lesbian women live healthy and happy lives, research has demonstrated that a disproportionate number experience poorer mental health outcomes due to multiple systems of discrimination (LGBTIQ+ Health Australia, 2021), including heterosexism and racism. Heterosexism is the institutionalised practice of preferencing heterosexuality which leads to, intersects with, and generates homophobia (Chesir-Teran, 2003; Smith & Simmonds, 2018), the irrational fear, dislike, hatred, intolerance, and ignorance of homosexuality (Short, 2007). Racism is the manifestation of racist emotions, behaviours, beliefs, and practices that maintain and encourage disparity of opportunity of a racial/ethnic group (Paradies et al., 2015), and occurs at three main levels 1) interpersonal racism (discrimination from one individual towards another); 2) institutional racism, discrimination expressed through policies or practices that diminish opportunities among the oppressed group; and 3) internalised racism, the adoption of racist beliefs by the stigmatised people about their value and capacity (Paradies et al., 2015). The systemic and interpersonal discrimination experienced by minority groups has significant impacts on both physical and mental health (Cerdeira et al., 2023), as explicated by the Minority Stress Model (MSM, Meyer, 2003).

Minority Stress Model

According to the MSM (Meyer, 2003), oppressed social groups, including racial/ethnic and sexual minorities, experience high stress and greater negative life events (e.g., threats to physical integrity) directly related to their marginalised positions (Perrin et al., 2020). For example, both sexism and heterosexism create significant psychological distress in lesbian women (Szymanski & Henrichs-Beck, 2014). The effects of heterosexism and sexism appear to be additive, as both stressors combined increase the extent of psychological distress experienced by women (Szymanski & Henrichs-Beck, 2014). Mason and Lewis (2016) described lesbian women as a “double minority”, as the negative impacts of sexism and heterosexism are

experienced separately, as well as “gendered homophobia”, in which the intersections of gender and sexual orientation are manifested (Denissen & Saguy, 2014; Szymanski & Henrichs-Becks, 2014).

When race as a further system of oppression is added to the stress and negative life events encountered by lesbian women, these women become a “triple minority.” A significant number of Australians of CALD backgrounds continue to experience racism. In a study conducted by the Scanlon Foundation Research Institute (2021), approximately, 60% of participants reported they considered racism a “fairly big problem” or “very big problem”, and 16% of participants reported that they experienced racial discrimination in the past 12 months. These experiences of racism are also encountered in the sexual minority community (Adams & Kimmel, 1997). Research using LGBTIQ+ samples has demonstrated cultural denial of same sex attracted individuals (Chan, 1995), pressure to choose between racial/ethnic and sexual identity (Dube & Savin-Williams, 1999), non-acceptance in racial/ethnic communities (Loiacano, 1993), internalised conflict with dual identities (Colon, 2001), and higher levels of psychological distress among participants who felt negatively about these dual minority identities (Crawford et al., 2002). Collectively, these results highlight how being a woman from a racial/ethnic background in addition to being same sex attracted compounds being a member of this “triple minority”, with further experiences of discrimination and potential negative psychosocial outcomes.

Experiences of Discrimination

Experiences of discrimination among lesbian WOC are numerous and varied. In a survey of over 500 WOC (including 7% who were ATSI) conducted in Australian workplaces over the 2020 to 2021 period, 60% reported experiencing discrimination, even though 59% noted that their workplace had a Diversity and Inclusion policy (Archer et al., 2022). In addition to language, appearance-related racism and sexism, and exclusion (Archer et al., 2022), participants also reported significant experience of microaggressions, “the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely on upon their marginalised group membership” (Sue, 2010, p. 3). When WOC are also lesbian, they may feel that they must choose between being LGBTIQ+ and being a member of their own ethnic/racial group, and they experience nonacceptance and acts of discrimination and marginalisation from both communities (Bonilla & Porter, 1990; Herek & Capitano, 1995; Washington, 2001). Members of various ethnic/racial communities, including ATSI (Australian Human Rights Commission, n.d.; Korff, 2021) and socially dominant and privileged communities, may not view being LGBTIQ+ as acceptable within their community or culture and therefore may ostracise LGBTIQ+ people (Harper et al., 2004), leading to difficulties in maintaining cultural ties and family connections (Australian Human Rights Commission, n.d.). This response may be based on the belief that same sex attraction and/or activity are violations of traditional culture rules or values (Harper et al., 2004; Korff, 2021).

Lesbian WOC may also experience discrimination within the predominantly White mainstream LGBTIQ+ community. Harper (2004) argued that lesbian WOC may be eroticised and objectified by white LGBTIQ+ women who are seeking to fulfill an exotic fantasy (Harper, 2004). Greene (2000) argued that for lesbian WOC, this combined oppression is further compounded by acts of sexism within both ethnic/racial and LGBTIQ+ communities. As such, these adverse experiences in both the community of culture and mainstream white LGBTIQ+ community may lead some lesbian WOC to hide aspects of their various identities depending on the context of their interactions with others, thus experiencing varying degrees of invisibility and

visibility within their own communities (Crawford et al., 2002; Fukuyama & Ferguson, 2000). For example, some men of colour identify as gay when they are in the context of LGBTIQ+ spaces but not when they are with their family of origin (Zea et al., 2003). Similarly, young lesbian WOC reported excluding themselves from cultural activities to avoid bringing shame to their families, and thus making themselves “invisible” within their cultural group (Tremble et al., 1989).

Psychological Effects of Discrimination

Discrimination has been consistently implicated as a major stressor with adverse psychological effects (Meyer, 2003). According to the MSM, people of disadvantaged social groups (due to race, gender, or sexuality) are exposed to social stressors (discrimination) as a direct result of their social group membership, which significantly affects their mental health and wellbeing (Meyer, 2003). LGBTIQ+ individuals are particularly vulnerable to the daily experience of social stress from heterosexism (Sutter & Perrin, 2016). Experiences of heterosexism have been associated with reduced quality of life (Mays & Cochran, 2001), psychological distress, and depression (Lewis et al., 2003). Additionally, LGBTIQ+ individuals had an eight-time higher risk for attempting suicide when they experienced more rejecting behaviours from their family of origin (Ryan et al., 2009). Therefore, it is no surprise that lesbian WOC report higher levels of psychological distress than gay men, almost more than twice as likely to attempt suicide than gay men and are more likely to be diagnosed and treated for mental disorders than gay men (LGBTIQ+ Health Australia, 2021).

Likewise, racial/ethnic discrimination toward people of colour (POC) is another chronic psychological stressor (Cerda et al., 2023; Pascoe & Smart Richman, 2009) that negatively affects the mental health of POC (Clark et al., 1999) on micro to macro levels (Brondolo et al., 2009). Racism has been shown to predict greater presence of other stressors such as daily negative events, which has been associated with increased risk for depression and suicide compared to Caucasian individuals (Alegria et al., 2004; Choi et al., 2013). Exposure to more gendered racism has also been linked to higher levels of psychological distress in community and college samples of Black women (Lewis & Neville, 2015). Taken together, the research suggests that lesbian WOC may be at particular risk for decreased mental health and increased suicidality. The intersectional identities of sex, gender, and race have been linked to greater susceptibility to psychological consequences of discrimination (Sutter & Perrin, 2016).

Coping with Discrimination

Many individuals who experience discrimination develop ways of living that not only reduce the impact of adversity, but lead to connection, satisfaction, social responsibility, and competency (Short, 2007). A qualitative study on lesbian mothers in Australia demonstrated the use of strategies and resources such as making decisions about engaging, or not, in particular activities and conversations; supportive romantic relationships; being aware of strengths and feeling proud, and supportive social networks to assist in coping with heterosexism (Short, 2007). Similarly, Smith and Simmonds (2018) demonstrated that same sex attracted women used a variety of strategies to manage heterosexism such as challenging other people’s homophobic assumptions, dismissing someone who enacted heterosexism, deflection, seeking community for support, and concealing their sexual identities unless they felt secure for their safety. These results are consistent with research into how members of the LGBTIQ+ community have historically protected themselves from homophobia (e.g., concealment; building community; Difulvio, 2011; Lehavot & Simoni, 2011; Keleher et al., 2009; Pachankis, 2014). However, some of these findings are more than a decade old, and do not acknowledge the intersection of socio-cultural identities,

such as race and culture, in an Australian context. Moreover, participants in Smith and Simmonds' (2018) research were all Caucasian women (Smith & Simmonds, 2018).

Other studies on coping in the context of discrimination in the United States have demonstrated similar findings. These include re-interpretations of interactions and the environment, selective affiliation with supportive people, and efforts to change negative situations (Miller & Kaiser, 2001; Shih, 2004). Russell and Richards (2003) also demonstrated the importance of understanding discrimination towards lesbians, gay men, and bisexuals "as a form of social oppression rather than a phenomenon that targets one personally" (p. 324). Elizur and Ziv (2001) also emphasised the significance of social support for LGBTIQ+ individuals. Similar to Short (2007), Reed and Valenti (2012) found in their study of Black lesbians that participants used cognitive restructuring to be aware of their strengths and to be proud of themselves in the face of discrimination.

Lesbian women have also been demonstrated to cope with sexual objectification by acting in ways that conceal their sexuality (e.g., hiding the gender of a partner) or by reflecting the stigmatising behaviour to highlight inappropriate behaviour (Denissen & Saguy, 2014). "Role flexing" behaviours (e.g., posing as heterosexual) to comply with the norms of the dominant group have also been demonstrated to cope with heterosexism (Reed & Valenti, 2012), although these behaviours have been associated with negative consequences, including cognitive (e.g., increased vigilance and suspiciousness), behavioural (e.g., social withdrawal), and emotional (e.g., depression, guilt and shame) consequences (Pachankis, 2014). Furthermore, lesbian women may diffuse the adversity of heterosexism through creating a community (e.g., "families of choice") to construct safe and supportive environments (Reed & Valenti, 2012). Overall, previous studies suggest that lesbian women utilise a range of behaviours and cognitive strategies in the face of heterosexism and discrimination.

Research has also indicated that in addition to behavioural and cognitive strategies and community creation, collective action is also important in coping with experiences of discrimination in sexual and racial minorities. DeBlaere et al.'s (2014) study of 134 sexual minority women of colour aged 19 to 75 years demonstrated that the impact of gender discrimination on psychological distress was moderated through the engagement of collective action. Furthermore, Reed and Valenti (2012) found that young lesbian women engaged in direct confrontation (e.g., verbally or physical fighting back) to encourage positive attitudes towards themselves and to cope with heterosexism. Sharing emotions related to discrimination through social connection with other lesbian women was also demonstrated as a protective factor for lesbian women's sense of self against both sexism and heterosexism (DiFulvio, 2011; Keleher et al., 2010; Lehavot & Simoni, 2011). However, this strategy of sharing emotions may also be linked with distress. Additionally, lesbian women may be at more risk of vulnerability to further homophobia through retaliation in response to resisting discrimination (Smith & Simmonds, 2018). However, much of this research has not focused on the experiences of lesbian women who are also WOC. Whether the findings of these studies transfer to lesbian WOC has yet to be explored.

The Present Research

A significant number of LGBTIQ+ people living in Australia are CALD (AWEI, 2020; Robinson et al., 2014) and a proportion of these people are lesbian WOC and/or ATSI (Korff, 2021). In addition to experiencing significant discrimination from heterosexism and associated homophobia (Smith & Simmonds, 2018), lesbian WOC may experience additional systems of oppression, such as racism. Because of the individual and additive action of distinct socio-cultural

identities (Warner, 2008), for each minority identity, there is an accumulation of disadvantage, such that lesbian WOC have triple disadvantage compared to a gay man or a heterosexual woman (Shields, 2008). Lesbian WOC may experience multiple layers of oppression, as they not only must contend with the negative societal reactions to their sexual orientation or gender nonconformity but also may experience racial prejudice, and limited acceptance within their own cultural communities and the wider socially dominant community (Australian Human Rights Commission, n.d.). Gaining a better understanding and contributing to the limited literature on how lesbian WOC living in Australia experience heterosexism and the additive effects of racism, and what strategies they use to cope with these systems of oppression, can provide important insights into how psychological wellbeing might be fostered among these women. Therefore, in the present research, we seek to answer the following questions: how do lesbian WOC cope with experiences of heterosexism in an Australian context? How does racism affect their experiences? What are the perceived effects of living at the intersections of gender, sexuality, race, and culture on the mental health of lesbian WOC? What strategies do lesbian WOC use to cope with multiple systems of oppression?

Method

Research Design

Because of the lack of research on the lived experiences of lesbian WOC in an Australian context, we chose to conduct the research using a qualitative framework since it can provide foundational data from which subsequent broader-scale research studies can be conducted (Erlingsson & Brysiewicz, 2017). We selected the “bottom-up” inductive approach of thematic analysis (Braun & Clarke, 2006), since it would allow us to examine how participants constructed events and meanings. Following Braun and Clarke’s (2013) recommendation for data adequacy for a small study, we chose a sample size of six participants, with a possibility of interviewing up to ten participants if saturation of meaning, whereby we were able to fully understand the conceptual dimensions of identified codes (Henninck et al., 2017), had not occurred after analysis of these initial six interviews.

Participants

The inclusion criteria for our research were that participants must be over 18 years old, self-identify both as same sex-attracted and a woman, be able to speak and understand English well enough to complete an interview in English, and reside in Australia. Six women who met these criteria were recruited using convenience and snowball sampling to take part in the research. Coincidentally, at the time of each interview, it emerged that all participants also identified as WOC. The average age of participants was 29.7 years. To protect their anonymity, participants chose pseudonyms for themselves, which we use in this manuscript.

Materials and Procedure

We devised a semi-structured interview schedule to guide the interview process, comprised of a minimal number of questions, and used flexibly, depending upon the individual interview context (see Appendix 1). Following approval from our institutional human research ethics committee (approval number: 726220321), we recruited participants through professional networking, by sharing the recruitment advertisement for the research with willing community groups (e.g., SheQu, Australian GLBTIQ Multicultural Council) and invited potential participants to contact us if they were interested in taking part. This advertisement outlined the aims of the research, what participants would need to do, the amount of reimbursement (\$AUD30 gift voucher) offered to cover time, and our contact details. Using Zoom, the first author conducted

and audio-recorded semi-structured, in-depth interviews, which began with the securing of informed consent for participation from each participant. Interviews were conducted in Sydney, Australia, during June to August 2021, and ranged in length from 30 to 60 minutes ($M = 50$ minutes). At the interview's close, each participant was thanked and debriefed. The first author later e-mailed participants a copy of their transcript for member checking (Patel, 2019) and a copy of the results of the data analysis for member reflection (Smith & McGannon, 2017).

Data analysis

The first author transcribed each interview verbatim. We then analysed the data using the inductive, data-driven process for thematic analysis outlined by Braun and Clarke (2006). We independently engaged in repeated reading of the transcripts, noting similarities and contradictions in the data set. These initial notes became the codes. We then compared and collated initial codes, discussing where our codes did not match, and reaching agreement on what code was most appropriate for the data and what the code should contain. We then clustered codes that referenced similar ideas into themes. We named the themes and chose data excerpts to represent each theme. Finally, we developed a thematic map that represented the final identified themes and their relationships to each other.

Reflexivity and Trustworthiness

Both authors have an interest in psychology and a commitment to how it is taught, researched, and practiced safely and sensitively in the LGBTIQ+ community. The second author is a white, cis-gender woman who identifies as queer, and the first author's identity as a queer WOC positions her within the community being examined. We therefore acknowledge that our positioning may influence interpretation of the data, due to our pre-existing knowledge and lived experience of the issues we chose to investigate, and that this interpretation may differ from that of others who are positioned differently. However, to demonstrate the trustworthiness of the analysis and reduce the influence of our standpoints on the analysis and interpretation of the data, we employed the following strategies.

Following Lincoln and Guba's (1985) guidelines, we sought to demonstrate credibility through data-triangulation and a process of member checking (Patel, 2019), and member reflection (Smith & McGannon, 2017). In data triangulation, we independently coded each transcript, and then compared our codes, and developed the final codes and thematic structure together. In the member checking process, participants were provided with a copy of their verbatim transcript for assessment. No participant requested that any changes be made. In the member reflection process, the first author forwarded a copy of the results of data analysis to each participant for checking and verification, with three weeks allowed for comments. No participant contacted the first author with any requests for change. To facilitate transferability of the inquiry, we provide thick descriptions of each theme with direct quotations from each interview (Li, 2004). To enable assessment of the dependability of the findings, we situate the analysis in quotations drawn directly from each participant. To promote confirmability of the analysis, we maintained an audit trail and a copy of the de-identified data set is available from the first author by request.

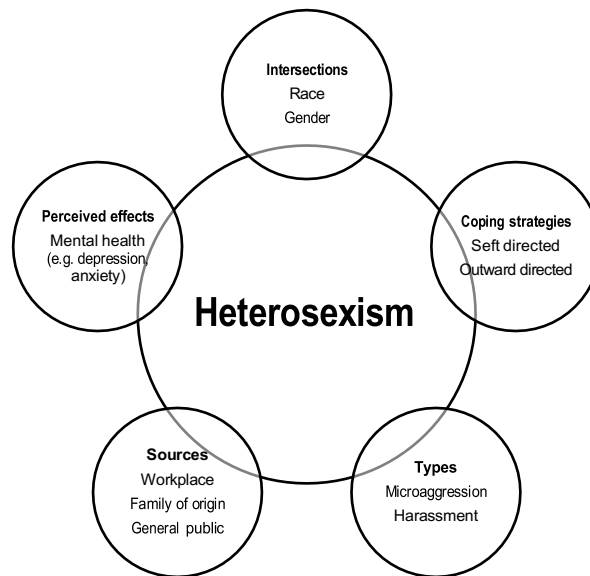
Results

Analysis of the data demonstrated that heterosexism was a defining feature of the lives of the participants in the research. Heterosexism was manifested both through microaggressions and direct harassment, and directed toward the women in their workplaces, by their families of origin, and by the general public. Heterosexism, however, also intersected with other systems of

oppression around race and gender. Participants, then, noted that they employed both cognitive and behavioural strategies to deal with the compromised mental health that arose from their experiences as members of a “triple minority.” The results of the analysis are presented in Figure 1.

Figure 1.

Thematic Map



Heterosexism in the Lived Experiences of Same Sex Attracted Women of Colour: Types and Sources

All participants noted that they had experienced heterosexism as part of their daily life. Kristen stated that she experienced heterosexism “once a month or once every two months” and Erin noted experienced heterosexism “quite often” in more situations than others. The reported experiences of heterosexism were of two types: microaggression and harassment. Experiences of microaggressions were more frequently reported by participants than experiences of direct harassment. All participants, like Yvonne, articulated that “people make comments but not directly to me, they just talk behind my back.” In contrast, one participant reported more direct experiences of harassment, with Erin’s experience where her male co-workers attempted to engage in conversations with her in attempt to “sexualise” other women based her sexuality, exemplary: “I awkwardly said I don’t want to talk about that that’s gross stop sexualising women.”

Participants reported that these experiences of heterosexism originated from three sources: the workplace, family of origin, and the general public. In the workplace, Anna reported that her manager “accused” her of “flirting with other female employees” and allowed “other female employees” to “walk over” her based on her sexuality. Moreover, Yvonne said that her employees referred her as “the lesbian”, despite being aware of her name. With family of origin, Caroline states: “we don’t talk about this stuff” as “the idea of being queer is unacceptable.” Two of the six women reported that their parents did not allow them contact with their siblings:

My mother had an extremely negative reaction and kicked me out of the house. She told me that I was dirty that I couldn’t have contact with my siblings. That I

was contagious. That they would catch it and become dirty like me. My sister's male partner, for example, was always invited for dinner, always accepted, always given gifts by my parents. She always wanted to keep me in a separate box (Kristen).

Similarly, Anna reported that “my younger siblings were not allowed to come over to my house for a long time because my parents weren't sure or didn't believe me if I lived alone.” With the general public, Erin said, “sometimes men [drive] by” and “honk at my partner and I in the city.”

At the Intersections: Heterosexism, Racism, and Gender Identity

Five of the six participants reported that their gender expression played a significant role in whether they experienced heterosexism. Women who appeared “straight passing” or “feminine” were more likely to be accepted and less discriminated against based on their appearance compared to women who appeared “less feminine.” Erin stated:

I'm very straight passing so I can get away from it than other people can. I feel kind of lucky in that sense that I probably experience less homophobia than another queer woman who wasn't straight passing as me. I am quite blessed to be feminine in that sense.

Similarly, Kristen said that she experienced less discrimination based on her sexuality when she was alone in comparison to when she was out with her partner: “when I am on my own, I would pass as straight to the general public. I don't get many comments when I am just on my own. It happens more often when we are together.” Anna, who describes herself as “less feminine” reported that her co-workers “only care about straight presenting feminine women” and “lesbians who look femme have a lot of male attention because they think they have a chance.” She reported that her co-workers are not aware of her name, as they “know the pretty girls' name in one day but won't know my name in four months.” Similarly, Caroline said that “people would make comments that I am different, and I look very tomboyish and that shames me.” Elisa who describes herself as a “transgender woman” reported that “they look at me as a man in a woman costume” and ask “whether I have a penis.”

Four women reported that they experienced not only heterosexism, but other systems of discrimination based on race and religion. Yvonne noted that “sometimes you couldn't tell that it's against your sexuality or against your colour of skin”. Similarly, Caroline reported that “I am a foreigner female” and that “a lot of my difficulties are because of culture.” She states: “in Australia community in general, they are accepting and supporting,” however “we do not exist in my culture, my hometown.” Yvonne observed that most people “who make negative comments” about her are from “other cultures who didn't grow up from here, in Australia.” Anna who was raised in a “strict Catholic family” describes that she is not allowed to be “out to extended family” as it is an “unchristian thing to do.” Finally, Caroline noted that she felt that she was “living two personalities” as to not upset her cultural community: “When I came back home, I am wearing someone else's shoes, I'm hiding this part of me.”

Perceived Effects of Heterosexism on Mental Health

All participants spoke about how heterosexism, racism, and discrimination impacted mental health, and of thinking about and choosing whether or not to engage in particular actions on the basis of this. All participants discussed the considerable distress that they felt as a consequence of dealing with interlocking systems of oppression. For example, Caroline noted

that “I was very depressed for a number of years, and was very anxious, and had ongoing mental health issues.” Similarly, Anna reported that the experience of heterosexism was “very distressing and there’s many tears to shed over this.”

Coping Strategies Used to Manage Effects of Discrimination

The women reported the use of both self- and outward-directed strategies to manage the effects of heterosexism. Self-directed strategies are skills and activities used to improve the emotional reaction to sources of stress (Lambert et al., 2013), and include avoidance, assertiveness, and denial. Outward-directed strategies included seeking psychological support, legal or human resources (HR) support, and finding community. Participants noted that only one of the self-directed strategies, assertion, but all of the outward-directed strategies, especially community involvement and partner support, helped them to build resilience in the face of their experiences of heterosexist discrimination.

Self-directed Strategies

Five women utilised three self-directed strategies to protect themselves from challenging heterosexism: avoidance, assertiveness, and denial. Caroline describes that she “avoids situations where I think I might be discriminated against, as well as adapt my behaviour or my language. Often, I do that to protect myself.” Similarly, Yvonne said, “I avoid using pronouns to call my partner so they wouldn’t tell that she is she instead of a he.” Therefore, some women made choices about how to respond to personal questions. Other women utilised denial as a strategy to manage heterosexism. For example, Yvonne said:

Most of the time I would choose to ignore that it might be possibly discrimination based on my sexuality. I choose to not accept the fact... to make myself feel better because if I dig about it, then I reckon it is discrimination and it would really upset me. So, I just pretend that it’s not discrimination.

In contrast, only one woman, Kristen, utilised assertiveness to manage heterosexism:

I feel like these days I am more empowered to say something back, so I will probably confront it directly. I feel like I care less with what people say and what people think these days. Perhaps with age, and that my daughter is born. I have to be strong for her. Before I would have really absorbed or felt really bad about myself like I was the one in the wrong.

Outward-directed Strategies

All participants utilised outward-directed strategies comprised of three components to protect themselves from heterosexism: seeking psychological support, legal or HR support, and finding community. Three women reported that having access to a psychologist who is “queer friendly” for professional support helped them to manage the effects of the heterosexism and build resilience. As Kristen described: “she was really great at talking about LGBTIQ+ issues, was sort of familiar with the experiences, and had a lived experience of it.”. Similarly, Caroline noted that she was “very happy to see a therapist” to help manage the heterosexism and discrimination from her family of origin. Two women reported that being aware of legal and/or human resources support in the workplace was crucial to building resilience. Kristen stated, “knowing my legal rights help me feel more resilient in a professional context”. Similarly, Erin noted “workplace LGBTIQ+ training provided by HR” helped build resiliency in her case.

All women reported that drawing on the strengths of the lesbian community were important in building resilience. Caroline, Yvonne, and Kristen described that “having a group of queer community” was “really helpful” in “feeling connected and more confident of who we are”. Moreover, two women described that being a part of the “queer community” provided experiences of “hope” that “society is improving slowly, like the legalisation of same sex marriage” (Caroline), as well as community providing a sense of solidarity. Five women also said they debrief or vent about experiences of discrimination to other queer women or allies. For all these women, this strategy appeared to help them feel that their anger or hurt were legitimate and to discharge the painful emotions that they felt building up within them and allowed them to recharge. Kristen said:

It took me a very long time to get to this place. Now I have queer friends. So, I feel like if something did happen, I could rant about it, and they would understand. I got more support network that I used to, and I feel like I got people to fall back on.

Moreover, Kristen noted that she relocated to a neighbourhood that was more LGBTIQ+ friendly:

I moved to a location, the inner west, there is quite a few other people like me, and other families like me. I wanted to be surrounded by people who sort of thought similarly and I want my daughter, I guess, to be surrounded with other families like us.

Community was also understood to include romantic partners. The women with romantic partners reported that their partner was “supportive” and a source of resilience in challenging homophobia. As Anna stated, “my partner is always great to talk to just hearing about her experiences helps with resiliency.” Similarly, for Caroline, her partner “helped her opened up more” and that she’s learnt “a lot of new things” as they share experiences of being a women of colour.

Discussion

In this research, we explored how lesbian WOC experienced heterosexism and related systems of oppression, such as racism, the perceived effects of these experiences on their mental health, and the strategies that they used to cope with multiple systems of oppression. Overall, results of the research suggested that the discrimination reported by participants occurred across a range of contexts from families of origin, workplaces, and the general public, and included both microaggressions and more direct harassment. The perceived impacts on their mental health were managed using both self- and outward-directed strategies, with assertiveness and partner and community support noted as particularly helpful in building the resilience needed to cope with life as a member of a “triple minority”. The research also revealed the ways in which the participants’ gender affected how they experienced heterosexism and how they managed heterosexism through the implementation of role flexing.

Heterosexism

The results demonstrated that heterosexism is prominent in the lives of lesbian WOC in an Australian context, along with other systems of discrimination based on race and culture. This finding is consistent with the reported experiences of heterosexism and racism as demonstrated by LGBTIQ+ Health Australia (2021), the Scanlon Foundation Research Institute (2021), and Archer et al., (2022). It is also important to note the perceived impact of oppression demonstrated in this study on the women’s mental health and wellbeing. All women in the present research reported experiences of psychological distress as a result of heterosexism, such as “depression,

anxiety, fear, stress, hypervigilance, desperation, anger, and feeling guilty,” with some participants requiring psychotherapy and/or pharmacological (e.g., antidepressants) support to further manage these experiences of psychological distress resulting from discrimination (e.g., family non acceptance). These results are also consistent with those of previous research, which demonstrate that exposure to minority stressors among minority individuals, such as prejudicial events (e.g., heterosexism, sexism, racism) and expectations of rejection (e.g., from the workplace, family of origin, and the general public) lead to poor mental health outcomes, such as decreased quality of life, psychological distress, and depression (Sutter & Perrin, 2016).

Consistent with the MSM (Meyer, 2003), participants reported multiple layers of oppression. The participants not only needed to deal with the negative societal reactions to their sexual orientation or gender non-conformity, but also experienced racial prejudice in the workplace, but not limited to the workplace (consistent with Archer et al., 2022), and limited acceptance within their own cultural community (also commented on by Australian Human Rights Commission, n.d.; Harper et al., 2004; Korff, 2021). As such, this finding provided insight into the complexities that lesbian WOC living in Australia might need to navigate in their lives. These complexities were challenging, conflicting, and stressful for the participants. Consistent with previous research in the United States, some participants reported that they felt the need to conceal their sexual or gender identity to fit with their racial/ethnic group, making themselves “invisible” in their cultural groups to avoid feeling shame or guilt (Crawford et al., 2002; Fukuyama & Ferguson, 2000). As noted by Pachankis (2007), and supported by the results of this research, chronically concealing one’s identity is a cognitively and behaviourally taxing coping strategy that has significant psychological consequences.

Gender Expression and Heterosexism

Interestingly, five of the six participants in the research noted that their expression of gender affected their experiences of discrimination in the workplace or in the public domain. For some of these participants, “passing” was a way to manage heterosexism and cope with its effects. This finding is consistent with previous literature on “role flexing behaviour” which is a common identity maintenance strategy used among Black, gay and bisexual males and among Black women in response to sexism and racism (Shorter-Gooden, 2004). It is used to comply with the norms of the dominant group in order to reduce the impact of heterosexism (Reed & Valenti, 2012). This strategy may be particularly effective because the sexual minorities who assimilate into heteronormative structures and conform to the congruent gender roles receive more privileges than those who do not or cannot assimilate. For example, many transgender and other gender non-conforming individuals are often pushed to the periphery of LGBTIQ+ communities for not conforming to the heteronormative gender roles in society. Therefore, heteronormativity not only regulates lesbian WOC, but it is also legitimized through discrimination against other lesbian women who may not present as “straight passing” (Robinson, 2016).

Coping with Heterosexism

The present research highlighted a variety of other strategies that women at the intersections utilise to cope with heterosexism. For example, similar to findings of Smith and Simmonds (2018), participants reported the use of self-directed strategies, such as avoiding situations or interacting with others that are likely to be homophobic, avoiding the use of pronouns to describe their partner, direct confrontation of stigmatizing attitudes and beliefs of others through assertive action (also found by Reed & Valenti, 2012), and denying the situation in attempt to diminish the impact of negative biases or stereotypes. Moreover, participants also

reported the use of outward-directed strategies to cope with heterosexism, such as seeking psychological support, in particular, LGBTIQ+ friendly mental health professionals, noting that the therapeutic process was helpful if the mental health professional was aware of the effects of heterosexism on mental health wellbeing. Other outward-directed strategies included seeking legal or HR support and, similar to findings in Short's (2007) research, finding community (including romantic partners) as a way to cope with heterosexism and diffuse the impact of homophobia on perceived mental health outcomes.

In contrast with Smith and Simmonds (2018), participants in the current study utilised less assertive strategies (e.g., denial and avoidance) to deal with heterosexism, and appeared more community oriented. It is noteworthy that in comparison with Smith and Simmonds' (2018) sample, which was Caucasian, the present study's sample comprised WOC. This finding may therefore indicate the importance of cultural effects on behaviours used to deal with heterosexism, with women from minority status groups possibly less comfortable in using individualistic strategies such as assertion, instead choosing more collectively oriented strategies grounded in community, to deal with discrimination. The findings from the current research also highlighted that some lesbian WOC felt that they needed to choose between being LGBTIQ+ and being a member of their own ethnic/racial group, thus employing unique ways to cope with acts of discrimination and marginalization from both communities.

Limitations

While this study adds significant information to the knowledge base about the lived experiences of lesbian women at the intersections in an Australian context, it is important to note its limitations. We did not set out to explore the experiences only of lesbian WOC and acknowledge that the organisations through which we chose to sample participants may have resulted in the volunteering specifically of lesbian WOC. Although the sample size is small, the qualitative sampling methods were appropriate for exploring the unique and rich perspectives required to fulfil the aims of the study and fulfil the imperative in qualitative research for trustworthiness. The unique experiences of bisexual+ women (e.g., women who are attracted to more than one gender) were also not investigated in this research, as all participants identified as lesbian, constituting a significant gap. As WOC from the bisexual+ community face unique experiences of marginalization across communities, it is important to explore these experiences in further detail. Despite these limitations, the study has added to the knowledge base about how lesbian WOC cope with heterosexism and related systems of oppression, such as racism.

Implications for Clinical and Community Psychology Practice

As Rauk (2021, p. 1) notes, community psychology has a deep, and long-standing commitment to social justice. The results of studies such as the present one can support the development of anti-heterosexist and racist guidelines that can guide and inform clinical and community practices to better collaborate with and support community partners (Rauk, 2021, p. 1). Although one participant reported that assertiveness skills may be useful in fostering self-advocacy (Carvalho et al., 2022), other self-directed strategies of avoidance and denial reported by the participants are understandable responses to unreasonable and oppressive circumstances. These behaviours point to the need for change to wider systems that contribute to marginalisation and discrimination of lesbian WOC, and psychoeducation may be useful both here and in supporting families of lesbian WOC toward greater acceptance.

Furthermore, psychologists who work with lesbian WOC may benefit from focusing on how the complexities of multiple oppressions play into presenting mental health problems. For example, helping clients develop awareness of the multiple systems identified in the current study may be an initial step for a client to reduce the direct effects of discriminations on mental health. Given the importance of supportive partnership and community networks that emerged as significant in promoting resilience in the present research, both clinical and community psychologists can work with LGBTIQ+ communities of colour to create spaces that foster networks and safe and sensitive culturally inclusive practices (Australian Psychological Society, 2007).

This study also demonstrated that the participants interviewed experienced microaggressions across a range of contexts. Participants therefore tended to engage with health practitioners who were “queer friendly” to avoid assumptions related to heteronormativity. Therefore, microaggressions become relevant in clinical practice, as relational dynamics are central aspects of this field. In clinical practice, microaggressions can be undetected. Sue and colleagues (2007) suggested Caucasian heterosexual clinicians are more likely to express biases unintentionally and unconsciously. Consequently, psychologists should make a collaborative effort to identify and monitor microaggressions within the clinical setting. Due to a lack of cultural awareness, some lesbian WOC may feel misunderstood by their psychologists (Sue et al., 2007). Similar to a study on Asian Americans, Asian Australians may be encouraged by their psychologist to speak out against their families or to make decisions irrespective of family expectations when faced with distress in relation to family responsibilities (Sue et al., 2007). Asian Australians may feel invalidated when cultural respect of authority is challenged, and psychologists may be unaware that they may be imposing an individualistic view over a collectivist one (Sue et al., 2007).

Mental health professions in Australia have typically been dominated by people from Caucasian backgrounds (Dune et al., 2021). Psychologists can improve their role as a therapist supporting lesbian WOC by understanding the complexity of the “triple minority” in modern Australia, including understanding resilience, minority stress, intersectionality, and concepts of power in therapeutic work. As 86% of advertised counsellors and psychologists in Australia described themselves as Caucasian (Pelling et al., 2007) and with an increasingly diverse population, it is therefore important for psychologists to become aware of potential transference and countertransference concerns between therapist and client and how they may unintendedly interfere with effective therapy (Sue et al., 2007). The Australian Psychological Society (APS) attempts to bridge this gap by providing ethical guidelines for psychological practice with lesbian, gay, and bisexual clients. The current findings provide valuable insight on the lives of lesbian WOC; for example, how the “coming out” process and how variables such as cultural diversity, and religion can influence this process, as well as how racism within lesbian communities are critical factors to consider for community and clinical psychologists.

Lastly, the study also provided findings with important implications for employers. The results suggested that legal or organisational policies can build resilience in the workplace. For example, employers can provide LGBTIQ+ diversity workplace training. Chrobot-Mason and Aramovich (2013) suggested when diversity is managed effectively, discrimination, conflict, and exclusion are minimal. As such, diversity training can enable employers to increase confidence in the use of language and terminologies around LGBTIQ+ people, experiences of LGBTIQ+ people in Australia, strategies to address discrimination, provide useful referral sources, and develop ways to increase workplace inclusive practice to build resilience for lesbian WOC (Chrobot-Mason & Aramovich, 2013).

Conclusion

Lesbian women continue to experience interpersonal and institutional oppression in Australia (Smith & Simmonds, 2018) and these experiences may be heightened for lesbian women who are also of colour and/or ATSI (Archer et al., 2022; Australian Human Rights Commission, n. d., Korff, 2021). As Archer et al., (2022) note, WOC continue to be “othered” through sexual objectification, xenophobia, and racism, with WOC set up as “other” to cis-gendered men and heteronormative white women. Academic studies into the experiences of WOC in Australia, especially of those who are also lesbian, are lacking. Therefore, this research sought to address several questions: how do lesbian WOC cope with experiences of heterosexism in an Australian context? How does racism affect their experiences? What are the perceived effects of living at the intersections of gender, sexuality, race, and culture on the mental health of lesbian WOC? What strategies do lesbian WOC use to cope with multiple systems of oppression?

Overall, findings from inductive, data driven thematic analysis of interviews with six lesbian WOC living in Australia suggested that they continued to experience discrimination across a range of contexts from families of origin, workplaces, and the general public, and included both microaggressions and more direct harassment. Participants employed a variety of strategies, such as self-directed strategies (e.g., avoidance, assertiveness, and denial) and outward-directed strategies (e.g., seeking psychological support, legal or HR support, and finding community) as ways to manage their mental health as a result of heterosexism and racism. The research also revealed the ways in which the participants’ gender affected how they experienced heterosexism and how they managed heterosexism through the implementation of role flexing. Findings highlighted the importance of incorporating a multiple oppression perspective into research. This unique understanding of how women live at the intersections is particularly important for community and clinical psychologists in providing culturally safe and sensitive practice with lesbian WOC clients and allowing them to understand the complex interplays of gender, race, and sexuality in creating oppression, reflected in Erin’s words, “I am quite blessed to be feminine.”

References

- Adams, C. L., Jr., & Kimmel, D. C. (1997). Exploring the lives of older African American gay men. In B. Greene (Ed.), *Ethnic and cultural diversity among lesbians and gay men* (pp. 132–151). Sage Publications, Inc.
- Australian Workplace Equality Index. (2020). *Pride in Diversity*. ACON. www.pid-awei.com.au
- Alegria, M., Takeuchi, D., Canino, G., Duan, N., Shrout, P., & Meng, X. et al. (2004). Considering context, place and culture: the National Latino and Asian American Study. *International Journal of Methods In Psychiatric Research*, 13(4), 208-220. <https://doi.org/10.1002/mpr.178>
- Archer, C., Sison, M., Gaddi, B., & Mahoney, L. (2022). Bodies of/at work: How Women of Colour experienced their workplaces and have been expected to ‘perform’ during the COVID-19 Pandemic. *Journal of Intercultural Studies*. <https://doi.org/10.1080/07256868.2022.2128091>
- Australian Human Rights Commission, n. d. *Brotherboys, sistergirls and LGBT Aboriginal and Torres Strait Islander peoples*. <https://humanrights.gov.au/our-work/lgbti/brotherboys-sistergirls-and-lgbt-aboriginal-and-torres-strait-islander-peoples>
- Australian Psychological Society. (2007). *Code of Ethics*. Melbourne, Vic.
- Bonilla, L., & Porter, J. (1990). A Comparison of Latino, Black, and Non-Hispanic White Attitudes Toward Homosexuality. *Hispanic Journal of Behavioral Sciences*, 12(4), 437-452. <https://doi.org/10.1177/07399863900124007>

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research In Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A Practical Guide for Beginners*. Sage Publications Ltd.
- Brondolo, E., Brady ver Halen, N., Pencille, M., Beatty, D., & Contrada, R. (2009). Coping with racism: a selective review of the literature and a theoretical and methodological critique. *Journal of Behavioral Medicine*, 32(1), 64-88. <https://doi.org/10.1007/s10865-008-9193-0>
- Carvalho, S. A., Castilho, P., Seabra, D., Salvador, C., Rijo, D., & Carona, C. (2022). Critical issues in cognitive behavioural therapy (CBT) with gender and sexual minorities (GSMs). *The Cognitive Behaviour Therapist*, 15, e3.
- Cerda, I. H., Macaranas, A. R., Liu, C. H., & Chen, J. A. (2023). Strategies for naming and addressing structural racism in immigrant mental health. *American Journal of Public Health*, 113(S1), S72-S79. <https://doi.org/10.2105/AJPH.2022.307165>
- Chan, C. S. (1995). Issues of sexual identity in an ethnic minority: The case of Chinese American lesbians, gay men, and bisexual people. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 87–101). Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780195082319.003.0004>
- Chesir-Teran, D. (2003). Conceptualizing and assessing heterosexism in high schools: A setting-level approach. *American Journal Of Community Psychology*, 31(3-4), 267-279. <https://doi.org/10.1023/a:1023910820994>
- Choi, K., Paul, J., Ayala, G., Boylan, R., & Gregorich, S. (2013). Experiences of discrimination and their impact on the mental health among African American, Asian and Pacific Islander, and Latino men who have sex with men. *American Journal of Public Health*, 103(5), 868-874. <https://doi.org/10.2105/ajph.2012.301052>
- Chrobot-Mason, D., & Aramovich, N. P. (2013). The psychological benefits of creating an affirming climate for workplace diversity. *Group & Organization Management*, 38(6), 659-689. <https://doi.org/10.1177/10596011135509>
- Clark, R., Anderson, N., Clark, V., & Williams, D. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist*, 54(10), 805-816. <https://doi.org/10.1037/0003-066x.54.10.805>
- Colon, E. (2001). An ethnographic study of six Latino gay and bisexual men. *Journal of Gay & Lesbian Social Services*, 12(3-4), 77-92. https://doi.org/10.1300/j041v12n03_06
- Crawford, I., Allison, K., Zamboni, B., & Soto, T. (2002). The influence of dual-identity development on the psychosocial functioning of African-American gay and bisexual men. *The Journal of Sex Research*, 39(3), 179-189. <https://doi.org/10.1080/00224490209552140>
- DeBlaere, C., Brewster, M., Bertsch, K., DeCarlo, A., Kegel, K., & Presseau, C. (2014). The protective power of collective action for sexual minority women of color. *Psychology of Women Quarterly*, 38(1), 20-32. <https://doi.org/10.1177/0361684313493252>
- Denissen, A., & Saguy, A. (2014). Gendered homophobia and the contradictions of workplace discrimination for women in the building trades. *Gender & Society*, 28(3), 381-403. <https://doi.org/10.1177/0891243213510781>
- DiFulvio, G. (2011). Sexual minority youth, social connection and resilience: From personal struggle to collective identity. *Social Science & Medicine*, 72(10), 1611-1617. <https://doi.org/10.1016/j.socscimed.2011.02.045>
- Dubé, E. M., & Savin-Williams, R. C. (1999). Sexual identity development among ethnic sexual-minority male youths. *Developmental Psychology*, 35(6), 1389–1398. <https://doi.org/10.1037/0012-1649.35.6.1389>

- Dune, T., Caputi, P., Walker, B., Olcon, K., MacPhail, C., Firdaus, R., & Thepsourinthone, J. (2021). Australian mental health care practitioners' construing of non-White and White people: implications for cultural competence and therapeutic alliance. *BMC Psychology*, 9(1). <https://doi.org/10.1186/s40359-021-00579-6>
- Elizur, Y., & Ziv, M. (2001). Family support and acceptance, gay male identity formation, and psychological adjustment: A path model. *Family Process*, 40(2), 125-144. <https://doi.org/10.1111/j.1545-5300.2001.4020100125.x>
- Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, 7(3), 93-99. <https://doi.org/10.1016/j.afjem.2017.08.001>
- Fukuyama, M. A., & Ferguson, A. D. (2000). Lesbian, gay, and bisexual people of color: Understanding cultural complexity and managing multiple oppressions. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 81–105). American Psychological Association. <https://doi.org/10.1037/10339-004>
- Greene, B., Miville, M. L., & Ferguson, A. D. (2008). Lesbian and bisexual women of color, racism, heterosexism, homophobia, and health: A recommended intervention and research agenda. In B. C. Wallace (Ed.), *Toward equity in health: A new global approach to health disparities* (pp. 413–426). Springer Publishing Company.
- Greene, B. (2000). African American lesbian and bisexual women. *Journal of Social Issues*, 56(2), 239-249. <https://doi.org/10.1111/0022-4537.00163>
- Harper, G., Jernewall, N., & Zea, M. (2004). Giving voice to emerging science and theory for lesbian, gay, and bisexual people of color. *Cultural Diversity and Ethnic Minority Psychology*, 10(3), 187-199. <https://doi.org/10.1037/1099-9809.10.3.187>
- Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: How many interviews are enough? = *Qualitative Health Research*, 27(4), 591-608. <https://doi.org/10.1177/1049732316665344>
- Herek, G., & Capitano, J. (1995). Black heterosexuals' attitudes toward lesbians and gay men in the United States. *Journal of Sex Research*, 32(2), 95-105. <https://doi.org/10.1080/00224499509551780>
- Kelleher, C. (2009). Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counselling Psychology Quarterly*, 22(4), 373-379. <https://doi.org/10.1080/09515070903334995>
- Korff, J. (2021). *LGBTI Aboriginal people – diversity at the margins*. <https://www.creativespirits.info/aboriginalculture/people/lgbti-aboriginal-people-diversity-at-the-margins>.
- Lambert, S., Girgis, A., Turner, J., Regan, T., Candler, H., & Britton, B. et al. (2013). “You need something like this to give you guidelines on what to do”: patients' and partners' use and perceptions of a self-directed coping skills training resource. *Supportive Care in Cancer*, 21(12), 3451-3460. <https://doi.org/10.1007/s00520-013-1914-4>
- Lehavot, K., & Simoni, J. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal Of Consulting and Clinical Psychology*, 79(2), 159-170. <https://doi.org/10.1037/a0022839>
- Lewis, R., Derlega, V., Griffin, J., & Krowinski, A. (2003). Stressors for gay men and lesbians: life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology*, 22(6), 716-729. <https://doi.org/10.1521/jscp.22.6.716.22932>
- Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the Gendered Racial Microaggressions Scale for Black women. *Journal of Counseling Psychology*, 62(2), 289. . <https://doi.org/10.1037/cou0000062>

- LGBTIQ+ Health Australia. (2021). *Snapshot of Mental Health and Suicide Prevention for LGBTIQ+ People*. LGBTIQ+ Health Australia.
<https://www.lgbtiqhealth.org.au/statistics>.
- LGBTIQ+ Health Australia (2018). *MindOUT Webinar – Culturally and Linguistically Diverse LGBTIQ+ People*.
https://www.lgbtiqhealth.org.au/culturally_and_linguistically_diverse_lgbti_people.
- Li, S. (2004). “Symbiotic niceness”: Constructing a therapeutic relationship in psychosocial palliative care. *Social Science & Medicine*, 58(12), 2571-2583.
<https://doi.org/10.1016/j.socscimed.2003.09.006>
- Lincoln, Y.S. and Guba, E.G. (1985) *Naturalistic Inquiry*. SAGE, Thousand Oaks, [289-331](https://doi.org/10.1016/0147-1767(85)90062-8).
[http://dx.doi.org/10.1016/0147-1767\(85\)90062-8](http://dx.doi.org/10.1016/0147-1767(85)90062-8)
- Loicano, D. (1989). Gay identity issues among Black Americans: Racism, homophobia, and the need for validation. *Journal of Counseling & Development*, 68(1), 21-25.
<https://doi.org/10.1002/j.1556-6676.1989.tb02486.x>
- Mason, T., & Lewis, R. (2016). Minority stress, body shame, and binge eating among lesbian women. *Psychology of Women Quarterly*, 40(3), 428-440.
<https://doi.org/10.1177/0361684316635529>
- Mays, V., & Cochran, S. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91(11), 1869-1876. <https://doi.org/10.2105/ajph.91.11.1869>
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Miller, C., & Kaiser, C. (2001). A theoretical perspective on coping with stigma. *Journal Of Social Issues*, 57(1), 73-92. <https://doi.org/10.1111/0022-4537.00202>
- Pachankis, J. (2014). Uncovering clinical principles and techniques to address minority stress, mental health, and related health risks among gay and bisexual men. *Clinical Psychology: Science and Practice*, 21(4), 313-330. <https://doi.org/10.1111/cpsp.12078>
- Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., & Pieterse, A. et al. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLOS ONE*, 10(9), e0138511. <https://doi.org/10.1371/journal.pone.0138511>
- Pascoe, E., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135(4), 531-554. <https://doi.org/10.1037/a0016059>
- Patel, M. (2019). Understanding people. *EFSA Journal*, 17.
<https://doi.org/10.2903/j.efsa.2019.e170716>
- Pelling, N. (2007). Advertised Australian counselling psychologists: A descriptive survey of their practice details and self-perceived competence in six counselling psychology practice areas. *Counselling Psychology Quarterly*, 20(3), 213-227.
<https://doi.org/10.1080/09515070701475784>
- Perrin, P., Sutter, M., Trujillo, M., Henry, R., & Pugh, M. (2020). The minority strengths model: Development and initial path analytic validation in racially/ethnically diverse LGBTQ individuals. *Journal Of Clinical Psychology*, 76(1), 118-136.
<https://doi.org/10.1002/jclp.22850>
- Ramirez, J., & Paz Galupo, M. (2019). Multiple minority stress: The role of proximal and distal stress on mental health outcomes among lesbian, gay, and bisexual people of color. *Journal of Gay & Lesbian Mental Health*, 23(2), 145-167.
<https://doi.org/10.1080/19359705.2019.1568946>
- Rauk, L. (2021). Getting to the heart of it: A reflection on the importance of community psychologists developing an anti-racist practice. *Global Journal of Community Psychology Practice*, 12(3).
<https://www.gjcpc.org/en/article.php?issue=40&article=243>

- Reed, S., & Valenti, M. (2012). "It ain't all as bad as it may seem": Young Black lesbians' responses to sexual prejudice. *Journal Of Homosexuality*, 59(5), 703-720. <https://doi.org/10.1080/00918369.2012.673940>
- Robinson, B. (2016). *Heteronormativity and homonormativity* (1st ed.). John Wiley & Sons.
- Robinson, K.H., Bansel, P., Denson, N., Ovenden, G., & Davies, C. (2014). *Growing up queer: Issues facing young Australians who are gender variant and sexuality diverse*. Young and Well Cooperative Research Centre.
- Russell, G., & Richards, J. (2004). Stressor and resilience factors for lesbians, gay men, and bisexuals confronting antigay politics. *American Journal of Community Psychology*, 31(3-4), 313-328. <https://doi.org/10.1023/a:1023919022811>
- Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352. <https://doi.org/10.1542/peds.2007-3524>
- Scanlon Foundation Research Institute. (2021). *Mapping social cohesion*. Scanlon Institute. https://scanloninstitute.org.au/sites/default/files/2021-11/Mapping_Social_Cohesion_2021_Report_0.pdf.
- Shields, S. (2008). Gender: An intersectionality perspective. *Sex Roles*, 59(5-6), 301-311. <https://doi.org/10.1007/s11199-008-9501-8>
- Shih, M. (2004). Positive stigma: Examining resilience and empowerment in overcoming stigma. *The Annals of The American Academy of Political and Social Science*, 591(1), 175-185. <https://doi.org/10.1177/0002716203260099>
- Short, L. (2007). Lesbian mothers living well in the context of heterosexism and discrimination: Resources, strategies and legislative change. *Feminism & Psychology*, 17(1), 57-74. <https://doi.org/10.1177/0959353507072912>
- Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. *Journal of Black Psychology*, 30(3), 406-425. <https://doi.org/10.1177/0095798404266050>
- Smith, B., & McGannon, K. (2017). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport And Exercise Psychology*, 11(1), 101-121. <https://doi.org/10.1080/1750984x.2017.1317357>
- Smith, N., & Simmonds, J. (2018). Australian same-sex attracted women resisting sexism and homophobia: a qualitative investigation. *The Australian Community Psychologist*, 29(2), 108-124. <https://psychology.org.au/getmedia/0d458489-d3b7-4037-84c1-3140573725f2/vanags-smith-graetz-simmonds-acp-vol-29-2-2018.pdf>.
- Sue, D. W. (2010). *Microaggressions in everyday life: Race, gender, and sexual orientation* (1st ed., p. 3). John Wiley & Sons.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *The American Psychologist*, 62(4), 271-286. <https://doi.org/10.1037/0003-066X.62.4.271>
- Sutter, M., & Perrin, P. (2016). Discrimination, mental health, and suicidal ideation among LGBTQ people of color. *Journal of Counseling Psychology*, 63(1), 98-105. <https://doi.org/10.1037/cou0000126>
- Szymanski, D., & Henrichs-Beck, C. (2014). Exploring sexual minority women's experiences of external and internalized heterosexism and sexism and their links to coping and distress. *Sex Roles*, 70(1-2), 28-42. <https://doi.org/10.1007/s11199-013-0329-5>
- Tremble, B., Schneider, M., & Appathurai, C. (1989). Growing up gay or lesbian in a multicultural context. *Journal Of Homosexuality*, 17(3-4), 253-267. https://doi.org/10.1300/j082v17n03_03
- Warner, L. (2008). A best-practices guide to intersectional approaches in psychological research. *Sex Roles*, 59(5-6), 454-463. <https://doi.org/10.1007/s11199-008-9504-5>

- Washington, P. (2001). Who gets to drink from the fountain of freedom? *Journal of Gay & Lesbian Social Services, 13*(1-2), 117-131. https://doi.org/10.1300/j041v13n01_09
- Women of Colour Australia (2023). "Women of Colour" Phrase Origin. <https://womenofcolour.org.au/the-origin-of-the-phrase-women-of-color/>.
- Zea, M., Reisen, C., & Díaz, R. (2003). Methodological issues in research on sexual behavior with latino gay and bisexual men. *American Journal of Community Psychology, 31*(3-4), 281-291. <https://doi.org/10.1023/a:1023962805064>

Appendix 1: Interview Questions

1. What name would you like me to call you during the interview?
2. What pronoun would you prefer me to use?
3. What is your age?
4. What is your current sexual identity?
5. How important is sexual identity to you?
6. How often do you experience discrimination in your day to day life? Is there any context in which it occurs more frequently? If so, can you tell more about this.
7. How distressing is this discrimination for you?
8. Describe a memorable situation where you experienced negative attitudes or behaviours from others – presumably because of your sexuality?
9. What did you do in this situation?
10. Were you happy with how you dealt with the situation?
 - a. If YES, can you tell me more.
 - b. If NO, what would you have liked to have changed?
11. How would you usually deal with negative attitudes or behaviours from others because of your sexuality in your day-to-day life?
12. Do you think these negative attitudes affect your mental health?
 - a. If YES, how so?
 - b. If NO, please tell me more.
13. What sorts of things might support you in being resilient?

Closing

- In reflection, how was the interview for you? And do you have anything further to add or any questions you would like to ask?

Acknowledgements

The authors acknowledge the support of the Australian College of Applied Professions in the preparation and writing of this manuscript. The authors note that this organisation had no involvement in the study design; in the collection, analysis and interpretation of data; and in the writing of the report.

Disclosures

Compliance with Ethical Standards

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study. The authors certify that they have complied with APA ethical standards in the treatment of their sample.

Author Statement

This research is based on the Master of Psychology (Clinical) thesis prepared and submitted by the first author, 2022.

Address for Correspondence

Jennifer Puth 255766@my.acap.edu.au

Fiona Ann Papps FionaAnn.Papps@acap.edu.au

Author Biographies

Fiona Ann Papps is an associate professor in Psychological Sciences at the Australian College of Applied Professions (ACAP). She joined ACAP in 2011 after nine years at the University of Prince Edward Island, Canada. Fiona's research interests include body image and embodiment, sexuality, madness, death and dying.

Jennifer Puth is a registered psychologist and clinical psychology registrar. She completed her master's degree in clinical psychology at ACAP. Her research interests are in social and community psychology, such as race, gender, and sexuality matters. *Recovery, Willingness and Causal Attributions: An Exploration of Trainee Psychologists' Perceptions of Mental Health.*

Supporting Young Families to Obtain and Manage Private Rental Accommodation: Experiences of a Community-Based Homelessness Program

Peter Richard Gill, Daniel Ooi, Linda Chiodo, Jarrod Weir

Institute for Health and Sport, Victoria University, Australia

Young homeless families are one of the most vulnerable groups in the community. While this group encounters the same difficulties as all homeless individuals, the addition of dependent children presents unique challenges. This research focuses on the young families supported by the Australian “Hope to Home” (H2H) pilot program and reports findings from a qualitative, thematic analysis of 16 one-to-one semi-structured interviews with program participants. The program housed 27 dependent children, highlighting the need for services for young people with dependent children. The findings contribute to the development of community programs specifically designed for families. As evidenced in both design and participant experience, H2H offers a holistic service that integrates financial, housing, education, employment, social, and community supports. Having the lead agency head the lease and brokerage support was beneficial in accessing and maintaining private rentals. Case manager participation in day to day life involved the provision of financial, education, and advocacy support, which increased family stability in multiple areas. By partnering with local businesses and organisations and connecting families to their communities, H2H may also have longer term positive effects on inequality, stigma and discrimination.

Keywords: young families, youth homelessness, community support, discrimination, prevention, case management.

In Australia, most recent data reports that the highest rates of homelessness in 2021 were for those aged 19-24 years, and nearly a quarter of all homeless people were aged within the range of 12-24 years. In addition, approximately 17,600 children aged 0–12 years experienced homelessness on Census night 2021 (ABS, 2021). Most of these children were living in severely overcrowded dwellings and one-quarter were living in supported accommodation for the homeless. Australian Institute of Health and Welfare (AIHW) data on individuals accessing specialist homelessness services in Australia shows that almost a quarter of all clients were single mothers (22.3%) (AIHW, 2020). Young families, defined as young people 18 to 24 years old with dependent children, are particularly vulnerable due to the increased burden of child care. The parental impacts of homelessness include decreased physical and mental health and wellbeing and an increase in the risk of substance abuse, and physical and sexual abuse (Andrade et al., 2020; Brott et al., 2021; Warburton et al., 2018). Unique impacts for children include developmental delays across numerous areas such as physical, psychological, social and educational (Andrade et al., 2020; Brott et al., 2021; Warburton et al., 2018). These impacts on both parents and children can often span years and be multi-episodic, with data from the AIHW (2020) showing that a majority (58%) of those accessing homelessness services in the 2019-20 reporting year had previously been assisted by specialist homelessness services. Vulnerable families are also at high risk of becoming engaged with the child protection system (Valentine et al., 2020).

When looking at the likelihood of recurring homelessness in young families, previous studies have shown numerous protective and risk factors. Internal protective factors include: early life experience (Cronley et al., 2020); stable employment (Warburton et al., 2018); the absence of intimate partner violence; substance abuse; and financial difficulties (Brott et al.,

2021; Cronley et al., 2020; Kim & Garcia, 2019; Polillo & Sylvestre, 2021; Warburton et al., 2018). External protective factors include positive public policy, ready access to secure long-term accommodation, and access to community-based services such as housing, employment, physical and mental health, and education services (Andrade et al., 2020; Bradley et al., 2020; Brott et al., 2021; Warburton et al., 2018). Brott et al. (2021) and Bradley et al. (2020), also found that social and community supports developed within homelessness programs played a significant role in improving housing outcomes.

Homelessness services for Young Families in Australia

As each young family experiencing homelessness has a unique set of circumstances and characteristics, research suggests that approaches to address homelessness need to be tailored and flexible, and integrate multiple systems (Grace & Gill, 2014; Valentine et al., 2020). Supportive housing for families (SHF) is an umbrella term for housing programs that provide families with affordable and secure housing, along with intensive family supports. Programs developed according to SHF principles have resulted in improved housing quality and stability, and fewer subsequent experiences of homelessness, than programs not designed specifically for families (Glendening et al., 2020; Pergamit et al., 2019). To date, these programs have been limited in Australia.

One example, Keeping Families Together (KFT), is an Australian SHF project that provides supportive housing for families experiencing multiple vulnerabilities (i.e., extremely low income, at risk of or experiencing homelessness, and at risk of or experiencing intervention by the child protection system) (Walsh, 2018). In the program's first year, all the participant families (79% were single female parents) found suitable accommodation and 95% were able to maintain it with the help of ongoing tenancy support. Thirty-one percent of the families had children in out of home care returned to the family during the program. Programs like KFT succeed because they assist families to overcome barriers to finding and maintaining long term private rental accommodation such as high costs, meeting the needs of children, and discrimination in the application process. Young families often experience difficulty in obtaining and sustaining suitable employment (Grace & Gill, 2014; 2015; Grace et al., 2016), and there is a need for programs that help young people with employment and education needs, as well as housing needs.

In Australia, there are currently very few services for homeless families outside of major metropolitan areas. As major cities expand, "growth corridors" emerge, often highly populated and poorly serviced by employment, education, transport, and essential services (Phelps & Nichols, 2022). For homeless families in these areas, accessing homelessness and employment services can be difficult, often involving long and expensive travel. Suitable private rental accommodation in these areas is also scarce and expensive. For example, in outer suburban Melbourne, median weekly rent for a three-bedroom home in 2023 is \$350 in Melton, and \$450 in Whittlesea (\$480 in Victoria, DFFH, 2023). These costs are not manageable on support benefit payments, or casual part time employment alone (Productivity Commission, 2019).

Current Study

Hope Street Youth and Family Services partnered with philanthropic agencies, local councils and real estate agents to implement the Hope to Home Pilot Initiative in Melton, Victoria, Australia. More recently, the pilot was expanded to the City of Whittlesea, another outer-growth corridor of Melbourne with identical aims and rationale. The Hope to Home pilot was unique in that the services were provided to young people (youth between the ages of 16 and 25 years) and was the first project of its kind in the outer-growth corridors of Melbourne,

Australia. This includes assistance in acquiring the living skills, social support, employment and educational assistance necessary to establish a secure and stable home. In addition, Hope to Home acted as co-signatories on the young people's tenancies. The Hope to Home model also focused on building community partnerships with housing services, real estate agents and other stakeholders. Currently, there is very little information on the experiences of homelessness in these growth corridors of Melbourne. Together with this, at present, there is also limited information in the literature regarding the implementation of holistic transition programs such as Hope to Home.

The aims for the Hope to Home Melton and Whittlesea pilots were to provide 1- and 2-bedroom homes for young people (18-24 years of age), to help teach them skills to maintain their tenancy, employment, education and training, and healthy relationships in their local community, and to integrate them into their communities by engaging key stakeholders.

One of the unique findings and outcomes of these programs was the high number of families that received support. The current paper focuses on the young families who were supported by the program. Currently there is a lack of research that focuses on the specific needs of young homeless families, and how these needs can be met by homelessness programs and services. This paper addresses both the unique challenges faced by young families, and the ways community support programs can help. It is hoped that findings can inform program design and delivery. Overall, this paper addresses the following questions:

- What are the unique needs of young homeless families?
- What aspects of the Hope to Home pilot program have been helpful for young families?
- How could similar programs be improved to support young homeless families?

Methodology

Research Design

The evaluation of the Hope to Home pilot program was conducted utilising a concurrent triangulation mixed-methods approach (Leech & Onwuegbuzie, 2009). Both quantitative and qualitative data were collected to understand the participants' experiences (Gill et al., 2018). Key measurable outcomes included housing situation, employment and education impacts. Qualitative aspects that were assessed through self-report and interviews included the development of life skills, increased confidence in the young people to be independent in meeting their housing needs, and levels of empowerment and engagement. The current paper focuses on the qualitative findings of the project and in particular the young people with dependent children.

This qualitative component was informed by a social constructionist epistemology, and an interpretivist theoretical perspective to gain an understanding of the participants' experiences of Hope to Home (Crotty, 1998). A general qualitative methodology, semi-structured interviews, and thematic analysis was deemed to be the most suitable for this research as we aimed to document and interpret participants' cognitive reflections on their experiences of the program (Willig, 2013). Thematic analysis utilised a six-step method (Braun & Clarke, 2006), and focused on how the participants experienced the Hope to Home program.

In total, 31 young people were housed in Melton, along with 27 dependent children, from 79 referrals. The number of young people housed as well as the total number including children exceeded the program's expected numbers. Fourteen young people along with five dependent children were housed in Whittlesea. The average time taken for participants to secure housing was 5.4 weeks.

Researcher Reflectivity

The authors have worked in the area of homelessness for many years and have a passion for reducing community homelessness. Throughout this research and analysis we were aware of, and needed to negotiate, our bias towards supporting programs that help young people. This was managed by using multiple data analysts and by adhering to analytic procedures.

Participants

Sixteen (11 in Melton, 5 in Whittlesea) young people aged 18-24 years (11 of whom were female) were interviewed for this study. The average age of clients was 20 years, with most clients relying on temporary, unsuitable accommodation with friends and family prior to entering the program.

Procedure

Ethical approval for this research project was received from the Victoria University Human Research Ethics Committee (HRE16-189). Interviews ranged between 20-60 minutes in length. The interviews focused on the program participants' experiences with Hope to Home. Example questions included, "In your view, what about the program has been helpful to you?" and "What has really not been so helpful?" The semi-structured interviews were digitally recorded and transcribed. Thematic analysis and coding generated emergent themes. These codes and themes were referenced against existing literature. Data were transcribed verbatim, and analysis was performed, cross-checked, and documented by two analysts. The themes generated were defined and linked to the participants' stories, research literature, and research questions. Please note that in this report the participants' names have been changed to protect confidentiality.

Findings and Discussion

The current findings will primarily focus on the unique perspectives of young people with dependent children who were experiencing homelessness and received support from the H2H program. Before presenting the thematic analysis and to assist with promoting naturalistic generalisation, this section begins with brief illustrative vignettes of two participants' experiences in the H2H program.

Vignette 1: Matt

Matt (aged 22 years) left home at the age of 14 years and was subsequently in state care. His final childhood home was in Melton, a place which he regards as home because his friends are there. Matt describes his accommodation over the past 8 years as "pretty erratic". The H2H program helped secure Matt his current rental property of 6 months. He was very thankful to his H2H contact person, stating that "[caseworker] was really diligent. She was just always onto everything". H2H helped Matt with more than just his accommodation "some things happened to my car...but Hope Street offered and were able to cover it...my girlfriend was pregnant and [caseworker] was just offering everything for that...I didn't expect so much". Matt is now a proud father and lives with his girlfriend and child. Matt has been working as a subcontractor for 4 years. When asked if there was anything else he wanted to share about the H2H initiative, Matt stated that "I think if more people knew about Hope Street definitely, they would use the service...it should be more available to people".

Vignette 2: Mia

Mia (aged 24 years) and her fiancé and two children (3 years old and 5 months old) had been trying to enter the private rental market for some time prior to her referral to H2H, "we

were just rejected, rejected, rejected”. Although Mia found her current rental accommodation through a friend, it was H2H’s signature on the lease and help with securing the bond that enabled the lease to go ahead. After 6 months in the program, Mia and her family are enjoying their accommodation and are building a rental history. Mia said she found all the H2H services useful “they’re really flexible, you can just text them if you need them”. In terms of improving the service, Mia suggested that H2H could organise some family activities.

The above vignettes aim to illustrate the complexity in the housing and living needs of this cohort and the assistance required by young people with dependent children who are experiencing homelessness. The descriptive representations of the participants’ engagement with the H2H program aims to demonstrate that these needs are multi-faceted, unique from other members of the community experiencing homelessness, and importantly, extend beyond housing. However, as demonstrated further in the following discussion of the findings, H2H’s ability to address these broader needs (e.g. living needs, educational needs) are considered imperatively linked to these families’ abilities to maintain stable housing.

The following discussion will explore three primary themes which emerged from the thematic analysis of the interviews with the young parents engaged with the H2H program. These key findings highlight the participants’ transition to the private rental market as well as the ways in which the program supports participants’ broader living and wellbeing needs (as well as those of their children). The ways in which programs like H2H could be improved to better support young families experiencing homelessness is also considered.

Transitioning Families to the Private Rental Market

Evidence suggests the rates of families experiencing homelessness is on the rise both within Australia and internationally (ABS, 2021). Despite this increased recognition of families among the homeless population, families continue to be regarded as somewhat invisible as they often seek refuge in temporary accommodation arrangements, which contrast with stereotypical images of the homeless ‘rough sleeper’ (Tischler et al., 2009). The feedback from participants who were young parents centred on the program’s ability to support them and their children into private rentals and to strengthen their prospects of remaining in secure housing. For instance, Rana a young mother from Whittlesea, highlighted the responsiveness of H2H to her needs, “It is great...it is a good opportunity for people...I needed help at the time, a lot of help, and I got the help...it was great”. Similar sentiments were echoed by Sarah who is a young mother involved in the Melton pilot:

I have loved Hope to Home...I worked out that we would see a person from Hope Street every week and it was great...I got pregnant, I was very comfortable, we had great communication. Sometimes I would need help and I thought I was stuck and they were very happy to help and now we’ve got our new home... (Sarah, Melton).

The level of support and assistance the caseworker provided to each young family was dependent upon their individual needs. In some cases, participants had identified a potential house to lease, while in other cases the H2H caseworkers were involved in finding appropriate housing to meet the needs of the family, assisted with inspections and the application process, and ultimately securing the property (for example, providing bond and rent). This support was also extended to assisting young people to set up their new family home. The multifaceted nature of this support and assistance is evident in the following reflections shared by Aisha who required housing for her and her young family:

For me, it took me maybe a little more than a year to find the house...Every time we applied, they’d say you know...you don’t have a good employment, you

know? ...So it's very difficult... even if you apply for a very expensive rent and say, okay, let's try...investigating seeing if maybe they lower rent, then they'll accept us...They were all the same. They all said, no...Especially if you have kids, it's much more difficult, which is a good approach for this [program] (Aisha, Whittlesea).

Evidently, the usual stress of finding and moving into a new home was amplified by these participants' circumstances and needs. Assigned caseworkers were fundamental in assisting to reduce this stress and to provide the tailored support required by the diverse participants who engaged with H2H. Importantly being involved with H2H increased some clients' knowledge and skills required for self-advocacy in the private rental market:

I applied for at least 30 houses at the beginning, and I was refused for all of them...I didn't have any past rent history and one of the people from Hope to Home called [the agent] up...and that was assistance that I really needed...So many people are trying to find rents and stuff like that...At the end, they told me to give an up-front payment of rent. Instead of giving one month, try and give two months maybe. They gave me advice on how to apply, for an actual application, maybe things that I was doing wrong (Rana, Whittlesea).

When you're under 25 it's hell hard to get a rental...At the time it would have taken me a little bit to get [the bond] together...the rental history is the main thing because I've never had rental history, it had always been couch, sofa, or something. Rental history, it really does help...they taught [me] about vying for actual rentals as well...it is really insightful into it so it's good. So that way you're not so confused (Lena, Melton).

Matt who had a history of unstable housing was able to successfully apply for a private rental for his young family and develop his rental history:

I was in a lot of refuges, share houses...[Help getting a rental] that was the biggest thing. It just seemed like such a leap just going for a place. Since Hope Street I've got six months' rental history...[Case manager] had a list, had looked into all the inspections, gave us all the inspection times, addresses, where to meet, and she was there for basically every single one doing all the work for us.

Young mother Rebecca also highlighted the predicament and challenge young families have when working to establish their rental history:

They want you to have a rental history but they don't want to rent to a young couple because it looks bad so you can't get a rental history and you can't get a house without a history when no one will give you a house to give you a history.

These sentiments were shared by young couple and parents Mia and Aidan. H2H effectively advocated on their behalf, making up for their limited rental history:

As far as getting a house recently, they are helping with finding that...they were actually helpful, they have been helpful a few times...We've been waiting to move out of our previous house but, because of our age and the rental history, so it was really difficult. Even though [case worker] tried helping us...We actually found the house because we knew a family friend that was living there but then [case worker] went further behind it and did what she did and helped us out (Mia).

From these reflections it is evident there are several compounding challenges (for example, age discrimination, food insecurity, unstable employment, limited rental history) which young families are required to negotiate during their journey to stable housing. Young parents need to secure housing that meets the needs of not only them but their dependent children (for example, access to school). Evidence suggests that children who experience homelessness have specific needs due to disruptions in housing, education and limited access to resources (Savelsberg & Martine-Gile, 2008). Sarah who has a young child highlighted the importance of housing suitability:

It's perfect. Smooth, nothing to worry about...It's close to everything, the schools for [my son], I love it. We're very happy...when we moved to the house...I sort of lost it to begin with because it was very hard to work out because Hope Street was obviously a lot cheaper but then once we'd moved and then we worked out the rent difference and then we started to work out the park was so close, the school was close, Woodgrove was close, the doctors, High Street, shops, agent, and we're in the middle of everything so I'm comfortable and I like it.

***“Anything for my Kids we get it...107hey’ve Always Been a Big Help”*: Meeting Family Needs Beyond Housing**

H2H offered a diversity of flexible wrap-around services to young people and young families throughout their tenancy. This gave them improved opportunities to succeed in their new living arrangements. Hinton and Cassel (2013) assert that housing support only partly addresses the needs of families experiencing homelessness (for example, structural needs). The following participants were able to draw on the supports offered by H2H in ways to best meet their own diverse and immediate needs and those of their children:

They did also help, some things happened to my car and, because of the budget and whatnot made it a bit difficult but Hope Street offered, because I have that fund, they were able to cover some of that if I needed to. It would have been really helpful as well if it came to that and it almost came to that (Matt, Melton).

Mostly medication...that helps a lot. Financial part is, of course, helping me as well. I am, you know, I've got money to start my family, like, the house. It was for me as, like, my husband is partly working...it did help me... Yeah, renting the place as well.

It helped me...buying some small furniture for my house...the regular things I get monthly is also a help...the kid's a 2-year-old...Centrelink (Govt welfare support service) does not always, like, provide much, so it does, like, help me...when I go out and buy extra things that I need for my daughter...It's been good (Aisha, Whittlesea).

Access to a variety of vouchers were particularly useful for young mothers Rebecca and Mia and their families:

The constant support, like, even yesterday I got a Coles voucher because we're struggling a bit. I only get \$500 a fortnight off Centrelink and that's our rent. So, at the minute [case worker] is really looking after us and helping. She took me shopping the day before yesterday to Kmart and got a whole bunch of baby stuff and necessities for the house...she has been really supportive. She came over after I had bubs and bought flowers out of her own money, she's just a...she's a lovely lady (Rebecca, Melton).

Anything for my kids we get it [case worker] always “if you want anything for the kids I will get it”...they’ve always been a big help. There have been times, like when I paid the rent...and she’ll just come with a jar and stuff, it really helped and helped me to go places ...to get my car back on the road because I haven’t been working because of that, has been making me stay home because my license has been suspended...help take you places, make you meet new people to help you out (Mia, Melton).

Participants reflected on how they were assisted in their efforts to engage in employment and education. In regard to the current cohort, many of the young people come to the program already engaged in employment and education activities. However, Aasma and young father Paul both took advantage of this aspect of the program:

So, through the program...I applied for the Diploma. I feel like, if I did not know...if she wasn’t there to help me, I would be like a headless chicken, I would go everywhere. So, in the long run it is going to help me because I am already half-way through my Diploma now so I feel like I am getting somewhere (Aasma, Whittlesea).

[Caseworker] managed to have my Forklift licence paid for...I suppose the forklift licence would be considered an advantage to an extent...it was a two-day course...[caseworker] paid for that as well. I organized the course but I had no idea that the licence was actually as expensive as it is now...\$390 it cost us (Paul, Melton).

“They have Been the Best Service Provided to us”: Features of Hope to Home Particularly Suited to Young Families

As previously detailed, young families experiencing homelessness are different from the stereotypical ‘rough sleeper’ (Tischler et al., 2009) and require a unique level of support which extends beyond housing (Grace & Gill, 2015; Hilton & Cassel, 2013). With regards to H2H, Aasma felt that this program was well suited to young people with families, while Claire pointed out unique elements of the initiative:

I think Hope to Home was like a stepping-stone, or a hand that kind of helps anybody that is in need of aid, information. You know? Because at a young age you go through struggles and no one really understands them (Aasma, Whittlesea).

It’s been great...Probably the startup fee, which was like the best thing, because it’s not something that other places...nowhere, like, they don’t have these there...And like, it’s good, because if you are, like, starting really fresh with nothing, you can then buy your fridge, your lounge, like buy your main stuff with that startup fee...it’s a great program...not something you see everywhere, so it would be a good thing to have, especially with all the homeless...out there. It’s mainly because no one can get a place to rent, whereas if you’ve got that backing behind you, and the help to find work if you need it, you’ve got more of a chance (Claire, Whittlesea).

For young Melton parents Paul and Rebecca, H2H has filled a gap in assistance left by other government agencies:

Paul: It has been good...It has been a lot more supportive than any government services for housing and...Personal contact is good and yeah, it should be funded, it really should.

Rebecca: I was just about to say that. It's been better than any government agency...I really don't think we can say a bad thing against it...They have been the best service provided to us. We have been on public housing listing for, he's been on it since...

Paul: I have been on the Housing Commission list since I was 15...I got kicked out at 15 and I've basically hopped house to house, couches, sheds, all that sort of stuff since I was 15.

Rebecca: But since then, oh you can go to this government funding thing and they will try and do something for you. Hope to Home is the only one that has actually...

Paul: Yeah, what I used to get told by Centrelink, because I was considered a single male, didn't have any dependents, I am more than capable of working so there is no housing or anything they can actually offer help wise.

In addition, the consistency and flexibility of the support was valued by young mothers:

I had a lot of health problems. She helped me...when she says I can bring in anything, tell them, but she's always, she's very close to my house as well and she's, you know, just ask me anything and I will help you with it. It's very confident to hear that, so yeah (Aisha, Whittlesea).

[Caseworker] has been great...if we need something there and then, regardless, she does drop and come and meet me, "I'll come to you"...She does, she goes above and beyond...all the things that she has offered to help with, she has always come through...Just that we are really rapt with [caseworker's] services and the Hope to Home service but [caseworker] has gone above and beyond through that program to help her clients. She is even going back to St Kilda next week because I have a few baby things that I need to get. She was like, instead of spending the money that you have, save it, you've got the program down there, I'll go grab you what you need (Rebecca, Melton).

H2H appeared to the right balance between support and a family's continued right to self-determination and agency. Previous research indicates that shelters and other homelessness interventions and supports can "hinder parents' feelings of control and independence over one's own life", including "an abdication of parental responsibility" (Hilton & Cassel, 2013, p.458).

Despite the positive sentiments shared by those interviewed regarding their participation in H2H, there were also some limitations identified. Although a welcomed benefit, participants found the voucher system was restrictive and recommend clients be given greater flexibility and self-determination regarding how the financial support provided is received and utilised. Participants also commented that the client to caseworker ratio be increased to reduce waiting times. Other recommendations centred on how the program could better meet the needs of young people, including practical suggestions concerning the cars the caseworkers drive being capable of transporting goods and the need for caseworkers to strengthen their contacts and relationships with rental agencies.

For, young Melton parents Mia and Aidan, their recommendation focused on H2H building social connections between young people and families like themselves:

Aidan: Last week we got all together and went shopping which is really good. For you it would be more to improve things and get us together sometimes like they did last week. Get us together with the others so we can go places...just have that fun just to meet each other and feel like you've got people around...More activities, that's it.

Mia: Especially getting the kids involved.

Finally, many participants made comments and recommendations regarding the ways in which the program could be expanded or promoted.

Maybe a suggestion for it is, it might be worth getting a few schools involved...Yeah, more or less promoting it within schools so there is more knowledge of these services compared to...like, everyone knows there is Centrelink or what not, but it generally never helps. It makes things harder (Paul, Melton).

I think probably what could improve the program would be a little bit more advertising. I know so many people that they're looking for places but they wouldn't be able to get one because they've got no rental history or anything like that and I tell them "go straight to Hope Street". So it's not really something that's advertised and I think it is something that needs to be advertised and I think that would improve it to so that way they can get more people in and word gets out even further (Lena, Melton).

These recommendations regarding widening the program's reach and promoting the program suggests that H2H is in many ways filling a gap in the current make-up of housing and social service programs in these Victorian growth corridors.

Conclusion

The current study explored the experiences of young families from low SES outer suburban growth corridors in Victoria Australia, in the Hope to Home program. As homeless young people tend to move from outer to inner suburbs, addressing homelessness in these outer growth corridors can be seen as an early intervention. As demonstrated in the key findings and participant reflections, by providing a holistic service that integrates financial, housing, education, employment, social, and community supports, there was a strong likelihood of sustained benefits to young families and their communities. Hope to Home could also be classified as a Housing First model, as the primary goal of the program is to secure housing (Bullen & Baldry, 2018; Mackie et al, 2017). The bond assistance and co-signing of the lease makes this model unique and particularly effective in securing properties quickly as was evidenced by the short waiting periods ($M = 5.4$ weeks) in this study. This was despite a reported lack of affordable housing in these areas. This finding regarding the successful transition of H2H participants to the private rental market is particularly important considering research that suggests that the successful roll-out of Housing First programs has been hindered by delayed access to suitable housing (Bullen & Baldry, 2018). It may be that co-signing of leases for an initial period is a means of overcoming access problems, especially where there are housing shortages.

While not specifically designed to cater for young families, the Hope to Home program housed 27 dependent children, highlighting the need for services for young people with dependent children. This supports data where nearly a quarter of homelessness service seekers in Australia are single mothers (AIHW, 2020). Programs like H2H may take pressure off other youth and family services, by supporting these families. As evidenced in previous research,

having dependent children creates a distinctive set of circumstances in a young person's life (Grace & Gill, 2015). In this study, specific housing requirements (space for children, child furniture, access to child activities, amenities, and schools, privacy and quiet), combined with low income due to caring responsibilities, young age and lack of rental history makes securing and maintaining private rentals particularly difficult. As outlined in the findings, the young parents in the current study also required money to care for children as well as themselves. It was evident that the H2H program model provided these wrap around services to further support these young families and sustain their experiences of housing stability. Therefore, the ways in which we support young families must be considered in light of the effects of homelessness on both parents (substance abuse, mental and physical health problems), and children (physical, psychological, social and educational developmental delays) (Andrade et al., 2020; Brott et al., 2021; Warburton et al., 2018). It was clear that these unique needs require the ongoing multifaceted support offered by a program like H2H.

Further research is needed to explore whether having dependent children is a catalyst for change in some young people. In the current study, many of the most motivated clients had dependent children. While not designed specifically as a 'supportive housing for families' program, the Hope to Home findings will help future study designs. Generally, these programs aim to address three areas: improving housing quality; reducing legal system involvement (child protection, criminality); and increasing family harmony (Valentine et al., 2020). Both Hope to Home and Keeping Families Together focus on accessing and maintaining private rental accommodation for its potential longer term stability, and both programs head leased the properties in a scatter site model (Kuskoff et al., 2021). This appears to work well. KFT paid 75% of the rental payments for 12 months, which was effective but left a difficult exit path at the end of the program. H2H instead paid for bond and had some limited flexible brokerage and may be a more sustainable long term option. Another key characteristic of family support programs is the involvement of case managers in everyday affairs. These workers assist in tenancy support and education, advocate against discrimination, and help prevent breaches and damage. They are also the key drivers of achieving reductions in legal system involvement by liaising with child protection officers and other officials. Their rapport and communication with young families also helps with family harmony through regular home visits, providing parenting/life skills education and support, filling in forms, and can even run more formal education classes with parents. These workers are aware of and cater for family needs in both accessing and maintaining a home in a holistic sense with consideration to accommodation size, access to private open space, schools, and amenities. As such it appears that along with a family-oriented design, programs need to invest in and are reliant on the skill of case managers. Finally, some young people in the current study suggested programs like H2H should offer services such as social outings for families and children. This would help increase bonding social capital for these vulnerable families.

Increasing community connection may be an important fourth broad category to address for supportive housing for families programs (Bradley et al., 2020). Sense of community is facilitated by productive, supportive interactions with key people and organisations (Stewart & Townley, 2020). Including community partners and organisations as part of the program is important to this end (Andrade et al., 2020; Bradley et al., 2020; Brott et al., 2021). The vast majority of programs are focused on helping individuals, or a targeted group of people, without including representatives from their broader communities (Bessel, 2019). By facilitating relationships between young families and their community, H2H increased awareness and understanding of youth homelessness, and helped reduce social stigma. This type of program may also function to increase young families' social capital through relationships with key community stakeholders such as real-estate agents. In this way, community interaction with young, stigmatised people, including families can also help increase accommodation and

employment success (Warburton et al., 2018). The partnership of clients with private and public enterprises and employees can lead to greater opportunities for young people and can also reduce societal costs in the long term. It must be noted that the H2H program and similar programs are limited by the lack of external supports such as employment and accommodation opportunities (Warburton et al., 2018), particularly in these growth corridors. Similar to past research that suggests that targeted housing only programs have limited benefit for homeless people (Mostert & Greeff, 2022), this study highlights the need for holistic programs that address financial, housing, education, employment, social, and community support needs.

References

- Andrade, F. M. R., Simões Figueiredo, A., Capelas, M. L., Charepe, Z., & Deodato, S. (2020). Experiences of homeless families in parenthood: A systematic review and synthesis of qualitative evidence. *International Journal of Environmental Research and Public Health*, 17(8), 2712. <https://doi.org/10.3390/ijerph17082712>
- Australian Bureau of Statistics. (2021). *Estimating homelessness: Census*. ABS. <https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/latest-release>.
- Australian Institute of Health and Welfare (AIHW) (2020). *Specialist homelessness services annual report*. AIHW <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/summary>
- Bessel, D. R. (2019). Community-based strategies to address homelessness. In H. Larkin, A. Aykanian & C. Streeter (Eds.), *Homelessness Prevention and Intervention in Social Work* (pp. 149-169). Springer. https://doi.org/10.1007/978-3-030-03727-7_7
- Bradley, C., Day, C., Penney, C., & Michelson, D. (2020). ‘Every day is hard, being outside, but you have to do it for your child’: Mixed-methods formative evaluation of a peer-led parenting intervention for homeless families. *Clin Child Psychol Psychiatry*, 25(4), 860-876. <https://doi.org/10.1177/1359104520926247>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brott, H., Kornbluh, M., Banfield, J., Boullion, A. M., & Incaudo, G. (2021). Leveraging research to inform prevention and intervention efforts: Identifying risk and protective factors for rural and urban homeless families within transitional housing programs. *Journal of Community Psychology*, 50(4). <https://doi.org/10.1002/jcop.22663>
- Bullen, J., & Baldry, E. (2018). ‘I waited 12 months’: How does a lack of access to housing undermine Housing First?, *International Journal of Housing Policy*, 19(1), 120-130 <https://doi.org/10.1080/19491247.2018.1521187>
- Cronley, C., Nahar, S., & Hohn, K. (2020). “There’s like no support system”: I life course stories of women with children about growing up, becoming mothers, and becoming homeless. *Journal of Social Distress and Homelessness*, 29(2), 127-136. <https://doi.org/10.1080/10530789.2019.1677064>
- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process* (pp. 1–17). Routledge, Taylor & Francis Group.
- Department of Families, Fairness and Housing (DFFH) (2023). *Home Victoria rental report: March Quarter 2023*. Homes Victoria, Victorian Government, Australia. <https://www.dffh.vic.gov.au/publications/rental-report>
- Gill, P., Ooi, D., & Chiodo, L. (2018). *Hope to Home evaluation report: A research project evaluating the effectiveness of a new model for improving the lives of young people affected by homelessness*. Project Report. Victoria University.

- Glendening, Z. S., Shinn, M., Brown, S. R., Cleveland, K. C., Cunningham, M. K., & Pergamit, M. R. (2020). Supportive housing for precariously housed families in the child welfare system: Who benefits most? *Children and Youth Services Review*, *116*, 105206. <https://doi.org/10.1016/j.childyouth.2020.105206>
- Grace, M., & Gill, P. R. (2014). Improving outcomes for unemployed and homeless young people: Findings of the YP4 clinical controlled trial of joined-up case management. *Australian Social Work*; *67*(3), 419-437.
- Grace, M., & Gill, P. R. (2015). Client-centered case management: How much makes a difference to outcomes for homeless jobseekers? *Australian Social Work*, *69*(1), 1-16. <https://doi.org/10.1080/0312407X.2015.1016445>
- Grace, M., Gill, P., & Coventry, L. (2016). Case management, research evidence, and homelessness services. In E. Moore (Ed.), *Case management for community practice* (2nd ed., pp. 479-498). Oxford University Press.
- Hinton, S., Cassel, D. Exploring the Lived Experiences of Homeless Families with Young Children. *Early Childhood Education Journal*, *41*, 457–463 (2013). <https://doi.org/10.1007/s10643-012-0562-5>
- Kim, K., & Garcia, I. (2019). Why do homeless families exit and return the homeless shelter? Factors affecting the risk of family homelessness in Salt Lake County (Utah, United States) as a Case Study. *International Journal of Environmental Research and Public Health*, *16*(22), 4328. <https://doi.org/10.3390/ijerph16224328>
- Kuskoff, E., Parsell, C., Plage, S., Perales, F., & Ablaza, C. (2023). Of Good Mothers and Violent Fathers: Negotiating Child Protection Interventions in Abusive Relationships. *Violence Against Women*, *0*(0). <https://doi.org/10.1177/10778012231158107>
- Leech, N. L., & Onwuegbuzie, A. J. (2007). A typology of mixed methods research designs. *Quality & Quantity*, *43*(2), 265–275. <https://doi.org/10.1007/s11135-007-9105-3>
- Mackie, P., Johnsen, S. and Wood, J. (2019). Ending street homelessness: What works and why we don't do it. *European Journal of Homelessness*, *13*(1), 85-96.
- Mostert, F., & Greeff, A. P. (2022). Experiences of homeless men in an affluent town in South Africa. *Journal of community psychology*, *50*(8), 3387–3401. <https://doi.org/10.1002/jcop.22842>
- Pergamit, M., Cunningham, M., Hanson, D., & Stanczyk, A. (2019). Does supportive housing keep families together. The Urban Institute. <https://www.urban.org/research/publication/does-supportive-housing-keep-families-together>
- Phelps, N. A., & Nichols, D. (2022). Can Growth Be Planned? The Case of Melbourne's Urban Periphery. *Journal of Planning Education and Research*, *0*(0). <https://doi.org/10.1177/0739456X221121248>
- Polillo, A., & Sylvestre, J. (2021). An exploratory study of the pathways into homelessness among of foreign-born and Canadian-born families: A timeline mapping approach. *Journal of Social Distress and Homelessness*, *30*(1), 6-19. <https://doi.org/10.1080/10530789.2019.1705518>
- Productivity Commission(2019). Vulnerable Private Renters: Evidence and options, Productivity Commission. Australia. Retrieved from <https://policycommons.net/artifacts/1558217/visual-summary-vulnerable-private-renters/2248024/> on 19 Oct 2023. CID: 20.500.12592/0czm3n.
- Savelsberg H. & Martin-Giles, B. M. (2008) Young people on the margins: Australian studies of social exclusion, *Journal of Youth Studies*, *11*:1, 17-31, DOI: 10.1080/13676260701727048
- Stewart, K., & Townley, G. (2020). Community and well-being: A qualitative study of how youth experiencing homelessness define community and its relations to their well-

- being. *Journal of Community Psychology*, 48, 994–1009.
<https://doi.org/10.1002/jcop.22319>
- Tischler, V., Edwards, V., & Vostanis, P. (2009), Working therapeutically with mothers who experience the trauma of homelessness: An opportunity for growth. *Counselling and Psychotherapy Research*, 9 doi: 10.1080/14733140802656198.
- Valentine, K., Cripps, K., Flanagan, K., Habibis, D., Martin, C., & Blunden, H. (2020). *Inquiry into integrated housing support for vulnerable families*. AHURI Final Report No. 339. Australian Housing and Urban Research Institute Limited.
<https://www.ahuri.edu.au/research/final-reports/339>
- Walsh, K. (2018). Families caught in the homelessness and child protection cycle: A supportive housing model for keeping families together. *Parity*, 31(10), 31-33.
- Warburton, W., Whittaker, E., & Papić, M. (2018). Homelessness pathways for Australian single mothers and their children: An exploratory study. *Societies*, 8(1), 16.
<https://www.mdpi.com/2075-4698/8/1/16>
- Willig, C. (2013). *Introducing qualitative social research* (3rd ed.). Open University Press.

Acknowledgements

This work was supported by Hope Street Youth and Family Services under grant 18PGACT

Address for Correspondence

Peter Gill

Address: Victoria University, Institute for Health and Sport, Ballarat Rd Footscray Vic 3011

Email: peter.gill@vu.edu.au

Phone: +61 3 99195641

Author Biographies

Dr Peter Gill is a Community Psychologist and researcher in Victoria University's Institute for Health and Sport. Peter has been engaged in homelessness prevention, and program development and evaluations for nearly 20 years.

Dr Daniel Ooi is a Senior Lecturer at Victoria University, teaching Community Development and conducting research on in the Institute for Sustainable Industries and Liveable Cities.

Dr Linda Chiodo is a Community Psychologist and researcher at Victoria University's Institute for Health and Sport. Linda's research centres on the psychosocial wellbeing of youth, women and marginalised groups. This research extends to evaluations of community, local government and school-based programs supporting complex families and diverse young people.

Jarrold Weir is a PhD candidate at Victoria University. His research focuses on masculine identity and reducing aggression and intimate partner violence.

How Patient Input Helped Create Culturally Sensitive Multinational Instruments Assessing Post Viral Symptoms

Leonard A. Jason and Joseph A. Dorri

Center for Community Research, DePaul University, Chicago, US

Our study involves collaboration/participation in order to develop culturally sensitive multinational tools for assessing post viral symptoms. We discuss the creation of questionnaires using patient participation, and the translation of these questionnaires using international collaboration. Patient engagement in collaboration on the creation and use of these types of instruments is of particular importance for patients who historically have not been true partners in collaborative efforts to understand diseases. This has occurred for those with the post-viral illness called Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), which has generated considerable resentment and estrangement among the patient community. Our article reviews: 1) why participation of diverse groups/patients is important in the development of instruments to measure key symptoms of ME/CFS, 2) why the ME/CFS group of patients needs to be included specifically (as an example), and 3) why structured health questionnaires are important/useful. Our article also has an overall aim of demonstrating collaborative efforts with patients and others on creating multinational scales. We provide examples of participatory processes used in developing and translating patient-driven instruments so that they can be used in non-English speaking countries. Our article illustrates how patients and international researchers can be involved in efforts to develop and translate international assessment instruments to validly capture domains of unexplained illness like ME/CFS. With the onset of another post-viral illness, Long COVID, there is a world-wide need to create valid and culturally sensitive assessment instruments to measure critical symptoms, many of which are similar to ME/CFS.

Keywords: participatory process, survey translation, survey translation guidelines, survey development, DePaul Symptom Questionnaire, DePaul Post-Exertional Malaise Questionnaire, long-haul COVID

The participatory process is vital for diversity of views and holistic perspectives that bring all gatekeepers into the process of finding creative solutions for social and community challenges (Jason, et al., 2004). Engaging all parties in this discovery process is one of the hallmarks of Community Psychology, as it is a most informed and sound approach to building and supporting community partnerships that bolster science and effective interventions. Research performed with patients strengthens the quality of research by fostering accountability, transparency, and relevance (Close et al., 2021).

When key constituent patients or community groups are not allowed the opportunity to provide input into the scientific discovery process, there is a loss of valuable and critical input of those who are directly affected by the condition. As an example, patients with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) have been left out of key scientific decisions and policies that have been made over the past few decades. Scientists initially imposed the name chronic fatigue syndrome on their illness, and patients legitimately felt this name trivialized the seriousness of their condition (Jason et al., 2016). Case definitions have also been

imposed on the patient community, such as the Fukuda et al. (1994) criteria, even though patients have uniformly critiqued this case definition as lacking the requirement of core symptoms like post-exertional malaise (Jason & Johnson, 2020). In addition, patients have felt that assessments and treatments have consistently emphasized a more psychogenic explanation of their illness, as opposed to one that is more biologically based (Geraghty et al., 2019), thus invalidating the experiences of patients, which has also occurred among those with Long COVID (patients with unexplained symptoms who have not recovered from the COVID pandemic) (Goldberg et al., 2022).

Jason and Choi (2008) have shown that in the field of diagnostics, there is a need to provide operationally explicit, objectively debatable criteria so that researchers and clinicians know how to elicit the necessary information from a clinical interview to permit them to reliably diagnose a condition. Structured questionnaires ensure that clinicians in the same or different settings collect consistent data to maximize the accuracy of clinical diagnoses. Thus, structured questionnaires remove as much as possible of the unreliability introduced by differences in the way clinicians and researchers elicit clinical information. In this article, we chronicle the development of instruments that have involved more patient involvement in ME/CFS research, such as the DePaul Symptom Questions (DSQ), which measures symptoms of this illness. In addition, we describe how patients participated as co-creators of an instrument to measure post-exertional malaise, a core symptom of ME/CFS.

The second part of this article provides examples of how these questionnaires were adapted and translated in multinational, culturally sensitive ways; processes that made it more likely the questionnaires would be well received, gather meaningful and valid data, provide new avenues for research, and be useful for multiple ethnic groups across the world. Based on the lessons learned in translating these instruments, we provide guidelines/recommendation which might be applicable for ME/CFS, Long COVID, and other diseases that are studied internationally.

Early efforts to differentiate fatigue from ME/CFS

British investigators (Chalder et al., 1993) developed one of the first scales to measure fatigue among patients with what was then called chronic fatigue syndrome (CFS). Our group attempted to validate this scale by comparing patients with ME/CFS to patients with Lupus, MS, and healthy controls (Jason et al., 1997). The Chalder scale could not differentiate patients with ME/CFS from those with other fatiguing illnesses. Over time, other problems were noted with this scale including ceiling effects, difficulties in interpreting the stem “less than usual” if a patient has been sick for a long time, and problems in differentiating individuals with ME/CFS from those with primary depression (Friedberg & Jason, 2002).

Based on anecdotal information from the patient community, these types of fatigue scales had a major problem in not being able to differentiate ME/CFS from solely psychiatric conditions such as Major Depressive Disorder. Patients felt that symptoms such as fatigue and unrefreshing sleep were more severe in patients with ME/CFS than in other conditions, but the existing fatigue scales and Fukuda et al. (1994) case definitions lacked a severity matrix. In other words, many illnesses have fatigue as a part of their symptom constellation, such as a Major Depressive Disorder, however, it is only by considering the severity of fatigue that the conditions can be differentiated from ME/CFS. This clinical insight was explored by Hawk et al. (2006), with a sample of patients with ME/CFS versus those with Major Depressive Disorder. When comparing symptom occurrence versus severity ratings, the best predictors were severity ratings for the symptoms. A stepwise discriminant function analysis was performed in which it was possible to correctly classify 100% of the study participants into ME/CFS versus Major Depressive Disorder categories. Based on these results, which were strongly influenced

by patient feedback, we shifted our research in the development of a patient symptom survey to include severity of symptoms rather than just measuring the occurrence or frequency of symptoms.

Patients had indicated to us that while fatigue is experienced by all individuals at different times in their lives (such as when running a marathon), the fatigue of ME/CFS can be experienced with little exertion. This information was obtained during conversations at conventions and during phone calls and email exchanges with patients, which highlights the potential benefits of casual/opportunistic interactions with patients. With this input from patient groups, in our next investigation, Jason et al. (2009) tried to differentiate types of fatigue including Post-Exertional, Wired, Brain Fog, Energy, and Flu-Like. Using a newly created Likert scale, respondents were asked to provide details that described the symptom onset, frequency, and severity as it relates to the participant's experience. Factor analyses of this data revealed a five-factor structure for participants with ME/CFS but only a one-factor solution for the healthy control group. We now realized that healthy controls experienced one main undifferentiated domain of fatigue whereas patients with ME/CFS experienced many different distinct types of this symptom. This has comparability to the Inuit being able to identify many varieties of snow (Martin, 1986), just as patients with ME/CFS can identify many different types of fatigue.

DePaul Symptom Questionnaire

We next began work in 2009 on the DePaul Symptom Questionnaire (DSQ), which is a self-report instrument measuring ME/CFS symptomatology and illness history (Jason et al., 2010). As an example of an anecdotal form of feedback, we were urged by patients to develop this instrument so that we could help determine whether a person met the symptom criteria for several ME/CFS case definitions (Evans & Jason, 2015), including the Fukuda et al. (1994) criteria, Canadian Clinical Criteria (Carruthers et al., 2003), the International Consensus Criteria (Carruthers et al., 2011), and the Institute of Medicine (IOM, 2015) criteria. Using the DSQ, participants rate each symptom's frequency over the past six months on a 5-point Likert scale: 0=none of the time, 1=a little of the time, 2=about half the time, 3=most of the time, and 4=all of the time. Likewise, participants rate each symptom's severity over the past six months on a similar 5-point Likert scale: 0=symptom not present, 1=mild, 2=moderate, 3=severe, 4=very severe. The DSQ has evidenced good test-retest reliability (Jason, So, et al., 2015). Factor analytic studies of these symptoms have resulted in factors evidencing good internal consistency (Brown & Jason, 2014; Conroy et al., 2023; Jason et al., 2015). Murdock et al. (2016), and an independent group found that the DSQ demonstrated excellent internal reliability, and that among patient-reported symptom measures, it optimally differentiated between patients and controls.

The DSQ has been effectively used to diagnose patients with ME/CFS. Jason et al. (2015), used several methods (i.e. continuous scores of symptoms, theoretically and empirically derived cut-off scores of symptoms, data mining) to accurately identify core symptoms that best differentiate patients with ME/CFS from controls. Our study found a small number of core symptoms that have good sensitivity and specificity, and these included fatigue, post-exertional malaise, neurocognitive symptom, and unrefreshing sleep. Findings from our studies were used by the members of the IOM (2015) as they created a more simplified

ME/CFS clinical case definition with a rating of symptoms for both frequency and severity that our group has proposed. The DSQ has also allowed us to differentiate ME/CFS from other fatiguing illness groups. For example, Jason et al. (2017) found that individuals with ME/CFS reported significantly more functional limitations and significantly more severe symptoms than those with MS. Similar findings emerged when patients with post-polio were compared with those with ME/CFS (Klebek et al., 2019).

Post-exertional malaise

Post-exertional malaise (PEM) is a key symptom of ME/CFS, as this symptom is mentioned in almost all ME/CFS case definitions. The DSQ does measure a domain of PEM (Cotler et al., 2018). A NIH/CFS committee, trying to specify common data elements to describe and diagnose PEM, recommended the DSQ-PEM to be used for this core ME/CFS symptom (NINDS Common Data Elements (CDE) Group, 2018). Following the release of the NIH/CDC recommendations, patients were extremely concerned that this instrument did not comprehensively assess PEM. Although the first author of the current article was not part of this committee that made this recommendation, he was contacted by phone and email by multiple patients, and a patient poll (Simon, 2018) recommended the need for a more comprehensive measure of this core ME/CFS symptom (Holtzman et al., 2019). With patient input and guidance, the DePaul Post-Exertional Malaise Questionnaire (DSQ-PEM) was developed. Items for this questionnaire were first provided by patients to Jason, who then posted these questions on his facebook social media page as a beginning effort to more comprehensively assess PEM. Over the next month, hundreds of patients posted their feedback on the symptoms and ways to assess them, and those changes were re-posted on the author's social media page. We continued this iterative process of seeking patient input and reposting the questionnaire multiple times until patients felt that the items and domains were comprehensively assessing PEM (Jason et al., 2021). The final questionnaire assessed onset and possible triggers of symptoms, how patients experience PEM, their preference for common phrases used to describe PEM, and a list of symptoms that are exacerbated after physical and cognitive exertion. The DSQ-PEM also assessed the duration and length of recovery time of PEM, and the possible effects of pacing (staying within one's energy envelope). Preliminary validation was provided by the findings of significant and predictable relationships between different domains of this post-exertional malaise questionnaire and physical functioning (Jason et al., 2021).

Multinational Collaboration/Participation: Bidirectional Flow of Information

Over the past decade, there has been considerable interest in using our patient informed measures of ME/CFS from multinational researchers and patient groups in Canada, Mexico, Asia (e.g., Japan), the Middle East (e.g., Iraq), Great Britain, Ireland, Europe (e.g., Spain, Germany, France, Poland, Belgium, Netherlands, Finland, Denmark, Latvia, and Norway), and South Africa.

When engaged in this type of international collaboration, there is a need for cultural sensitivity when reaching marginalized ME/CFS and Long COVID patient groups in different parts of the world. Below, we highlight our collaborative efforts with groups outside the USA illustrating how we used participatory processes for creating different language versions of our ME/CFS questionnaires.

Case Study in France

Semantic differences can occur when words that are understood easily in one culture/language group are perceived very differently by another group. For example, a patient with ME/CFS from France contacted us and she had been collaborating with a group of French infectiologists who were conducting a study on patients with long COVID, which has many similarities to ME/CFS (Anvari, personal communication, September 15, 2020). They expressed difficulties with translating one of our instrument's questions that had a symptom phrased in this way: "Dead, heavy feeling after starting to exercise". In French, the term "dead" would be interpreted as meaning a "brutal absence of energy causing a physical and mental paralysis-like

state.” The patient explained her thoughts on the word “dead” in the following ways: “The closest phenomenon I can think of is the “dead” in deadlift: when the lifter is not applying their strength onto the barbell, it stays inert on the ground because no source of energy is making it move. But this only conveys the objective inertia of the barbell, not what it might feel if it were a real person.”

To solve this problem in translation, their research team next created a list of French phrases that could have been substituted. We partnered with them in a discussion involving whether the list of translated words held the same equivalence of severity, the onset of the experience of the symptom, the inclusivity of the mental and physical aspects of feeling “dead”, and the degree to which the phrase captures a subjective versus an objective phenomenon for the respondents. For example, they speculated about the phrase: “feeling of (total) numbness” (“sensation d’engourdissement (complet)”). After considering this phrase, it was decided that it did not sound strong enough to convey the intensity of “dead”. Another possibility was “feeling stunned” – (“sensation d’étourdissement” “étourdissement”). When considering this phrase, there were concerns that while it conveyed either strong mental confusion or a black-out, it failed to fully convey the physical aspect of the dead term. Another phrase considered was “feeling of paralysis” (“sensation de paralysie”), but we agreed that this phrase conveyed the meaning of “inertia” rather than the subjective feeling of exertion-induced sickness. Finally, we reached a consensus that the expression: “feeling of being knocked out” (“sensation d’assommage”) best captured both the physical and mental aspects of this symptom in the French language.

Case Studies in Norway

In Norway, we had been approached by several groups over time who were translating our questionnaires. The DSQ was first translated in 2012 into Norwegian (and retranslated) and validated by Strand et al. (2016). This translated DSQ had been used in Norwegian thematic register/biobank data sampling as well as a Rituximab study for patients with ME/CFS (Strand, personal communication, Nov. 8, 2020). During the translation processes, we were informed that a number of words in English did not translate well in Norwegian. This was brought up when another patient organization in Norway wanted to use our translated DSQ with an online survey of people with ME and other fatigue-type illnesses (Kielland, personal communication, March 30, 2021). The Norwegian translation faced semantic challenges with SF-36 items such as “Did you feel full of pep?” This translates in Norwegian to a “desire to take action” (“tiltakslyst”), which is quite different from “pep” which means energy. In other words, “tiltakslyst” means you could have wanted to do things, but many with ME/CFS desire to do things but lack the pep or energy. The Norwegian group solved this problem by substituting the phrase: “Did you have a lot of energy?”

Conceptual issues are also encountered with working on international translations. For example, the Chair of the Boards of the Norwegian ME-association was developing a large online ME/CFS patient survey using our DSQ with the aim to reach at least 3,000 persons with ME, CFS, ME/CFS, chronic fatigue, and Long Covid-19 patients (Getz Wold, personal communication, November 15, 2021). They were going to collect online data on diagnosis-history, symptoms, treatment and perceived impact of the treatment. Discussions were held about how to use a translated DSQ to help differentiate those who might have met CFS criteria based on the Fukuda et al. (1994) criteria versus ME that was closer to a more restrictive case definition such as the Canadian Consensus Criteria (Carruthers, et al., 2003) or the IOM (2015). They engaged in a collaborative process with our team to differentiate those with less severe symptoms that might have been caused by lifestyle factors from those who were more ill and might have biological explanations for their condition. This is a debate that was occurring within their country, and they looked to our questionnaire to help classify the patients according to the various broad versus narrow ME/CFS diagnostic criteria in order to contribute to the national discussion

on recommended diagnoses, research priorities, and treatments of patients with ME/CFS in Norway.

Case Studies in Germany

Questionnaires require revision to ensure that they are relevant and kept up to date with current knowledge of conditions such as ME/CFS. For example, the COVID 19 epidemic introduced unique challenges for patients with ME/CFS and this prompted a revision of the DSQ. For example, in Germany, we worked with Laura Froehlich, a post-doctoral researcher in social psychology at the University of Hagen. She is a volunteer for the German Association for ME/CFS, where she summarizes the latest research on ME/CFS in monthly science updates for physicians and a general audience. Together with Daniel Hattesoehl (Chair of the German Association for ME/CFS) and Carmen Scheibenbogen (Professor of immunology at the Charité University Hospital in Berlin), they have translated our questionnaires (L. Froehlich, personal communication, Oct. 11, 2019) for their work on ME/CFS attributions and stigmatization (Froehlich et al., in press) and a project on demographics and the ME/CFS medical care situation (Froehlich et al. 2021). They have found that access to and satisfaction with medical care could be even more limited for patients with ME/CFS because they might avoid going to the doctor/hospital due to being afraid of contracting COVID-19 in the waiting room or because they are not able to travel to the doctor's office/ hospital due to the lockdown. In modifying our questionnaires, they now include control questions about the coronavirus, e.g., "My daily life and activities are affected by the coronavirus" (not at all - very much)/ "I feel anxious because of the coronavirus" (not at all - very much) and they adapted the items on medical care access to a different time frame because our time period stretched beyond the onset of the pandemic. As with the other translations, when we were sent the backtranslation, only minor adjustments to our translation were necessary.

Other challenges for those translating questionnaires involve adapting adult derived scales for used with child or adolescent samples. Uta Behrends' ME/CFS research group based at the Children's Hospital of the Technical University Munich in Germany (A. Leone, personal communication, September 1, 2021) were seeing children, adolescents, and young adults with post-infectious ME/CFS. They encountered conceptual challenges in their German translational process. For example, there were pediatric issues in trying to make clear differences between terms used on the DSQ such as "slightest effort", "minimum exercise", and "mild activity" on the DSQ. We helped differentiate these terms as "effort" is general and can include both physical and mental domains. "Exercise" is something that is more planned and involves physical activity, whereas activity might be more daily physical life tasks that one has to accomplish. They also were uncertain of the difference between "physically tired" and "physically drained." Through discussions, we were able to convey that "tired" is something many youth experience but being "drained" is just a much more intense feeling of exhaustion. The German team used a professional translator who specialized in medical text to back-translate the survey(s) and then made adjustments.

Case Study in Denmark

As another example, we were contacted by a physician in Denmark who felt that it was a challenge to translate our questionnaires as many social and cultural norms in Denmark are different in the US (L.S. Brinth, Personal Communication, June 3, 2021). Cultural issues such as this commonly impact on answer selection. Research by Johnson et. (2005) has shown that particular cultures can elicit extreme response styles and acquiescent responses: Different cultures might be willing to spend varying amounts of time filling out long questionnaires, and the types and formatting of questions might also encounter differing reactions in varying cultures.

The Danish translation group debated whether to translate the original DSQ-1 or a more updated and longer DSQ-2. Even though the DSQ-2 is longer and takes more time to complete, the translators felt that the people in their country were willing to complete a more difficult and taxing task. Next, three members of their team translated English to Danish independently, and then made a consensus version that they back-translated. Rather than use all items, they started with a core list of symptoms which were translated and validated in-depth. This involved forward and back translating, focus groups with preliminary testing, adjusting, and then an actual subsequent validation with bilingual patients and healthy controls included. Following this, they translated the rest of the questions.

Lessons Learned

In the examples above, we used a participatory approach to survey translation, by incorporating the patients' and scientists' active involvement in all aspects of the survey translation process. There are many solutions and approaches used for effective translation such as single person (direct) translation, committee translation and adjudication, back-translation, field testing, and machine translation. Some collaborators attempted to translate the DSQ-PEM into their language on their own or with a team. This appeared to reflect the availability of resources pertaining to each group or project. Challenges in translation were addressed by deriving solutions and checking in with us for clarification and suggestions.

In general, we have found that a good survey translation consists of equivalence across surveys in semantic, conceptual, and normative characteristics (Behling & Law, 2000). In other words, the word and sentence structure should be comparable, the same concept must be measured, and the social norms of each culture must be respected. This is not always easy as there are minor to significant linguistic and cultural differences among groups of people. An example of a cultural, and even legal, difference is that in some countries participants cannot be asked their ethnicity (Melchior et al., 2021). Other challenges to survey translation include variations in the frequency of word use and in word difficulty, grammatical forms not having equivalences, and syntactical style (Ercikan, 1998); matching semantics and structure of both questions and answer scales (Harkness et al. 2004); and equivalence of ordinal values of response options, interval differences between response options, and response labels (Keller, et al., 1998).

As we worked with international groups of patients and scientists, three key areas relevant to measuring questionnaire equivalence across language versions were semantic equivalence, conceptual equivalence, and normative equivalence. This can be accomplished by the use of forward-and-back translation, collaborating with the originator of the surveys to adjudicate issues; choosing answer responses mindfully; piloting, gathering qualitative and quantitative feedback about the questionnaire from participants; and validation with bilingual participants and healthy control groups. There are a few other methods that could benefit the translation process but require resources. These include machine translation, committees to translate and/or monitor and decide on the translation process and versions for further development and testing, and others. The process of translating a survey is never finished, as demonstrated in the instrument created in Norway. Once a strong translation is created and more diverse people use the translated survey, the data gathered can be used to assess ways to increase its validity and reliability.

The role of culture on survey responses is an area for further research as well. Johnson et al. (2005) studied the influence of culture on response biases. Using Hofstede's dimensions of culture, they found that power distance (e.g. supervisors and employees are considered almost equals lower power distance in flat organizations) and masculinity were positively and independently related to extreme response behaviors; and individualism, uncertainty avoidance, power distance, and masculinity were each negatively related to acquiescent response behaviors. It would be helpful to determine the cultural make up, using Hofstede's

cultural orientations, for each target population. This can be conducted a priori and post hoc any survey development and administration – and then piloting various question and answer formats.

There were several limitations that should be noted in the processes used to translate the DSQ. Firstly, forward-translation conducted by one person is limited in perspective, knowledge base, and skillsets and hence may not be representative of the community they come from or the target population (Harkness & Schoua-Glusbert, 1998). Secondly, the same translation process was not used by all our collaborators, which can limit comparability among the various language versions. This can be addressed by using the guidelines provided earlier, particularly if resources are available for such activities. Thirdly, it is possible not every step in the translational process was documented, which is vital for replication of those processes. This can also help track the different survey versions and how it functioned during pretests (US Census Bureau, 2005).

Implications for Long COVID

Our collaborative work with ME/CFS has implications for the COVID-19 pandemic, which has had devastating health consequences for patients around the world (Cutler & Summers, 2020). Islam et al. (2020), reviewed the literature regarding prior epidemics and infections and found a certain percentage of those infected have long-term complications, including the development of severe fatigue. Among the millions who have been infected with the SARS CoV-2 virus, many with Long COVID will ultimately be classified as having ME/CFS (Kedor et al., 2022). Some view Long COVID as a legitimate medical illness and others dismissing it as malingering or due to a psychiatric illness (Devine, 2021), a similar debate that has occurred with ME/CFS (Goldberg et al., 2023).

Researchers do not know whether symptoms among those with Long COVID increase, stay the same, or reduce over time, differ among the COVID-19 variants, and whether such patterns occur for all symptoms or are differential. Determining this type of evidence can be enhanced by the use of standardized and validated instruments to measure symptoms at different time points in this illness. It is imperative that well-established and easily translatable questionnaires are available to help resolve these types of debates and identifying similar patients in different settings is critical for the identification of homogeneous samples for research purposes. Bringing patient input into the questionnaire development process has multiple benefits as was illustrated by several of our international collaborations. The DSQ-PEM is currently being used in the US in the large RECOVER randomized trial of anti-virals in the treatment of Long COVID (Clinical Trials.gov, 2023). The DSQ is also being used by a team of 200 research collaborators in 28 countries involving 20,000 patients to study COVID-19 (Shaheen & Shaheen, 2022).

Conclusion

Our study showed how the participatory process was an effective approach to bringing multiple partners into the scientific process of questionnaire development for a marginalized illness group. The DSQ and the DSQ-PEM are two examples of how questionnaires can be improved by input from key gatekeepers including patients and international collaborators. As stated in this article's introduction, patients have frequently been left out of critical decisions regarding their illness for several decades, and as a result, they often feel alienated from the work done by many within the research community. We contend that intentionally involving patients in the process of development and translation will result in greater collaboration and accurate measures that empirically capture illnesses. This may lead to restored trust, increased engagement by all stakeholders, and ultimately improve the quality of scientific inquiry and impactful treatments for patients.

When the opportunity does come up to create an assessment or measurement tool and/or the international group engagement to translate the tool, it can be beneficial to use the

participatory process at step one. Doing so can help share knowledge across international research groups regarding the subject and to design questionnaires that avoid confusing linguistic and cultural anomalies. This early participatory approach will also help create a more resilient survey that can translate easily across linguistic, cultural, and national differences (Brislin, 1970). Furthermore, when patients and practitioners are included in the survey development process, qualitative data can be gathered so to inform conceptual validity, questions, sound wording, and greater survey accesses and administration. In addition, this early and continued participatory approach can increase the chance that researchers create robust communications between key gatekeepers in the scientific process, including patients.

Evaluating the translational challenges of the DSQ and DSQ-PEM and related measures, it seems that survey translation is optimal when it involves many people and interactive communication among these individuals. The following steps represent what we have learned as possible best practices in survey translation. Contact is made with the developers of the original survey so to elicit any help they might be able to provide, such as prior translated surveys and potential collaborators who are interested or started working on the specific language translation. In addition, there might be different dialect groups that might need to be considered, as many countries have multiple dialects as well as languages. The survey is translated separately by two or more individuals. These versions are compared, and differences adjudicated. After translation effort occurs, the instrument is back-translated by a native bilingual speaker who is familiar with the discipline of the questionnaire. The back-translated version is compared to the original source survey and problem areas addressed with the back-translator, revisions are made, and a version is agreed upon by the research team. Pilot study of the version is conducted with a group of single language speakers who come from the target population. Open and closed-ended questions are included at the end of the survey, which inquiries about the clarity and ease of the survey and a section for additional comments is provided as well. The research team uses the feedback to make further revisions if necessary. The revised survey may be piloted again, until a final version is ready to be tested on a sample size that will allow for validity and reliability testing of the translated survey. Once the data are analyzed, results are published, disseminated, and added to multiple repositories, such as national and field specific data bases, and websites of both the research team and survey originator.

Our article provided examples of using participatory processes to develop psychometrically sound instruments to measure symptoms of patients with ME/CFS, and suggested ways that participatory methods can help validate the experiences of patients that lead to more culturally sensitive, multinational research. Patient involvement in research is becoming more common (Tomlinson et al., 2019) and occasionally, patients even lead or do the research (Hoddinott et al. 2018), as occurred with several of the international efforts described in the current article. Even though patient involvement in research is still underreported (Cluley et al. 2022), such work is particularly important with marginalized populations and social contexts involving power differentials (Ponterotto et al., 2013) and biases (Berger, 1977).

References

- Behling, O., & Law, K.S. (2000). *Translating questionnaires and other research instruments: Problems and solutions*. Sage Publications Inc.
- Berger, P. (1977). *Facing up to modernity*. Basic Books.
- Blue Cross Blue Shield of Alabama (2018). Name of blue advantage policy: Cardiopulmonary Exercise Stress Test (CPET/CPX). Available at: <https://al->

- policies.exploremyplan.com/portal/documents/107645/156560/Cardiopulmonary%20Exercise%20Stress%20Test%20%28CPET-CPX%29.pdf/8f712b0d-3cb7-c7d2-4bca-56c68cd3960c?version=1.0
- Brislin, R. W. (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology, 1*(3), 185–216.
- Brown, A. A., & Jason, L. A. (2014). Validating a measure of myalgic encephalomyelitis/chronic fatigue syndrome symptomatology. *Fatigue: Biomedicine, Health & Behavior, 2*(3), 132–152.
- Carruthers, B. M., Jain, A. K., De Meirleir, K. L., Peterson, D. L., Klimas, N., Lerner, A. M., ... Van de Sande, M. I. (2003). Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Clinical working case definition, diagnostic and treatment protocols. *Journal of Chronic Fatigue Syndrome, 11*(1), 7-115.
- Carruthers B. M., van de Sande M. I., De Meirleir K. L., et al. (2011). Myalgic Encephalomyelitis: International Consensus Criteria. *Journal of Internal Medicine, 270*, 327–338.
- Carruthers, B. M., van de Sande, M. I., De Meirleir, K. L., Chuet et, al. (2012). *Myalgic Encephalomyelitis Adult & Paediatric: International Consensus Primer for Medical Practitioners*. Carruthers & Van De Sande.
- Chalder T., Berelowitz, G., Pawlikowska, T., Watts, L., Wessely, S., Wright, D., & Wallace, E. P. (1993). Development of a fatigue scale. *J Psychosomat Med, 37*(2), 147-153.
- Chu, L., Valencia I. J., Garvert D. W., & Montoya, J. G. (2018). Deconstructing post-exertional malaise in myalgic encephalomyelitis/chronic fatigue syndrome: A patient-centered, cross-sectional survey. *PLoS ONE, 13*(6), e0197811.
- Conroy, K.E., Islam, M.F., & Jason, L.A. (2023). Evaluating case diagnostic criteria for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS): Toward an empirical case definition. *Disability and Rehabilitation, 45*(5), 840-847.
<https://doi.org/10.1080/09638288.2022.2043462>
- Cotler, J., Holtzman, C., Dudun, C., & Jason, L. A. (2018). A brief questionnaire to assess post-exertional malaise. *Diagnostics, 8*(66). doi:10.3390/diagnostics8030066
- ClinicalTrials.gov (2023). SARS CoV-2 Viral Persistence Study (PASC) – Study of Long COVID-19 (PASC). Available at: <https://clinicaltrials.gov/ct2/show/NCT05595369>
- Close, J.B., Bornemann, J., Piggan, M., Jayacodi, S., Sandra, Luan, L.X., Carhart-Harris, R., & Spriggs, M.J. (2021). Co-design of guidance for patient and public involvement in psychedelic research. *Frontiers in Psychiatry, 12*.
<https://www.frontiersin.org/articles/10.3389/fpsyt.2021.727496>
- Cluley, V., Ziemann, A., Feeley, C., Olander, E.K., Shamah, S., & Stavropoulou, C. (2022). Mapping the role of patient and public involvement during the different stages of healthcare innovation: A scoping review. *Health Expectations, 25*(3), 840-855.
- Devine J. The dubious origins of Long COVID [Internet]. Available from: <https://www.wsj.com/articles/the-dubious-origins-of-long-covid-11616452583>
- Ercikan. K. (1998). Translation effects in international assessments. *International Journal of Educational Research, 29*(6), 543–553. [https://doi.org/10.1016/S0883-0355\(98\)00047-0](https://doi.org/10.1016/S0883-0355(98)00047-0)
- Evans, M., & Jason, L.A. (2015). Effects of timeframe on the recall reliability of CFS symptoms. *Evaluation and the Health Professions, 38*(3), 367-81.
doi:10.1177/0163278713497014
- Friedberg, F., & Jason, L. A. (2002). Selecting a fatigue rating scale. *The CFS Research Review, 35*, 7–11.

- Froehlich, L., Hattesoehl, D. B. R., Cotler, J., Jason, L. A., Scheibenbogen, C., & Behrends, U. (in press). Causal attributions and perceived stigma for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome. *Journal of Health Psychology*. Published online July 9, 2021. <https://doi.org/10.1177/13591053211027631>
- Froehlich, L., Hattesoehl, D. B. R., Jason, L. A., Scheibenbogen, C., Behrends, U., Thoma, M. (2021). Medical care situation of people with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome in Germany. *Medicina*, 57, 646. <https://doi.org/10.3390/medicina57070646>
- Fukuda, K., Straus, S. E., Hickie, I., Sharpe, M. C., Dobbins, J. G., & Komaroff, A. (1994). The chronic fatigue syndrome: A comprehensive approach to its definition and study. International Chronic Fatigue Syndrome Study Group. *Annals of Internal Medicine*, 121(12), 953-959.
- Geraghty, K., Jason, L. A., Sunnquist, M., Tuller, D., Blease, C. & Adeniji, C. (2019). The 'cognitive behavioural model' of chronic fatigue syndrome: Critique of a flawed model. *Health Psychology Open*. 6(1). <https://doi.org/10.1177/2055102919838907>
- Goldberg, N.C., Poirier, S., Kanas, A., McCorkell, L., McGinn, C.A., Re'em, Y., Kuehnel, K., Muirhead, N., Ruschioni, T., Taylor-Brown, S., & Jason, L.A. (2022). A new clinical challenge: Supporting patients coping with the long-term effects of COVID-19. *Fatigue: Biomedicine, Health & Behavior*, 10(4), 212-230. <https://doi.org/10.1080/21641846.2022.2128576>
- Harkness J., & Schoua-Glusberg, A. (2004). Survey Questionnaire Translation and Assessment. In: Presser S, Rothgeb J, Couper M, et al. (Eds.). *Methods for testing and evaluating survey questionnaires*. (pp. 453-473). John Wiley & Sons, Inc.
- Harkness, J. (2003). Questionnaire Translation. In: Harkness J., Van de Vijver F., & Moher P. (Eds.). *Cross-Cultural Survey Methods*. (pp. 35-56). John Wiley & Sons, Inc.
- Harkness, J. & Schoua-Glusberg, A. (1998). Questionnaires in Translation. *ZUMA-Nachrichten Spezial*, 87-126.
- Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., Conde, J. G. (2009). Research electronic data capture (REDCap)—a metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, 42(2), 377-81.
- Hawk, C., Jason, L.A., & Torres-Harding, S. (2006). Differential diagnosis of chronic fatigue syndrome and major depressive disorder. *International Journal of Behavioral Medicine*, 13, 244-251. PMID: 17078775.
- Hoddinott P, Pollock A, O'Cathain A, Boyer I, Taylor J, MacDonald C, Oliver S, Donovan JL. (2018). How to incorporate patient and public perspectives into the design and conduct of research. *F1000Res*. 7(752). doi: 10.12688/f1000research.15162.1
- Holtzman, C.S., Bhatia S., Cotler, J., & Jason, L.A. (2019). Assessment of post-exertional malaise (PEM) in patients with Myalgic Encephalomyelitis (ME) and Chronic Fatigue Syndrome (CFS): A patient-driven survey. *Diagnostics*, 9(1), 26. <https://doi.org/10.3390/diagnostics9010026>
- Institute of Medicine (IOM) (2015). *Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness*. National Academies Press.
- Hunt, S. M., & Bhopal, R. (2004). Self report in clinical and epidemiological studies with non-English speakers: The challenge of language and culture. *J. Epidemiol Community Health*, 58, 618-622.
- Islam, M. F., Cotler, J., & Jason, L. A. (2020). Post-Viral Fatigue and COVID-19: Lessons from past epidemics. *Fatigue: Biomedicine, Health & Behavior*, 8(2), 61-69. <https://doi.org/10.1080/21641846.2020.1778227>

- Jason, L. A., & Choi, M. (2008). Dimensions and assessment of fatigue. In Y. Yatanabe, B. Evengard, B.H. Natelson, L.A. Jason, & H. Kuratsune (Eds.). *Fatigue Science for Human Health* (pp 1-16). Tokyo: Springer.
- Jason, L. A., Holtzman, C. S., Sunnquist, M., & Cotler, J. (2021). The development of an instrument to assess post-exertional malaise in patients with ME and CFS. *Journal of Health Psychology, 26*(2) 238-248. <http://doi.org/10.1177/1359105318805819>
- Jason, L. A., Jessen, T., Porter, N., Boulton, A., Njoku, M. G., & Friedberg, F. (2009). Examining types of fatigue among individuals with ME/CFS. *Disability Studies Quarterly, 29*(3). Retrieved from <http://www.dsqsds.org/article/view/938/1113>
- Jason, L. A., & Johnson, M. (2020). Solving the ME/CFS criteria and name conundrum: The aftermath of IOM. *Fatigue: Biomedicine, Health & Behavior, 8*(2), 97-107.
- Jason, L.A., Keys, C.B., Suarez-Balcazar, Y., Taylor, R.R., Davis, M., Durlak, J., Isenberg, D. (Eds.) (2004). *Participatory community research: Theories and methods in action*. American Psychological Association.
- Jason, L. A., Kot, B., Sunnquist, M., Brown, A., Evans, M., Jantke, R., Williams, Y., Furst, J., & Vernon, S. D. (2015). Chronic fatigue Syndrome and myalgic encephalomyelitis: Toward an empirical case definition. *Health Psychology and Behavioral Medicine: An Open Access Journal, 3*, 82-93. PMID: PMC4443921
- Jason, L.A., Nicholson, L., & Sunnquist, M. (2016). Patient perceptions regarding possible changes to the name and criteria for Chronic Fatigue Syndrome and Myalgic Encephalomyelitis. *Journal of Family Medicine & Community Health, 3*(4), 1-7.
- Jason, L. A., Ohanian, D., Brown, A., Sunnquist, M., McManimen, S., Klebek, L., Fox, P., & Sorenson, M. (2017). Differentiating multiple sclerosis from myalgic encephalomyelitis and chronic fatigue syndrome. *Insights in Biomedicine, 2*(11). doi: 10.21767/2572-5610.100011
- Jason, L. A., Ropacki, M. T., Santoro, N. B., Richman, J. A., Heatherly, W., Taylor, R. R., Ferrari, J.R., Haney-Davis, T.M., Rademaker, A., Dupuis, J., Golding, J., Plioplys, A.V., & Plioplys, S. (1997). A screening instrument for Chronic Fatigue Syndrome: Reliability and validity. *Journal of Chronic Fatigue Syndrome, 3*, 39-59. doi:10.1300/J092v03n01_04
- Jason, L. A., So, S., Brown, A. A., Sunnquist, M., & Evans, M. (2015). Test-retest reliability of the DePaul Symptom Questionnaire. *Fatigue: Biomedicine, Health & Behavior, 3*, 16-32.
- Jason, L. A., Sunnquist, M., Brown, A., Furst, J., Cid, M., Farietta, J., Kot, B., Bloomer, C., Nicholson, L., Williams, Y., Jantke, R., Newton, J. L., & Strand, E. B. (2015). Factor analysis of the DePaul Symptom Questionnaire: Identifying core domains. *Journal of Neurology and Neurobiology, 1*(4). <http://dx.doi.org/10.16966/2379-7150.114>
- Johnson, T., Kulesa, P., Cho, Y. I., & Shavitt, S. (2005). The relation between culture and response styles: Evidence from 19 countries. *Journal of Cross-Cultural Psychology, 36*(2), 264-277. <https://doi.org/10.1177/0022022104272905>
- Kedor C., Freitag H., Meyer-Arndt L., Wittke K., Hanitsch L., Zoller T., et al. (2022). A prospective observational study of post-COVID-19 chronic fatigue syndrome following the first pandemic wave in Germany and biomarkers associated with symptom severity. *Nat Commun, 13*(1), 5104.
- Keller, S. D., Ware, J. E., Gandek, B., Aaronson, N. K., Alonso J., et al. (1998). Testing the equivalence of translations of widely used response choice labels: Results from the IQOLA project. *J Clin Epidemiol, 51*(11), 933-944.
- Martin, L. (1986). "Eskimo words for snow": A case study in the genesis and decay of an anthropological example. *American Anthropologist, 88*(2), 418.

- Melchior, M., Desgrées du Loû, A., Gosselin, A., Datta, G. D., Carabali, M., Merckx, J., & Kaufman, J. S. (2021). Migrant status, ethnicity and COVID-19: More accurate European data are greatly needed. *Clinical microbiology and infection: the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, 27(2), 160-162. <https://doi.org/10.1016/j.cmi.2020.10.014>
- Murdock, K. W., Wang, X. S., Cleeland, C. S., Fagundes, C. P., & Vernon, S. D. (2016). The utility of patient-reported outcome measures among patients with myalgic encephalomyelitis/chronic fatigue syndrome. *Quality of Life Research*. DOI 10.1007/s11136-016-1406-3
- NINDS Common Data Elements (CDE) Group (2018). Post-exertional malaise subgroup summary. Myalgic encephalomyelitis/chronic fatigue syndrome. Available online: https://www.commondataelements.ninds.nih.gov/MECFs.aspx#tab=Data_Standards (accessed on 12 December 2018).
- Ponterotto, J. G., Mathew, J. T., & Raughley, B. (2013). The value of mixed methods designs to social justice research in counseling and psychology. *Journal for Social Action in Counseling and Psychology*, 5, 42-68.
- Shaheen N., & Shaheen A. (2022). Long-term sequelae of COVID-19 (myalgic encephalomyelitis): An international cross-sectional study. *Medicine (Baltimore)*, 101(45), e31819.
- Simon, M. (2018). Results of the Poll to Inform the NIH/CDC's Definition of PEM in All Their Future ME/CFS Research [msg#1]. Available online: <https://www.s4me.info/threads/results-of-the-poll-toinform-the-nih-cdc%E2%80%99s-definition-of-pem-in-all-their-future-me-cfs-research.2221/> (accessed on 2 February 2018).
- Smith, T. W. (2004). Developing and evaluating cross-national survey instruments. In: Presser S, Rothgeb J, Couper M, et al. *Methods for Testing and Evaluating Survey Questionnaires*. (pp. 431-452). John Wiley & Sons.
- Strand, E. B., Lillestøl, K., Jason, L. A., Tveito, K., Diep, L. M., Valla, S. S., Sunnquist, M., Helland, I. B., Herder, I., & Dammen, T. (2016). Comparing the DePaul Symptom Questionnaire with physician assessments: A preliminary study. *Fatigue: Biomedicine, Health & Behavior*, 4, 52-62. <https://doi.org/10.1080/21641846.2015.1126026>
- Tomlinson, J., Medlinskiene, K., Cheong, VL. et al. (2019). Patient and public involvement in designing and conducting doctoral research: The whys and the hows. *Res Involv Engagem* 5(23) <https://doi.org/10.1186/s40900-019-0155-1>
- US Census Bureau (2022). *Census bureau guideline for the translation of data collection instruments and supporting materials: Documentation on how the guideline was developed*. Census Bureau Website. Accessed January 10, 2022: <https://www.census.gov/content/dam/Census/library/working-papers/2005/adrm/rsm2005-06.pdf>

Disclosures

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Address for correspondence

Leonard A. Jason, Ph.D.

Director, Center for Community Research
990 W. Fullerton Ave., Suite 3119
Chicago, Il. 60614
Telephone: 773-325-2018
Website: <http://leonardjason.com>
Pronouns: he/him/his

Author biographies

Leonard A. Jason is a Professor of Psychology and Director of the Center for Community Research, at DePaul University, with interests in post-viral illnesses including Myalgic Encephalomyelitis and Long COVID, as well as addictions and violence prevention.

Joseph A. Dorri is a Researcher Associate of the Center for Community Research and President of the nonprofit The Good Student, interested in mental health, Long COVID, interventions, student success, and well-being.

Muslims Emerging into Adulthood in an Uncertain Sociocultural Climate

Nuray Okcum Kilic, Jenny Sharples, Julie Morsillo

Victoria University

This study explored the manner in which Muslims emerging into adulthood carve their social identity as Muslims, and their sense of belonging through their experiences in Australia. An interpretative phenomenological methodology was utilised. In depth interviews were undertaken with eight emerging adults and four adults who work with emerging adults. The article presents data that indicates that this group of Muslims emerging into adulthood in Australia face various hurdles of discrimination while they try to retain and represent their religious identity. Community volunteering seemed to be a protective factor. Despite the unique challenges faced, they still feel a sense of belonging and identify as Australian Muslims.

Keywords: Muslims, Australian-Muslims, sense of belonging, identity, community psychology, emerging into adulthood

The ambiguous period extending from the late-teenage years through to the mid-to-late 20s (Arnett, 2000; Corrales et al., 2016) is referred to as emerging adulthood. The five core characteristics used to define emerging adulthood are the feeling of being in limbo, instability, exploration, self-focus, and optimism (Arnett, 2004). During this stage, the incidence of mental health problems and the engagement of risk behaviours is high (Syed & Seiffge-Krenke, 2015). The emerging adult can be faced with newly found independence, unstable relationships, employment stressors, and is challenged to cope with identity development and social and contextual changes (Barlett & Barlett, 2015; Syed & Seiffge-Krenke, 2015). Managing these can exceed the coping resources of the emerging adult (Syed & Seiffge-Krenke, 2015).

In contemporary developed society, individuals go through a prolonged period in becoming an adult (Arnett, 2000, 2004; Hadad & Schachter, 2011). As such, the development of identity is significant during emerging adulthood (Arnett, 2000, 2004; Hadad & Schachter, 2011). Identity can be considered a “self-structure” consisting of the internal, self-constructed organisation of abilities, beliefs, and past (Ritchie et al., 2013). To meet the approval of others, one might direct themselves to be viewed in a certain manner described as identity image orientation (Veksler & Meyer, 2014). Altering one’s identity to fit into a group can result in having a supportive social group and can provide various benefits to the emerging adult (Lane & Fink, 2015).

Social Identity is the term used to refer to an individual’s construct of self through the lens of a group (Meuret et al., 2016), holding with them a set of common societal identifiers (Stets & Burke, 2000). Individuals who claim to be similar to self are considered as being ‘in-group’ whereas individuals who differ are considered ‘out-group’ (Stets & Burke, 2000). Group identification as an aspect of membership includes a sense of identity and self-definition attained through feeling subjective attachment to the group (Miller et al., 2015). People identify with groups once they have a degree of similarities between themselves, members of the group, or values of the group (Veelen et al., 2014; Veelen et al., 2013). This not only leads to compliance with group norms and cooperative behaviour towards in-group members, but has been linked to high levels of psychological wellbeing and a greater sense of purpose (Miller et al., 2015; Sani et al., 2015). If an individual self-stigmatises or accepts negative social attitudes towards an in-group including stigma-related threats, they may cope by viewing themselves as

being different or refuse group identification (Meuret et al., 2016). While this coping strategy can be easier, it is associated with aggravated distress and can be disempowering (Meuret et al., 2016). Group identification is not a completely stable concept and can change as one accumulates new information, moves into a new context, or if the influences on their identity change (Meuret et al., 2016). This highlights that identity is fluid (Bradatan et al., 2010).

Religious identity is considered one of the main social identifiers of an individual (Greenfield, & Marks, 2007; Petrova, 2016). This multidimensional process plays a significant role in formulating an individual's personal and existential worldview. Religious identity can be defined by the individual's emotional, and cognitive spheres (Jeong, 2014; Petrova, 2016). It plays a role in an individual's morality (or behavioural constraint), is considered a protective factor against community violence (Fowler et al., 2008) and affects behaviour in various interactions (Petrova, 2016). The Social Identity Theory can provide insight into understanding religious identification as social identities that pertain to social group members are internalised as being a part of the self-concept (Jeong, 2014). As such, religious affiliation can be characterised as being a member of a social group and group identification (Jeong, 2014; Martinovic & Verkuyten, 2016). The variation of one's sense of belonging (and commitment) to a religious group can cause variations in their sense of in-group versus out-group (Martinovic & Verkuyten, 2016). While religious fundamentalism is associated with intolerances towards out-groups, intrinsic (or journey-oriented quests) can be associated with low prejudice (Choma et al., 2016).

Sense of belonging has been identified as a basic human need and ranked in Maslow's (1954) hierarchy of needs, it can be considered the conceptual link that is missing in understanding mental health from an interaction or relationship perspective (Kitchen et al., 2012). The need to belong is considered a highly significant motivator responsible for one's positive emotional, psychological, and cognitive processes (Amit & Bar-Lev, 2015; Kitchen et al., 2012). It is argued that questions revolving around identity come to the forefront of an individual when one is uncertain about where they belong, in which instance, the need to belong can be referred to as the way that one views themselves compared to others in society (or group) (Amit & Bar-Lev, 2015).

The need to belong can be described as being central to community well-being as it is a reflection of the inter-relationship community members have and the strength of bonding amongst members (Akin & Akin, 2015). This description has been expanded to include a feeling of belonging, a feeling of mattering to one another and the group, and shared assurance that each member's needs will be met through the commitment they have to be together (Akin & Akin, 2015).

A sense of community and community participation both encompass community member's engagement and active involvement in matters that affect the lives of other community members as well as matters that impact the larger community (Talò et al., 2014).

Community participation and sense of community are interrelated and are considered factors that promote the development of a community, actualise the ability and capacity to activate a community's internal human resources, and promote social empowerment (Talò et al., 2014). A sense of community is inversely related to feelings of loneliness, depressive symptoms, suicide, and feelings of alienation (Akin & Akin, 2015; Kitchen et al., 2012; Talò et al., 2014).

Social exclusion can refer to individuals who, as a group or on their own, experience various disadvantages in society (Vrooman & Hoff, 2013). It can include multiple dimensions of deprivation including financial deprivation, social deprivation (inability to interact socially) and lack of community (Dennis et al., 2016). It can also refer to and be seen in four dimensions: limited social participation, lack of normative integration, material deprivation, and inadequate access to basic social rights (Dennis et al., 2016; Vrooman & Hoff, 2013).

While social exclusion can be voluntary, the denial of access to resources and opportunities can result in discrimination, deprivation, and polarisation amongst community members and individuals (Cheung, 2013; Dennis et al., 2016). This social phenomenon can weigh heavily on individuals going through the stage of discovery, independence, and experimentation (Abello et al., 2015). It can result in a delayed transition that can lead to future difficulties and poor outcomes in the individual's social relationships, health, and employment (Abello et al., 2015; Dennis et al., 2016). Social exclusion can also effect various levels of cognition including early-stage and later-stage (Xu et al., 2015). It can negatively influence memory, behaviour, self-regulation, mental health, and attention (Xu et al., 2015).

The disadvantages of social exclusion have been linked to the experiences of insiders and outsiders in local communities (Vrooman & Hoff, 2013). Intolerance of others and discrimination between groups are prevalent as are prejudicial attitudes towards the 'other' (Passini & Morselli, 2016). This aversive and hostile behaviour and attitude towards the 'other' can occur simply due to the 'other' not belonging to the dominant group (Passini & Morselli, 2016). In a majority of Western democratic societies, this form of social exclusion does not occur as an open conflict due to democratic principles, however is translated and transformed into a subtle, covert, socially acceptable and difficult to detect manner (Passini & Morselli, 2016).

Australia is considered a country that not only explicitly adopts a multicultural policy, but also reaffirms and encourages this policy and the importance of cultural diversity and social cohesion (Abu-Rayya et al., 2016). Despite this, even politicians in Australia have been reported to raise concerns regarding Muslims and their alleged inability to adopt Australian values (Kabir, 2008, 2011). Muslims are portrayed as dangerous delusional individuals who are unable to commit to liberal democracy thereby normalising Islamophobia (Abu-Rayya & White, 2010; Abu-Rayya et al., 2016; Isakjee, 2016; Kabir, 2008, 2011; Pedersen et al., 2009; Yucel, 2015). This use of political fear not only leads to social segregation, but also destabilises social inclusion in a country that thrives on multiculturalism (Abu-Rayya & White, 2010). The social destabilisation between Muslims and non-Muslims in Australia can be seen through the poll conducted by the Australian television channel, Channel Nine, which concluded that 88% of the general public in Australia believed that Muslims cannot be loyal to Australia (Yucel, 2015).

The political fear that is used by opportunistic politicians continues to ignite fire of social segregation, exclusion and discrimination. In the forefront of political and media commentaries for the way that they visually identify, Muslim females are called to demonstrate their loyalty to Australia and are referred to as being passive victims of oppression, lacking equality and threatening Australian culture (Woodlock, 2011). While Muslims endure various problematic portrayals and stereotypical perceptions, they are also faced with the effects of these negative perceptions (Dunn, 2004). These effects can include racist violence, unfair treatments and behaviour, threats of their identity, arson, and exclusion (Dunn, 2004; Woodlock, 2011). Many young Muslims are simultaneously promised opportunities that they are later denied due to institutionalised racism that leads towards their systematic exclusion (Roose & Harris, 2015). The prejudiced behaviour displayed towards Muslims has profound implications, openly hampering their cultural belonging and adaption making them feel culturally inferior, incompatible or radically different from the Australian society and culture and feeling as though they are the 'dangerous other' (Abu-Rayya et al., 2016) or the 'enemy' (Kabir, 2016). This can push Muslim youth to alienation, anti-social behaviour, and extremism (Roose & Harris, 2015).

Muslims emerging into adulthood are often depicted as individuals who are a threat to Australia (Matindoost, 2015). For those who consider themselves as being an Australian

Muslim, this depiction and categorisation magnifies and jeopardises both their religious identity and their social identity (Matindoost, 2015).

This study was conducted in a bid to contribute to the understanding of Muslims emerging into adulthood and their experiences given the current and ongoing sociocultural climate. It also aims to contribute to the development of appropriate interventions on a community and individual level as a successful transition into adulthood brings forth positive outcomes such as social competence, life satisfaction, and civic engagement while a transition that consists of negative experiences and adjustment difficulties can have negative and problematic outcomes for an individual (O'Connor et al., 2012).

Method

The study focused on the experiences of individuals emerging into adulthood who identify as being Australian Muslim. For data collection, semi-structured one-to-one interviews were utilised. Although an outline of topics was developed, the interview process was open-ended non-directive (Morrow, 2005; Reid et al., 2005; Smith, 2011; Willig, 2013). This was done in order to facilitate a conversation and explore the individuals' experiences while allowing a wider range of topics to be discussed than what was proposed in the interview outline (Morrow, 2005; Reid et al., 2005; Smith, 2011; Willig, 2013). It is considered a valuable method for the exploration of an individual's experiences rather than the researcher as an expert (Smith, 2011). Ethics approval from Victoria University was approved prior to data collection (HRE15-311).

Participants

Purposive sampling was used to recruit participants from online Islamic community groups and Facebook. A flyer was posted identifying the recruitment criteria as individuals aged between 18 to 29 years old, born in Australia and who identified as being Australian Muslims. In addition, a flyer for recruitment of older individuals who were currently working with Australian Muslim people aged 18-29 and who also identified as Australian Muslims was sent to Islamic community organisations.

Participants who were considered to have transitioned into adulthood (28 or over) were personally contacted and asked if they wished to take part in the study. They were all individuals who worked closely with Muslims emerging into adulthood or were leaders in youth organisations who were working with Muslims emerging into adulthood. These individuals were chosen based on common community awareness that the researcher had and through snowballing. It was hoped that the experience that they gained through working with those emerging into adulthood would add to the insight, knowledge, and experiences of emerging adults. The adult participants may also give voice to a wider range of emerging adults not only bringing forth the experiences that emerging adults that they have communicated with have had, but also providing insight into their own experiences growing up in Australia. This may provide further insight into any changes in the transition process over generations.

Twelve self-identified Australian Muslims participated. Eight were emerging into adulthood (two male and six female) and were all leaders in organisations supporting Muslim youth. Four were adults working with Australian Muslims emerging into adulthood. Two of the female emerging adult participants did not visually identify as being Muslim. The average age of the emerging adults was 23.2. From the adult participants, two were male while two were female. Both female participants visually identified as being Muslim by wearing a hijab. The average age of adult participants was 35.5. Table 1 details the demographic information of participants emerging into adulthood.

Table 1*Demographic information of participants emerging into adulthood*

Pseudonym	Age	Country of Birth	Gender	Visual Identification	Years in Australia	Highest Level of Education	Marital Status	Employment Status	Education Secondary
Beckir	26	Australia	M	-	26	Bachelor	Single	Unemployed	Private – Islamic
Amy	24	Lebanon	F	-	2	Post-graduate	Single	Casual	Public
Mary	23	Australia	F	Hijab	23	Bachelor	Single	Fulltime	Public
Sasha	24	Australia	F	Hijab	7	Year 12	Married	Maternity	Public & Private
Messie	24	Australia	F	-	24	Bachelor	Single	Fulltime	Private
Lisa	21	Australia	F	Niqab	21	Bachelor	Single	Fulltime	Private
Sarah	23	Australia	F	Hijab	14	Bachelor	Single	Fulltime	Private
Zack	24	Australia	M	-	24	Bachelor	Single	Casual	Public

Table 2 below details demographic information for adult participants.

Table 2*Demographic of adult participants*

Pseudonym	Age	Country of Birth	Gender	Visual Identification	Years in Australia	Highest Level of Education	Education Secondary
Ozzie	43	Australia	F	Hijab	39	Post-graduate	Public
Shirin	43	Turkey	F	Hijab	40	Bachelor	Public
Faruk	28	Australia	M	-	28	Post-Graduate	Public
Mert	31	Australia	M	-	31	Bachelor	Public & Private

Interviews

Individuals expressing interest were provided with the information sheet, queries were addressed, and a consent form was provided. Participants were informed that a pseudonym will be used, and that interviews are conducted on a one-to-one basis in an isolated room. A semi-structured interview schedule was designed using themes that were relevant to the topic. This served as a guide for the interviewer and initiated discussion.

The interview format consisted of one main question “Tell me what it is like for you to be coming towards the age of __ as an Australian Muslim?” followed by a discussion between

the interviewee and interviewer. The interview format for adult participants consisted of the following questions “Tell me about any experiences you have had working with Australian Muslims emerging into adulthood” and “Tell me about your experiences in emerging into adulthood as an Australian Muslim”. These questions were followed by a discussion between the interviewee and interviewer.

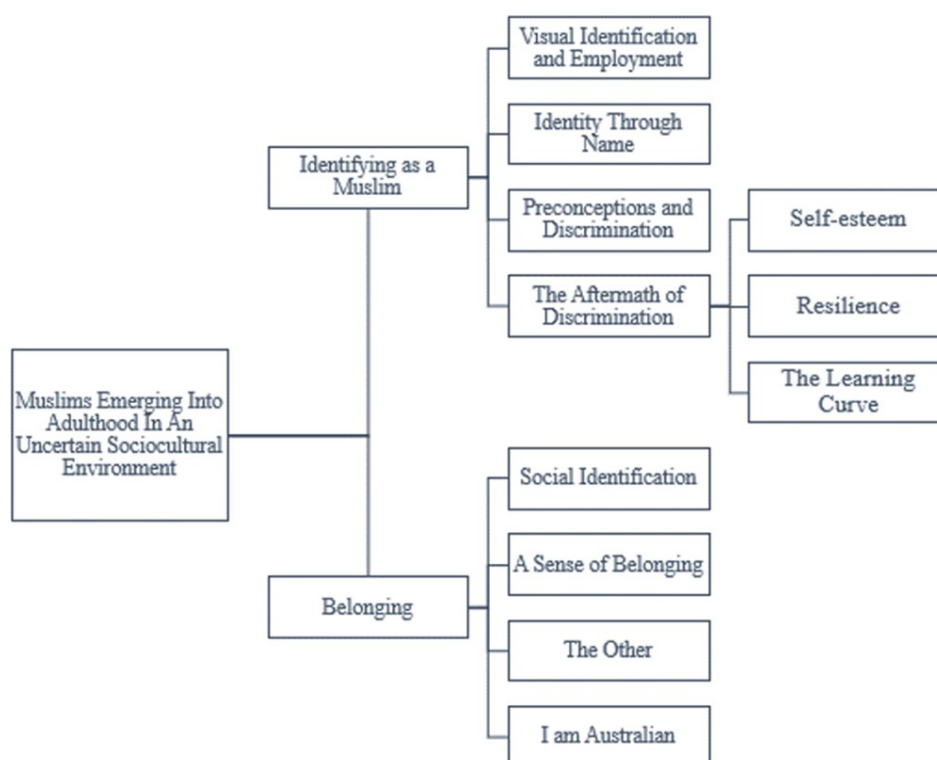
A demographics questionnaire was used to gather information about participants such as age, occupation and educational status (Refer to Table 1 and Table 2).

Interpretation of data

The study utilised an Interpretative Phenomenological Methodology (IPA). This allowed active engagement with participants and the data, allowing participants to offer their own insight and subjective experiences (Reid et al., 2005; Smith, 2011; Willig, 2013). This allowed meaning to be established on how young Muslims make sense of their world and their experiences emerging into adulthood or their experiences working with those who are emerging into adulthood (Reid et al., 2005; Smith, 2011). When analysing and interpreting the data, intense engagement with the data is needed (Reid et al., 2005; Smith, 2011). This allows a tie to occur between IPA and the hermeneutic perspective (Smith, 2011).

Findings and Discussion

The focus of the study was to explore the experiences of individuals emerging into adulthood who identify as being Muslim Australian. Participants spoke of the manner in which they visually identify as being a Muslim and their identity through their name. The preconceptions and discrimination that they faced when identifying as a Muslim was also a topic of discussion by participants. In addition to this, participants spoke of social identification, their sense of belonging as well as the feeling of being considered the ‘other’ in the country that they call home. Figure 1 presents a visual representation of the themes and sub-themes based on coding results.

Figure 1*Themes and Subthemes*

Identifying as a Muslim

The Social Identity Theory encapsulates that individuals identify with others in social categories (Berglund, 2013). Identity is grounded in various social categories and notions of behaviours that adhere to those categories (Berglund, 2013). When people follow those notions, they affirm their image and their identity to themselves and others resulting in a number of internal (emotional or psychological) and external (economic and social) effects (Berglund, 2013).

Visual Identification and Employment

The conflation in public perceptions of Muslims with terrorism can cause a sense of insecurity for Muslims. Individuals spoke of their experiences:

“There’s this fear of being identified as a Muslim because there’s this whole “terrorism” “violence” and “oppression”. That is more vocal now with all the political issues that are happening...and because of that people are looking at it in such a simplistic way where it’s like “oh my God, if I look Muslim, I’m associated with this” it’s not necessarily about faith, they still truly believe in their faith, but now there’s this fear of actually looking that part and there’s pressure with that” (Mary, 23).

And,

“We are in a situation where media has got negative effects to the religion and the fact that I look more Middle Eastern, I’m already pointed out as Muslim, so therefore if I am in a conference and I’m the only one going in with dark hair, dark

eyes, dark skin, Middle Eastern appearance, I will probably already be in that position of being “Muslim”, and after that it all depends on how the others, or those who already see me as a Muslim, judge me as a Muslim so there is that sort of downfall” (Zack, 24).

As seen in the above quotes, the way an individual visually identifies with their religion can vary and is not always intentional (Ali, 2014). While some visually identify as a Muslim through clothing, others may be deemed Muslim based on their Middle Eastern features (Ali, 2014). When religious identity is on display, discrimination can occur through the manner they are depicted in media (Ali, 2014). This can play a role in their construct of self (self-categorisation) through the lens of the group that they are being identified with and the manner in which they are labelled “in-group” or “out-group” (Stets & Burke, 2000). Muslim women are specifically targeted due to their visual identification (Matindoost, 2015). As such, the impact of discrimination or resentment towards Muslim females is higher and evident through additional challenges they face including physical attacks and racial comments (Matindoost, 2015). Sirin spoke of her experience:

“I didn’t have a hijab on, and I had been employed. I happened to be one of their star employees at the time I had decided to put my hijab on and I told my manager, he responded that I can’t do that because it is not a part of the uniform. It was an interesting conversation...My manager responded negatively saying “I don’t think we can accept that” and I was smart enough to say “what will you do when I do cover and wear the hijab? You’ve just awarded me a high honour of employee of the month and it has been consecutive”...he said he would have to consider termination so I went and got some advice ...of course they advised there is no way they could do that...” (Sirin, 43).

Sirin also spoke about the experiences that her friends have had. These were similar to the participants in Berglund’s (2013) study who spoke about the fear that clothing or jewellery will communicate ‘Muslim’ placing the individual in a risky position during their search for employment (Berglund, 2013). Participants in Berglund’s (2013) study also spoke of Muslim females removing their hijab or changing their names in a bid to get a job. Similarly,

“A few female friends have chosen to take the hijab off simply because of the struggles that they feel the hijab has contributed to them not being able to attain a job, be employed and be a part of life’s social fabric” (Sirin, 43).

Likewise,

“I’m afraid because I’m thinking of wearing hijab soon so I’m hoping to not be affected when I start work or when I start applying for a job. I don’t want my hijab to affect me. I want to get a job and I want to experience my Islam...I just want to be as a human being. Just want people to interact with me, behave with me, talk with me, as a human, just as a human” (Amy, 24).

The aggravated distress and fear of disempowerment with visually identifying as a Muslim highlights the fear that the emerging adult has with their group identification. Through identifying with the religion, the individual would be refusing the negative social attitudes and stigma related threats that are connected with the group (Meuret et al., 2016).

Identity Through Name

In a comparable light to religious visual identification, Sirin brought some insight into the experiences individuals have had due to their Middle-Eastern sounding names:

“We’ve actually got alumni that have graduated, and we often talk about it. Actually two of our students that have attained engineering degrees have commented that when their name is on the resume that they feel is one of the reasons they’ve never been contacted ever despite qualification, despite giving their resume at the same time with people and their friends that are graduates so the name they feel is really making a big difference” (Sirin, 43).

Similarly,

“I had trouble finding a job in that particular manner a few years ago. I know for a fact that when I was working for my second employer, every time a Muslim would submit a resume they would throw it straight into the bin. One day when I was walking past the photocopy machine I saw the name Mohammed...I actually picked up the resume and I said to the boss “did someone send in a resume?”, he said “oh nah yeah, we had a few people who sent in their resumes through, but they’re not really experienced” and when I opened the resume he had 15 years of experience so they didn’t employ him because of his name even though they needed someone. I do know of people who have struggled to find jobs because of their names and from the pressure they think that the solution is to change their name on their resume...I do know of people that have changed their names on their resumes only for the sake of getting the job” (Mert, 31).

Although a name change may aid in employment and allow the individual to “fit in”, it can diminish or reduce one’s religious identity and possibly disappoint or alienate them from their community (Berglund, 2013). This can affect the individual on a psychological and emotional level (Berglund, 2013). While the choice of employment can come hand-in-hand with self-hate, shame, and guilt, unemployment can come hand-in-hand with integrity (Berglund, 2013). The significant role of a name was also experienced by Zack:

“I literally got told, my boss would say, “I wasn’t going to even interview you because of your name” ...I would say ...especially for people that’s more of a Muslim name, they will be rejected straight away. Obviously, I do have that feeling of sense of discrimination. I’ve heard of others...it all stems to obtaining a job and that’s the key thing about adulthood, the financial side, I would say finding a job is a struggle” (Zack, 24).

In a similar light, participants in Berglund’s (2013) study discussed growing up with the thought of there being no need to look for work as non-Muslims will always get the job. Such claims were deemed to be true due to exposure to large numbers of unemployed high-achieving Muslims who had firsthand experience in being rejected when using their given Muslim name and employed when using a Western name (Berglund, 2013).

Preconceptions and Discrimination

Likewise, male Muslims in Ali’s (2014) study stated that when employers heard a Muslim name, they did not want to work with or hire that individual due to their direct fear of Muslim males, their preconceptions, and any associated connotations (Ali, 2014). This form of involuntary social exclusion can weigh heavily on the identity formation of the emerging adult and can result in discrimination or polarisation (Abello et al., 2015; Cheung, 2013; Dennis et al., 2016; Xu et al., 2015). The manner in which the media portrays Muslims as well as the way peers, colleagues, and members of society perceive and engage with Muslims does have both direct and indirect effects on Muslims (Ali, 2014):

“In high school, a very close friend and it was the time of the Bali bombings... she said, “you know the Bali bombers, doesn’t terrorism like run in your blood” I actually got angry” (Mary, 23).

In a similar light to Mary, Sarah stated:

“There have been times where I feel uncomfortable when I’m interacting with a non-Muslim for the first time. I do get a bit uneasy because I don’t know how they are going to respond. Someone might at one moment turn around and be like “hey, you are a terrorist” and I haven’t lived with that before. I don’t know how I can respond to that...that does make me uneasy at times” (Sarah, 23).

And,

“There was one case where we were out. It was towards The Great Ocean Road and we were at a servo. There was another Muslim female in front of us and you could tell she was Muslim because of the way she was dressed. Some man decided to make a racist remark. I can’t remember what it was, but she didn’t understand what was going on. It was me and my friend who had to obviously protect her and answer back to him. It was really shocking because I wasn’t expecting it. It was just unexpected and he just yelled out in front of everyone when he was obviously directing his words at her so one of my friends, she became very defensive and she was like “you are so rude, I can’t believe this is happening” and it was quite disappointing that no one at the time...you knew that they were all racist and that they didn’t want Muslims to be around that area because no one else actually raised their words and said anything... that was a pretty terrible experience and after that there has been times where I have been like ‘oh my God, I’m travelling out to a place there’s non-Muslims, no Muslims at all, What am I going to experience?’” (Sarah, 23).

On the contrary,

“To be honest, there have been times especially at uni where I haven’t mentioned, I don’t mention my background and religion... that’s something that I dodge at uni around people who aren’t Muslim” (Messie, 24).

Messie went on to state:

“There are times when I’ve been scared. I’ve got a sister who is covered. There are days when she leaves the house and goes to uni and she’s experienced it, she’s been verbally attacked by someone on the train. It frightens you and you just realise there’s so much attention on you as a Muslim and I’m not going to lie sometimes I would, as bad as this sounds to our religion, but try to hide it because it’s a scary feeling, living in a country where it is our religion, there’s so much oppression (towards it), there’s so much, it’s scary” (Messie, 24).

And,

“I remember this one time we went to Queensland for example, there’s not a very big Muslim community there, there isn’t... It felt like when we were there everyone was looking at my sister very weirdly. They were looking at her almost as though they’ve never seen anyone with a hijab before and that came to our attention...I definitely become more protective over her because obviously she’s getting all attention as a hijabi” (Messie, 24).

Mary who wears the hijab had a different experience:

“I had a friend who went to Sydney and her experiences were very different to mine. She said, people were staring at her and that you know because she is a Muslim, but when I went, I didn’t feel any of that. When I went to Queensland and another friend said the same thing. She said she felt people were looking at her. I didn’t feel that at all. Even though the areas that we were in were not necessarily populated with many Muslims” (Mary, 23).

Lisa explained her experience wearing the niqab:

“There’s obviously been times when there’s been racist remarks, but I believe people are culturally unaware... it’s not very frequent, however it’s in specific areas that I go to. It’s more areas where there isn’t much culture. I feel they are the most close-minded, because they are culturally unaware...the people just say “take it off, go back to your country.” One incident which was really eye-opening, I was walking and he stopped me... he was really angry like “why are you wearing that?” and usually I’d be frightened, obviously cause if you come across a lady who is racially abusing you, you can stand up for yourself, but when it is a male you are a bit wary cause they are obviously physically stronger, but at that time, I needed to represent who I am and I don’t deserve to be spoken to in that rude manner so I turned around and I spoke to him... “I’m actually from Australia and I’m studying here and I’ve got a job here” and he was like “wow your accent is so well”. He was very surprised cause I think everyone is surprised I can speak English and then I started telling him how I work and everything and he was really impressed... I feel like that gave me kind of confidence boost that people who have emotional remarks and stuff shouldn’t get me down or shouldn’t get me upset because they don’t know because I believe that they don’t understand and they aren’t unaware, so giving, I think as Australian-Muslims our duty is to represent ourselves well and educate others” (Lisa, 21).

The comments made towards Mary, Lisa, and Sarah regarding terrorism as well as the fears Sarah and Messie have in regard to their identification as a Muslim (or their loved ones identifying as Muslims) were similar to the experiences of participants in the study by Ali (2014). The changes that participants made and precautions that they took (or continue to take) particularly after being negatively portrayed in media, highlights the direct and indirect impact media can have on Muslims which can vary from leading the individual towards socially acceptable or unacceptable behaviours or thinking patterns (Ali, 2014). It also brings forth the manner in which some participants such as Messie chose to hide parts of their identity to meet the approval from others (Lane & Fink, 2015; Veksler & Meyer, 2014). While Lisa also sought the approval of the community and have a sense of belonging, Lisa chose to do this by trying to convey to others that she was like the rest of the Australian public and that she was not what the media portrayed rather she and her Australian peers had similar attributes such as being a good citizen and working.

The Aftermath of Discrimination

Self-Esteem - While Lisa does state that she feels as though it is her responsibility as an Australian Muslim is to educate others about Muslims and that this experience gave her a confidence boost, other occasions have caused her distress:

“I feel that definitely boosted my confidence, the approval of wider society, obviously I’ll wear it regardless, but it does boost your confidence when other people approve but then it boosts your confidence when people don’t approve either...you want to prove to yourself that regardless I’m going to wear this” (Lisa, 21).

And,

“There have been occasions when you do feel...anxiety... I do feel it often going out, going to areas that I am not used to or going alone where there is no niqabies. I do feel very anxious ...but it also makes me feel more calm cause I feel I am protected when I am wearing it...it just depends on the area I am in” (Lisa, 21).

This insight highlights that the way others interact and treat Muslims has a direct effect on the individual and the formation of their religious identity (Ali, 2014). Similarly, Mert discussed his experiences when working with Muslims of various ages and their aims to fit in, their self-esteem, and their identity:

“I believe one of the major factors is social media, the social network and a lot of the young Muslim kids have low self-esteem because they think that they don’t fit into Australia...he doesn’t know the difference that he’s living in this country or what this country is until he gets to a point where he starts getting abused because of his identity” (Mert, 31).

Resilience - Despite the discrimination, Sirin spoke of the resilience that is growing among those emerging into adulthood and the support that is provided to them by their community in hopes of building their resilience:

“I see the resilience that is coming from being young and invincible like we will be alright which I think is developing that sense of resilience because particularly if they’ve got very good support networks with each other and knowing who they would go to and because now we are actually paying a lot more attention to be socially cohesive, socially competent, confident these are things that as organisations and as parents becoming very aware of perhaps 50, 20 years ago they are not the conversations that our parents were having with us or needing to have with us, but because there is a certain awareness of threats and dangers and the risks, it’s actually helping them build their resilience because of the awareness about it than there ever was” (Sirin, 43).

Similarly, Sarah spoke of her students:

“They would have a sense of belonging in the school because it is an Islamic environment and it’s always what they would want to go back into so when they think of university life and “oh my God, there’s going to be a lot of non-Muslims”, it is a bit scary for them even the thought of it, they don’t know what to expect. They think that every second person might throw a racist remark at them or might say something to put them down because they feel that they know that they’re not one of them” (Sarah, 23).

Sarah stated that her students at the Islamic schools have a sense of belonging with the school, however, when they think of environments in which they are the minority, fear does arise. While fears exist, Sirin stated that there is a growing resilience among the new generations of Muslims emerging into adulthood. Sirin went on to state that this is due to the good support networks as well as the conversations that parents and organisations are having with emerging adults.

Similarly, increasing knowledge was presented as a theme with participants discussing the means in which their experiences and fears became a learning curve.

The Learning Curve - On the contrary, Mary spoke of increasing her own knowledge:

“It has made me stronger if anything as a Muslim. It has encouraged me to learn more about my religion...it has shaped the way I think. A lot of the stuff that we see on the news and stuff, obviously, when you know a little bit more about your religion then people who are actually telling you what it is, it encourages you to look more deeper into it and to sort of have a deeper understanding so that you can sort of defend yourself if needed” (Mary, 23).

Likewise,

“It actually made me stronger to my religion. It made stronger to Islam. It made me stronger to my Muslim identity because with hatred, you can’t fight fire with fire so all we did was smile at those people so if we stuck our fingers up or we swore back maybe we could have enticed them or encouraged them to attack us or do something that would have been a bad experience, but as Muslims, we always need to be nice and if someone does something wrong to you, you need to do good back to them to show them that our religion teaches us not to be bad people, but to be good people, to confront bad with good because anyone can confront good with good, you can be nice to anyone who is nice, but being nice to someone who is actually bad to you is what Islam teaches you, to be nice to them so, my experiences with those bad experiences has been that it’s attached me closer to my religion” (Mert, 31).

Mert’s experience adds to negative experiences acting as a learning curve and strengthening participants in their religious understanding and increasing their self-esteem. It also brings forth the need and desire to counteract preconceptions. Muslims who were in roles in student organisations stated that they felt as though they had to prove “we are not terrorists who beat our wives, make women wear scarves and bomb buildings” (Ali, 2014, p. 1254). The participants in Berglund’s (2013) study also spoke of setting a good example as a Muslim to contribute towards a positive Muslim image. Similarly,

“With everything that has been happening, all the anti-Muslim... everything that’s been going on... it makes you become a little stronger in faith and you become more, I don’t know if it is more protective or defensive over your faith...I sort of feel that if there are people around me that are non-Muslims and if I see that they feel a bit uneasy on a certain topic or they would feel uncomfortable talking to me about it, I would bring it up and try to explain and find the same ground as them just so they know. I kind of have a responsibility to educate the other person... I try to make sure, the way I communicate with people, I try to make sure that I come across as...I don’t know if this an appropriate term, but as normal person...when I’m travelling or approaching people I always try and have a happy face and I smile so I always try and do it in a good way, a kind and nice manner” (Sarah, 23).

Sarah states that she has become stronger in her religious identity and has put in effort to ensure that although she is a Muslim, she is still ‘normal’. Sarah’s bid to convey to others that Muslims are normal, might be due to the ‘alien ways’ that Muslims are depicted (Ali, 2014). Media and politics portray Muslims as being outside secular modernity and as individuals who cannot speak comprehensibly (Ali, 2014). The lack of empowering Muslim images in public and political discourse was highlighted by Ali (2014) who stated that there were few reflections in

US society of a well-rounded educated Muslim despite them being members of society (Ali, 2014). In the Australian context, educated Muslims such as Waleed Aly and Yassmin Abdel-Magied, although represented in media, are continuously securitised and degraded, receiving hate or threats ("*Academic Susan Carland, wife of Waleed Aly, donating \$1 to charity for each hate tweet,*" 2015; "*Yassmin Abdel-Magied describes herself as 'the most publicly hated Muslim in Australia'*," 2017).

Belonging

Social Identification

Participants aimed to show Islam in a positive light through various behaviours including volunteering:

"Actions speak louder than words and actually being involved in the community and doing community work is more beneficial than to just sit there... Getting involved in things that are outside the Islamic community... To actually reach out beyond that. To even just like be nice towards people you know the way we behave, the way that we speak, the way that we interact. Even the posts that we put on Facebook. I got a huge variety of friends even the way I interact people at uni, the groups that I have been involved, the jobs, and a lot of the jobs that I have done have been outside of the Muslim community... I do think that when you look at me you know that I'm a Muslim woman 'cause I'm covered" (Mary, 23).

Zack spoke of a sense of belonging while volunteering:

"I've done a bit of volunteering which gives you more strength in belonging because then you get a sort of purpose in I should do this, I should contribute, I should contribute to society, especially a religious society so I can put in the effort, put in the service for people out there... contributing to organisations that pretty much lead to religious affairs that gives me a sense of belonging because hanging around with those friends especially same viewpoints, that gives me a sense of belonging because we are in the same situation and we are in the same place but in saying that, I do live in an area where there is predominately Muslims, so I do feel this place is comfortable, this place is where I belong...but when I do go out, you do sense that "I don't really think that I belong here"" (Zack, 24).

Zack's desire to feel a sense of belonging with a group that has similar viewpoints encompasses his need to gain positive regard from others, affection, satisfaction, and coherent involvement with the social world (Gurrentz, 2013). This also allows him to feel connected, respected, and supported (Gurrentz, 2013). When this is put side-to-side with the elements of a sense of belonging, it is seen that by helping the community Zack feels the element of *influence, shared emotional connection* with other members who he considers his friends, and the *membership* or personal relatedness he feels and shares with other members.

A Sense of Belonging

Zack went on to state:

"I'm pretty proud of being Australian. Born and raised here... but there is this whole media. When there are times, for example, being or going to a club or going out with friends, have to reject those sorts of things, so your sense of belonging becomes more towards your own sort of crowd, the Muslim crowd...people that don't go to places like that... even though I do have a sense of belonging, there are

times...I, especially for people who are, there's no mosque nearby or they don't support you with your prayers, yes, you do feel like should I go out to a more Muslim-dominated nation. You do feel like that sometimes especially when the office tends to predominately likes to drink alcohol and you want to reject it or they go out to places where they do, and you say no" (Zack, 24).

Zack's sense of belonging was fluid. This might be due to a clash between his self-defined identity and the environment that he is in. According to Bradatan, Popan, and Melton (2010), one's nationality is discontinuous in everyday experience popping up in certain interactional situations allowing one to experience two different identities in various interactional settings. Similarly, Sarah's self-defined identity clashed with the environment at university. As a result, Sarah transferred to a university at which she was able to experience her self-defined identity without seeming like an outcast, and to feel a sense of belonging:

"I went to Monash University, so I was in Caulfield and there was absolutely no Muslims around. I was the only one and I didn't make a lot of friends only because, it was okay for me to an extent, but it was because I didn't really fit in... Our purpose in life was different...after a while I did kind of pull myself out from that environment because it just wasn't for me. I wasn't doing the things that they were going and doing on the weekend, on Friday night, going to drinking and clubbing because that's not a part of my faith obviously, and it's not something I do. I am accepting of other ideas and religions, that didn't necessarily affect me, but that did, later on, it did make me change my circle, so I transferred universities that was probably one of the reasons why I moved" (Sarah, 23).

Zack and Sarah's experiences highlight that a sense of belonging can be fluid and dependent on the environment. It can be to no surprise that religious practices can change especially during emerging into adulthood (Gurrentz, 2013; Lefkowitz et al., 2004). The individual might be intrinsic with religion (Lefkowitz et al., 2004) and religion can be in the background (Gurrentz, 2013). The individual may resist the notion of the "identity lockbox" (Gurrentz, 2013). They may want to maintain their religious identity preferring to be friends with like-minded individuals (Gurrentz, 2013). As such, Sarah went on to state:

"I was born in this country. I grew up in Australia. I have the same education that all the non-Muslims have had. I've been to a public school and I've got my university degree. I try to make sure I can relay that to the person across me... I had that sense of belonging with me, but I always choose my environments according to that too so I know that if I go into a specific environment, if I know that I'm not going to be accepted there because of my identification or the way I portray myself then I would avoid such environments, so I kind of know the groups that I belong in if that makes sense... I don't always approach people because I don't know what they're going to think of me so sometimes I try to keep to myself" (Sarah, 23).

Similarly,

"At the beginning (wearing the niqab) it obviously didn't feel I belonged. It was more like it was them against me and I was like I wouldn't mind going to a country where everyone is like me cause obviously you do feel like you don't fit in. That was at the beginning but after I started to understand that Australia represents multiculturalism, everyone is different and I deserve to be here, I do, I'm educated, I've worked here, my whole life is here I do belong here and I feel like the niqab

represents Australia multiculturalism because we all talk about accepting one another for who they are and their differences so I do believe I definitely belong here as much as anyone else would... but obviously I don't belong here, I feel like I don't belong at certain times ... after I see something in the news, the next day I'm like "I have to be safe outside" I have to try be extra safe or when there's protests and stuff and going out in the city on that day or anywhere just knowing that people are on the loose" (Lisa, 21).

Lisa goes back and forth regarding her sense of belonging in Australia. After negative press about Muslims, Lisa may not feel a sense of membership in the Australian society and she may not feel a sense of physical or emotional safety (McMillan & Chavis, 1986). Individuals who have boundaries (feature of membership) to protect their personal space, are often dressed similarly to their groups thereby protecting themselves against threat (McMillan & Chavis, 1986). For Lisa, although her way of dress, identifies her with a group, it does not identify her with the conventional Australian. She can be seen as a threat thereby reducing her sense of belonging in Australia, threatening her and labelling her as an outcast. Media portrayal of her religious identity may also result in Lisa feeling rejected, thereby affecting her emotional safety. Lisa's explanation can be perceived through the media portrayal of Muslims being 'the other' or as a threat to the Australian way of life. In contrast to Lisa's experiences, Ozzie stated:

"My youth, I was prouder in my Australian identity because I belonged... even though I was a Muslim-Australian. I didn't grow up exposed to as much negative publicity about my faith during the most crucial years of growing up, but a lot of the younger ones, all their life...since they are conscious of themselves, they've been hearing so many negative messages about Muslims... When there's constant negative messages about people's religion and their identity they say "I don't belong here anymore." We are getting a lot more young people wanting to go back "home" and the same with why there are sub-groups of the youth here going back to places like Syria and Iraq to fight with terrorists because they feel like "we don't belong here look they call us terrorists" and then they go and join them so it makes you wonder, this whole thing of belonging. All of these are actually fitting into the sense of if you don't make the young people feel like they belong that they are accepted with their religion and with their way of dressing. We always have said that "we are one but we are many, I am you are, we are Australian" but the proof is not in the pudding. It's not showing in the media" (Ozzie, 43).

The Other

The failure of belonging can lead to feelings of social isolation, negative psychological and social outcomes, and various negative behaviours (Gurrentz, 2013; Matindoost, 2015). The absence of engagement and interaction with the wider society, lack of social support or belonging, and unemployment can all be considered a form of alienation (Gurrentz, 2013; Matindoost, 2015).

The form of alienation can be manifested in a number of ways including sensationalist headlines painting sinister images demonising and devaluing Muslims, the sense of fear of Muslims, and the ongoing predominant discourse around the view that Muslims will fail to integrate into Australian society, which all intensifies the clash between the West and Islam as well as the religious identity Muslims in the West have (Matindoost, 2015). Aiding in the amplification of Muslims being seen as the 'other', second-class citizens, or extremists, the usage of Islamophobic sentiments by the media has increased Islam being viewed as supporting war, and violence, and being incompatible with the norms and values of the Western countries that some reside in (Matindoost, 2015). Shows contain racial profiling to over-represent

individuals or groups presumed to be associated with Islam, are demonising all Muslims (Tindongan, 2011). While this notion of the other (or demon) can push one to the edge of society, over two-thirds of students in Ali's (2014) study specifically stated that as Muslims they felt as though they were treated as a part of a "suspect class". As an individual transitions into adulthood, the pain associated with the status of "outsider" continues to grow (Tindongan, 2011). As this marginalisation and misunderstanding grows, the sense of being the other, internal conflict and external contestation increases (Tindongan, 2011). Beckir brought forward his experience:

"I had a trip overseas and I was questioned for a fairly good amount of time by the customs as to my reason for having a holiday, which was a little bit of a shock to the system being born and bred here. I consider this place home, so I mean, not just consider it, it is home, so I don't... just being treated like an outsider. I mean even now, obviously this place is home, so I haven't had any issues with that. I think when I was leaving, when I was questioned on my motive as to going and a lot of questions about my background, about my faith, just to see if I did have any extremist views as some would say. That was probably just very eye-opening cause I just didn't expect anything like that. I mean, like I said born and bred here, I just consider myself to be your average Aussie if some would say, just going overseas for a holiday and to be questioned like that, in-depth and to be scrutinised about my religion, it was very eye opening and very upsetting to be honest, but I mean we don't live in a perfect world, so you just have to accept some things for what they are" (Beckir, 26).

I am Australian

Beckir highlighted the pain associated with being treated as an outsider. He also went on to state:

"It's a good point, a reflection point for me to still even, I mean I've experienced all these things, but to look back on them and gain from them, I think that's probably helped me be an even stronger Muslim and even stronger Aussie" (Beckir, 26).

Conclusion

The findings from this study explored the unique challenges Australian Muslims emerging into adulthood may face. The manner that they are portrayed in the media, popular culture, and by politicians can further add to their challenging transition into adulthood by hampering the development of their identity and their sense of belonging. Similar to research exploring Muslims in various Western countries, participants in this study discussed the effects of the portrayal of Muslims in popular culture and their challenging experiences into adulthood. These included their difficulty with their identity (through their name and physical features), challenges in finding employment, discrimination, and their fears in representing their identity. Public religious affiliation has been shown to have protective effects for emerging adults (Fowler 2008), and the current study supports the importance of feeling able to maintain positive public affiliation practices within community. This study provides a unique perspective into the coping strategies Muslim emerging adults in Australia use to challenge the way that they are portrayed including educating others and volunteering, making conscious decisions about how they represent themselves, seeking support and knowledge to develop their own knowledge, developing resources to support a sense of belonging, and aiming to make an impact by working to educate others. While these findings provide a unique contribution to our understanding on Australian Muslims emerging into adulthood, the experiences of

discrimination directly and indirectly impacting the self-esteem of Australian Muslims emerging into adulthood cannot go overlooked and form a part of the complex life experiences of Muslims in Australia. Given this contribution and insight into Australian Muslims emerging into adulthood, professionals working with Muslims emerging into adulthood should consider the potential impact of representation of religious and social identity of Muslims during their transition into adulthood. To strengthen interventions with this population at a community level, naming and discussing social representations, identity and sense of belonging as well as community volunteering options could better support young adults.

References

- Abello, A., Cassells, R., Daly, A., D'Souza, G., & Miranti, R. (2016). Youth social exclusion in Australian communities: A new index. *Social Indicators Research* 128(2), 635-660. <http://doi.org/10.1007/s11205-015-1048-9>.
- Abu-Rayya, H. M., & White, F. A. (2010). Acculturation orientations and religious identity as predictors of Anglo-Australians' attitudes towards Australian Muslims. *International Journal of Intercultural Relations*, 34(6), 592-599.
- Abu-Rayya, H. M., Walker, R., White, F.A., & Abu-Rayya, H.M. (2016). Cultural Identification and Religious Identification Contribute Differentially to the Adaptation of Australian Adolescent Muslims. *International Journal of Intercultural Relations*, 54, 21-33.
- Akın, U., & Akın, A. (2015). Examining the Predictive Role of Self-compassion on Sense of Community in Turkish Adolescents. *Social Indicators Research*, 123(1), 29-38. <http://doi.org/10.1007/s11205-014-0724-5>
- Ali, A.I. (2014). A threat enfolded: Muslim college students situate their identities amidst portrayals of Muslim violence and terror. *International journal of qualitative studies in education*, 27(10), 1243-1261.
- Amit, K., & Bar-Lev, S. (2015). Immigrants' sense of belonging to the host country: The role of life satisfaction, language proficiency, and religious motives. *Social Indicators Research*, 124(3), 947-961.
- Arnett, J.J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469.
- Arnett, J.J. (2004). *Emerging Adulthood: The Winding Road From the Late Teens Through the Twenties* [Book]. Oxford University Press.
- Barlett, C.P., & Barlett, N.D. (2015). The young and the restless: Examining the relationships between age, emerging adulthood variables, and the Dark Triad. *Personality and Individual Differences*, 86, 20-24. <https://doi.org/10.1016/j.paid.2015.05.024>
- Berglund, J. (2013). Islamic identity and its role in the lives of young Swedish Muslims. *Contemporary Islam*, 7(2), 207-227.
- Bradatan, C., Popan, A., & Melton, R. (2010). Transnationality as a fluid social identity. *Social Identities*, 16(2), 169-178.
- Cheung, C.K. (2013). Morale in relation to caring and social exclusion in society. *Social Indicators Research*, 113(1), 471-490.
- Choma, B.L., Haji, R., Hodson, G., & Hoffarth, M. (2016). Avoiding cultural contamination: Intergroup disgust sensitivity and religious identification as predictors of interfaith threat, faith-based policies, and islamophobia. *Personality and Individual Differences*, 95, 50-55. <https://doi.org/http://dx.doi.org/10.1016/j.paid.2016.02.013>
- Corrales, T., Waterford, M., Goodwin-Smith, I., Wood, L., Yourell, T., & Ho, C. (2016). Childhood adversity, sense of belonging and psychosocial outcomes in emerging adulthood: A test of mediated pathways. *Children and Youth Services Review*, 63, 110-119. <http://doi.org/http://dx.doi.org/10.1016/j.chidyouth.2016.02.021>

- Dennis, C., Alamanos, E., Papagiannidis, S., & Bourlakis, M. (2016). Does social exclusion influence multiple channel use? The interconnections with community, happiness, and well-being. *Journal of Business Research*, 69(3), 1061-1070.
- Dunn, K. (2004). Islam in Sydney: Contesting the discourse of absence. *Australia Geographer*, 35(3), 333-353.
- Fowler, P.J., Ahmed, S. R., Tompsett, C.J., Jozzefowicz-Simbeni, D.M., & Toro, P.A. (2008). Community violence and externalizing problems: Moderating effects of race and religiosity in emerging adulthood. *Journal of Community Psychology*, 36(7), 835-850.
- Greenfield, E., & Marks, N. (2007). Religious social identity as an explanatory factor for associations between more frequent formal religious participation and psychological well-being. *The International Journal for the Psychology of Religion*, 17(3), 245-259. <https://www.tandfonline.com/doi/full/10.1080/10508610701402309>
- Gurrentz, B.T. (2013). "A Brotherhood of Believers": Religious Identity and Boundary-Work in a Christian Fraternity. *Sociology of Religion*, srt049.
- Hadad, T., & Schachter, E. (2011). 'Religious-lite': a phenomenon and its relevance to the debate on identity development and emerging adulthood. *Journal of Youth Studies*, 14(8), 853-869.
- Isakjee, A. (2016). Dissonant belongings: The evolving spatial identities of young Muslim men in the UK. *Environment and Planning A*, 0308518X16641110.
- Jeong, H. O. (2014). Religious involvement and group identification: The case of Hispanics in the United States. *The Social Science Journal*, 51(1), 21-29. <http://doi.org/http://dx.doi.org/10.1016/j.soscij.2013.07.017>
- Kabir, N.A. (2008). Are young Muslims adopting Australian values? *Australian Journal of Education*, 52(3), 229-241.
- Kabir, N. A. (2011). A study of Australian Muslim youth identity: The Melbourne case. *Journal of Muslim Minority Affairs*, 31(2), 243-258.
- Kitchen, P., William, A., & Chowhan, J. (2012) Sense of belonging and mental health in Hamilton, Ontario: An intra-urban analysis. *Social Indicators Research*, 108(2), 277-297.
- Lane, J.A., & Fink, R. S. (2015). Attachment, Social Support Satisfaction, and Well-Being During Life Transition in Emerging Adulthood. *Counselling Psychologist*, 43(7), 1034-1058. <https://doi.org/10.1177/0011000015592184>
- Lefkowitz, E. S., Gillen, M. M., Shearer, C.L., & Boone, T. L. (2004). Religiosity, sexual behaviours, and sexual attitudes during emerging adulthood. *Journal of Sex Research*, 41(2), 150-159.
- Mannix, L. (2015, November 13). *Academic Susan Carland, wife of Waleed Aly, donating \$1 to charity for each hate tweet*. The Sydney Morning Herald. <https://www.smh.com.au/national/waleed-aly-s-wife-susan-carland-donating-1-to-charity-for-each-hate-tweet-20151112-gkx38b.html>
- Martinovic, B., & Verkuyten, M. (2016). Inter-religious feelings of Sunni and Alevi Muslim minorities: The role of religious commitment and host national identification, *International Journal of Intercultural Relations*, 52, 1-12. <https://doi.org/http://dx.doi.org/10.1016/j.ijintrel.2016.02.005>
- Maslow, A. H. (1954). *Motivation and personality*. [1st ed.] New York, Harper.
- Matindoost, L. (2015). Media representation of Muslim youth in Australia [Article]. *Media Development*, 62(3), 33-36.
- McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of community psychology*, 14(1), 6-23.
- Meuret, A. E., Chmielewski, M., Steele, A. M., Rosenfield, D., Petersen, S., Smits, J.A., Simon, N.M., Otto, M.W., Marques, L., & Pollack, M. H. (2016). The desire to

- belong: Social identification as predictor of treatment outcome in social anxiety disorder. *Behaviour Research and Therapy*, 81, 21-34.
- Miller, K., Wakefield, J.R., & Sani, F. (2015). Identification with social groups is associated with mental health in adolescents: Evidence from a Scottish community sample. *Psychiatry Research*, 228(3), 340-346.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counselling Psychology*, 52(2), 250.
- O'Connor, M., Sanson, A., Hawkins, M. T., Olsson, C., Frydenberg, E., Toumbourou, J. W., & Letcher, P. (2012). The relationship between positive development and psychopathology during the transition to adulthood: a person-centred approach. *Journal of adolescence*, 35(3), 701-712.
<https://doi.org/10.1016/j.adolescence.2011.10.006>
- Passini, S., & Morselli, D. (2016). Blatant domination and subtle exclusion: The mediation of moral inclusion on the relationship between social dominance orientation and prejudice. *Personality and Individual Differences*, 89, 182-186.
- Pedersen, A., Aly, A., Hartley, L., & McGarty, C. (2009). An intervention to increase positive attitudes and address misconceptions about Australian Muslims: A call for education and open mindedness. *The Australian Community Psychologist*, 21(2), 81-93.
- Petrova, V.F. (2016). Religious Identity and Value Systems of Future Preschool Teachers [Article]. *International Journal of Environment & Science Education*, 11(6), 1117-1125. <https://doi.org/10.12973/ijese.2016.381a>
- Reid, K., Flowers, P., Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18, 120-123
- Ritchie, R. A., Meca, A., Madrazo, V. L., Schqartz, S. J., Hardy, S. A., Zambonanga, B. L., Weisskirch, R. S., Kim, S. Y., Whitbourne, S. K., Ham, L. S., & Lee, R. M. (2013). Identity Dimensions and Delayed Processes in Emerging Adulthood: Helpful or Harmful? [Article]. *Journal of Clinical Psychology*, 69(4), 415-432.
<https://doi.org/10.1002/jclp.21960>
- Roose, J. M., & Harris, A. (2015). Muslim Citizenship in Everyday Australian Civic Spaces. *Journal of Intercultural Studies*, 36(4), 468-486.
- Sani, F., Madhok, V., Norbury, M., Dugard, P., & Wakefield, J. R. (2015). Greater number of group identifications is associated with healthier behaviour: Evidence from a Scottish community sample. *British Journal of Health Psychology*, 20(3), 466-481.
- Smith, J.A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27.
- Stets, J. E., & Burke, P. J. (2000). Identity theory and social identity theory. *Social Psychology Quarterly*, 224-237.
- Syed, M., & Seiffge-Krenke, I. (2015). Change in ego development, coping, and symptomatology from adolescence to emerging adulthood. *Journal of Applied Developmental Psychology*, 41, 110-119.
- Talò, C., Mannarini, T., & Rochira, A. (2014). Sense of Community and Community Participation: A Meta-Analytic Review. *Social Indicators Research*, 117(1), 1-28.
<http://doi.org/10.1007/s11205-013-0347-2>
- Tindongan, C. W. (2011). Negotiating Muslim youth identity in post -9/11 world. *The High School Journal*, 95(1), 72-87.
- Veelen, R., Hansen, N., & Otten, S. (2014). Newcomers' cognitive development of social identification: A cross-sectional and longitudinal analysis of self-anchoring and self-stereotyping. *British Journal of Social Psychology*, 53(2), 281-298.

- Veelen, A. E., & Meyer, M. D. (2013). Social identification when an in-group identify is unclear: The role of self-anchoring and self-stereotyping. *British Journal of Social Psychology*, 52(3), 543-562.
- Veksler, A. E., & Meyer, M. D. (2014). Identity Management in Interpersonal Relationships Contextualizing Communication as Central to Research on Emerging Adulthood. *Emerging Adulthood*, 2(4), 243-245.
- Vrooman, J. C., & Hoff, S. J. (2013). The disadvantage among the Dutch: A survey approach to the multidimensional measurement of social exclusion. *Social Indicators Research*, 113(3), 1261-1287.
- Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education (UK).
- Woodlock, R. (2011). Being an Aussie Mossie: Muslim and Australian identity among Australian-born Muslims. *Islam and Christian-Muslim Relations*, 22(4), 391-407.
- Xu, M., Li, Z., Zhang, J., Sun, L., Fan, L., Zeng, Q., & Yang, D. (2015). Social exclusion influences attentional bias to social information. *Asian Journal of Social Psychology*, 18(3), 199-208.
- Yassmin Abdel-Magied describes herself as 'the most publicly hated Muslim in Australia'. (2017, July 6). News.com.au.
<https://www.news.com.au/technology/online/social/yassmin-abdelmagied-describes-herself-as-the-most-publicly-hated-muslim-in-australia/news-story/13439aa3f903392233750c5bded21cbf>
- Yucel, S. (2015). Do Muslims See Australia as Their Homeland? The Notion of watan al-asli and watan al-sukna in Islam. *Journal of Muslim Minority Affairs*, 35(2), 191-202.

Acknowledgements

Thank you to my supervisor Prof. Jenny Sharples and my mentor, Dr. Julie Morsillo. Thank you to my parents, my brother, and my husband for all their support. To my grandmother, till we meet again.

Address for correspondence

Nuray Okum Kilic Nuray.okcum@live.vu.edu.au

Author Biographies

Nuray Okcum Kilic is a registered psychologist and behavioural therapist practising in private practice. Having studied community psychology, her expertise lies with individuals from CALD backgrounds as well as neurodiverse individuals. Her research areas include mental health and self-harm.

Jenny Sharples is Professor of Psychology and a Research Fellow at the Institute of Health and Sport at Victoria University, and a registered psychologist with expertise in community psychology. Her research interests include strength based approaches to mental health, inclusion and diversity.

Julie Morsillo is a Senior Lecturer, co-ordinating and teaching the Master of Community Counselling and the under-graduate counselling program at Eastern College Australia. She is an APS endorsed community psychologist and counselling psychologist, and has been a researcher for Australian Psychological Society. She also has experience working with asylum seekers, with Indigenous psychologists, and working in private practice.

Trauma Exposure and Substance Use in Journalists: A Narrative Review

Nahisha Williams-Wynn¹ and Jasmine B. MacDonald^{1,2}

¹Discipline of Psychology, RMIT University, ²School of Psychology, Charles Sturt University

Individuals and teams in the journalism community cover stories relating to death, destruction, and tragedy in society, exposing themselves to potentially traumatic events (PTEs). The aim of this review was to explore: (1) the impact trauma exposure may have on substance use, (2) substance use as a method of coping, and (3) personality profiles that are predictive of substance use. Findings indicate that journalists are exposed to a wide variety of PTEs. Despite substance use being considered a trauma reaction in the broader literature, this connection has not been adequately addressed within journalist samples. The most common substance researched in journalists is alcohol consumption, with few studies considering other substances (e.g., nicotine, caffeine, or illicit substances). Future research with journalist samples could evaluate substance use as a method of coping and incorporate broader theory relating to substance use risk personality profiles. There is a need to bridge the gap that exists between broader trauma and substance use literature and a focus on journalist samples, with the intention of: (1) providing a more holistic understanding of psychosocial issues associated with trauma exposure and substance use to inform diagnosis and treatment, (2) assessing risk and protective factors for this community, (3) informing the development of health promotion and education programs specific to practising journalists and journalistic organisations, and (4) highlighting opportunities for trauma specific education targeted at those training to become a journalist, including protective coping strategies.

Keywords: journalist, substance use, trauma, coping, personality, alcohol

Journalists are an important community group in society as they are relied upon to report matters of the world as they occur, conveying current and factual information on topics such as politics, foreign affairs, and public health. What they report has the power to influence peoples' decisions and behaviours (Infante et al., 2003). The term 'journalist' can cover various roles in the broader journalism community, such as writers, camera-operators, managers, editors, and technical staff (MacDonald et al., 2017). The unique role of a journalist puts them in a position where they are often covering stories relating potentially traumatic events (PTEs), including death, destruction, violence, crime, and tragedy. Applying the broader work of Bonanno and Gupta (2009), researchers have found that journalist reactions to trauma vary and are based on individual differences—one person may experience an event as traumatic, and another may not, so the term PTEs is used (Backholm & Björkqvist, 2012b; MacDonald et al., 2016). Studies that have investigated trauma reactions in journalists have focused on symptoms of posttraumatic stress disorder (PTSD; MacDonald, Dale et al., 2021) and depressive symptoms (MacDonald, Hodgins, Saliba et al., 2021). However, substance use is another potential trauma reaction (Konkolý Thege et al., 2017) and is additionally found to be comorbid with other psychological disorders (Haller & Chassin, 2014; Perkonig et al., 2000). Research that has considered substance use typically positions substance use as a method of coping in groups that are subjected to PTEs (Tomaka et al., 2017; Ullman et al., 2013).

Major theories of addiction, such as the stress coping model of addiction (Wills & Shiffman, 1985), the relapse prevention model (Marlatt & Gordon, 1985), and the self-medication hypothesis (Khantzian, 1997) stipulate that stress is a significant contributor to substance use, addiction, and relapse. Journalists are under pressure to be multiskilled; in

addition to writing, they may also be expected to do camerawork and editing, amongst other demanding tasks (MacDonald & Fox, 2018). They face competitive pressures to find the next story before a competitor does, and must deal with onerous time pressures and deadlines (Monteiro et al., 2016). Some may be reluctant to take time off work or be unwilling to turn down a challenging story for fear that they may lose their job or be replaced (Fedler, 2004; Keats & Buchanan, 2012). Therefore, at least theoretically, journalists are at risk of developing substance use disorders (SUDs; Sinha 2001, 2008). MacDonald, Backholm et al. (2021) found that exposure to personal PTEs was associated with elevated levels of stress using the Depression Anxiety Stress Scale (Lovibond & Lovibond, 2004), whereas work-related PTEs was not. This is relevant because substance use, stress, and exposure to PTEs are theoretically connected and the focus of this paper.

The aim of this review is to understand the types of traumatic events members of the journalism community are exposed to and to explore the impact this trauma exposure may have on their substance use behaviours. This review will then go on to define and look at coping, specifically exploring substance use as a method of avoidant-emotional coping. Finally, in linking the area of journalists' trauma exposure to substance use more broadly, another important factor to consider is personality constructs that are predictive of substance misuse (MacDonald et al., 2016). Therefore, the review will also consider personality profiles (anxiety sensitivity, hopelessness, sensation seeking, and impulsivity) that may be influencing substance use behaviours in journalists. This narrative review focuses on peer-reviewed journal articles with the intention of providing directions for future community psychology research and practice in order to: (1) provide a more holistic understanding of psychosocial issues associated with trauma exposure and substance use to inform diagnosis and treatment, (2) assess risk and protective factors for this community, (3) inform the development of health promotion and education programs specific to practising journalists and journalistic organisations, and (4) highlight opportunities for trauma specific education targeted at those training to become a journalist, including protective coping strategies.

Trauma Exposure Experienced by Journalists

The constant demand for instantaneous up-to-date news means that journalists are often exposed to multiple PTEs. At times they can be a witness to an event arriving at a scene before any first responder emergency services do. The nature of the job can also put journalists in danger and at risk of death, imprisonment, injury, threats, and intimidation (Committee to Protect Journalists, 2020; Feinstein et al., 2002; Monteiro et al., 2016). Not only are they exposed to multiple forms of firsthand and vicarious PTEs professionally, they are also susceptible to the kinds of PTEs members of the general public might ordinarily experience in their personal lives. Research suggests that 80–100% of journalists have been exposed to a PTE through their work (Dworznic, 2011; Feinstein et al., 2002; MacDonald et al., 2017; Smith et al., 2018). Western and global general population studies show PTE exposure rates of 26–90% (Benjet et al., 2016; Breslau et al., 1998; Roberts et al., 2011; Ogle et al., 2014), meaning journalists as a community experience elevated risk of PTEs exposure compared to the general population.

Work-related PTE Exposure

On average, journalists are exposed to 1.72–32.4 PTEs (Backholm & Björkqvist, 2012b; Browne et al., 2012; MacDonald, Backholm et al., 2021; Pyevich et al., 2003). A direct comparison of studies exploring PTEs within this population proves difficult given methodological differences, including the use of different trauma exposure scales. Pyevich et al. (2003) sampled 866 U.S. daily newspaper journalists and found that, on average, participants were exposed to 7.8 PTEs. The most common PTE experienced was road

accidents. Participants reported that the most stressful kinds of stories covered included—injured/dead children (36.1%), murder (11.2%), and road accidents (8.1%). Backholm and Björkqvist (2012b) sampled 407 Finnish journalists and also found the most frequent PTE experienced was road accidents. However, on average their sample was exposed to 1.72 PTEs, which is notably lower than that reported by Pyevich et al. This discrepancy could be due to the comparatively larger size of the U.S. relative to Finland.

Limited research has been conducted in an Australian context. A more recent study conducted by MacDonald, Backholm et al. (2021) found that their sample of international journalists, the majority being based in Australia (73%), were exposed to an average of 9.1 PTEs. The three most common work-related PTEs experienced were injured/dead children, fire, and motor vehicle accidents (MacDonald, Backholm et al., 2021). Lee et al. (2018) sampled 367 Korean journalists. Comparable to Pyevich et al., they found that on average participants were exposed to 7 PTEs; participants were most frequently exposed to fires (73.41%), and the most stressful kind of story covered was ship accidents (42.7%). Notably, participants in this study had recently covered the Sewol ferry accident. Smith et al. (2018) sampled 167 U.S. journalists and also found that fires (67.1%) were the most frequent type of PTE. However, like Pyevich et al., the most stressful PTE to be reported by Smith et al. was dead/injured children. Browne et al. (2012) included a sample of 50 UK journalists and reported that the most common PTE experienced was war zones. Each of the above studies used the Journalist Trauma Exposure Scale (JTES) and of those that provided descriptive statistics for all items, war zones were the least common PTE to be experienced (Backholm & Björkqvist, 2012b; Lee et al., 2018; Pyevich et al., 2003).

The JTES is a 23-item self-report questionnaire, which queries journalists' exposure to PTEs over a specified time period (Pyevich et al., 2003). It requires participants to indicate the range, frequency, and intensity of exposure (Pyevich et al., 2003). Despite the common use of the JTES, direct comparison of findings across studies is difficult due to a range of inconsistent methodological decisions. For example, Lee et al. (2018) made modifications to the 14 types of PTEs experienced to reflect the situation in Korea; 'ship accidents' do not appear as original items on the JTES scale. Browne et al. (2012) added a 15th item to the scale to include 'child abuse/cruelty'.

The Trauma History Questionnaire (THQ; Green 1996) is a self-report questionnaire that measures the exposure to PTEs. It consists of 24 yes/no questions relating to different PTEs experienced, and the number of times experienced (Hooper et al., 2011). Although this scale is not specific to journalists, it has been applied to the study of trauma exposure in journalists. Feinstein and Nicolson (2005) looked at the difference between embedded journalists (those attached to military units), and unilateral journalists (those not associated with the military) covering the Iraq war. The authors found that there was no difference in PTE exposure between these groups. Sinyor and Feinstein (2012) explored gender differences in trauma exposure of war journalists, and found no significant differences in THQ responses. Levaot et al. (2013) explored PTE exposure between Israeli war journalists and Western war journalists. Similar to the other two studies, Levaot et al. found no significant differences between the two groups.

It is clear that individuals within the journalism community are exposed to multiple types of PTEs, however these vary between countries and context. Using scales that are specific to an occupation, such as the JTES, enables a greater understanding of that community group. However, such scales also make it difficult to compare findings with other occupations or the general population (MacDonald et al., 2017). This is also a challenge when authors use non-established scales or informal assessments. Therefore, scales that are not occupation specific, such as the THQ, facilitate comparisons (MacDonald et al., 2017).

As well as work-related exposure to PTEs, journalists are subject to personal exposure to PTEs. However, few studies distinguish between work-related and personal trauma exposure

in journalist samples. It is important to distinguish between the two, as the broader trauma literature outlines that previous exposure to personal trauma is a predictor of negative trauma reactions. Backholm and Björkqvist (2012a) highlight the importance of this in journalist samples. Their study included 196 Finnish journalists covering the Jokela school shooting and found that the level of previous exposure to PTEs positively predicted more distress when covering the school shooting, but previous exposure to work-related PTEs did not.

Trauma Exposure and PTSD Symptoms in Journalists

Symptoms of PTSD in journalists are an important consideration as they are a common trauma reaction, they are also comorbid with substance use, and they provide a broader psychological context for consideration when assessing and treating substance use as a trauma reaction within the journalism community. Those previously exposed to any form of trauma are more likely to experience negative trauma reactions when exposed to subsequent PTEs (Breslau et al., 1999). This has been demonstrated in journalist samples for depressive symptoms (MacDonald, Hodgins et al., 2021) and PTSD symptoms (MacDonald, Dale et al., 2021). Research indicates that the prevalence of PTSD symptoms in journalists ranges from 4.3–43.2% (MacDonald, Dale et al., 2021), which is higher than that of the general population at 7.9% (Aoki et al., 2013; Kessler et al., 1995). Prevalence rates vary between studies due to differences in the measures and samples used, as well as differences in clinical cut-off scores for PTSD.

Using the Impact of Events Scale-Revised (IES-R), Lee et al. (2018) found a 43.2% prevalence rate for PTSD symptoms in their sample of 367 Korean journalists, which is one of the highest figures recorded for journalists. The authors note that what may have influenced such an elevated prevalence rate could have been the large proportion of participants who had recently covered the Sewol ferry accident (73.6%). Lee et al. used a PTSD clinical cut-off score of 25, which they outline as standard practice in Eastern studies (Hatanaka et al., 2010). However, other Western studies conducted in the U.S. that utilise the PTSD Checklist (PCL) to measure the prevalence of PTSD symptoms use a more conservative clinical cut-off of 44. Pyevich et al. (2003) found a prevalence rate of 4.3% in their sample of journalists, Dworznik (2011) found a prevalence rate of 7.14% in their sample of TV news workers, and Smith et al. (2018) found a prevalence of 9.7% in their sample of news journalists. Notably, MacDonald, Dale et al. (2021) found that their sample of 117 international TV news camera operators had a prevalence rate of 16.2%, which is higher than any other study within this area. This suggests that TV news camera operators experience elevated symptoms of PTSD compared to other roles within the journalism community. However, it should be noted that although the sample consisted of international journalists, the majority were Australian so the generalisability of the findings should be considered when drawing conclusions.

Future research should involve collaboration with community and clinical researchers to establish the most appropriate cut-off when exploring symptoms of PTSD in journalists. Journalists' exposure to work-related and personal trauma is well-established in the literature. A large proportion of the literature focuses on symptoms of PTSD as a trauma reaction. However, when exposed to a PTE, between 4.3–43.2% of journalists experience symptoms of PTSD, demonstrating that many journalists do not experience symptoms of PTSD (MacDonald, Dale et al., 2021). This highlights the potential role for community researchers and practitioners to evaluate sources of social capital that can be further engaged and mobilised to support individuals who may be at elevated risk of developing PTSD symptoms. It is beyond the scope of this paper to further explore social capital. However, MacDonald and Fox (2018) found that social capital among journalists reduces physical and psychological risks. Social capital in the form of mentoring and protective behaviours from more experienced and

established news workers can serve as a buffer for journalists exposed to PTEs and other work-related stressors (MacDonald & Fox, 2018).

Substance Use Behaviours in Journalists

Due to the nature of the job, the journalism community has been stereotyped as being made up of regular drinkers, as they frequently perform their job in social places where alcohol is consumed (Casper & Hughes, 1982). Alcohol consumption is also embedded and accepted in journalist culture. In an interview conducted by Seely (2019, p. 254), one reporter states: “There was a time when I drank a lot. But we’re reporters, we’re supposed to drink”. A study conducted by Joseph (1983) found that journalists were more than twice as likely to suffer from alcoholism compared to the general public; this is the only study to look at alcoholism in journalists and was conducted some time ago. Over the years awareness, availability, and patterns of alcohol consumption have evolved, so whether Joseph’s findings are still relevant today is unclear. This provides a potential space for further development, evaluating current consumption trends within the journalism community and using it to inform support service work and develop educational programs that are tailored to this community group and reflect the aforementioned changes in awareness and consumption observed in the broader population.

The majority of earlier trauma exposure and substance use research in journalists has been conducted by Feinstein and colleagues and assessed by measuring the quantity of alcohol consumed as well as the risk associated with this use. Journalists were asked how many units of alcohol they consumed in a week. Feinstein et al. (2002, p. 1571) defined a unit of alcohol as “either a regular size bottle of beer, glass of wine or shot of spirits”. The authors used Canadian guidelines for safe alcohol consumption (Bondy et al. 1999), which sets a maximum of 14 units for males and 9 units for females per week. In their sample of 140 war journalists, Feinstein et al. (2002) found that males and females consumed 14.7 and 10.8 units of alcohol per week respectively; these figures are in excess of the guidelines for safe alcohol consumption in both groups and are 2–3 times more than non-war journalists. In Feinstein and Nicolson’s (2005) study on embedded and unilateral journalists covering the Iraq war, the authors found that embedded male and female journalists consumed 15.1 and 12 units of alcohol per week respectively, and unilateral male and female journalists consumed 12.8 and 6.9 units per week respectively. Although embedded journalists consumed more alcohol per week, no statistically significant differences were found between the two groups. This suggests that frequency of consumption could be an important consideration, and worth contemplating in future research. Both studies suggest that male journalists consume more alcohol than their female counterparts. It is important to note that different countries will have their own guidelines for safe alcohol consumption.

MacDonald et al. (2016) conducted a systematic literature review on substance use behaviours in journalists synthesising research conducted prior to 2013 ($n = 10$). The review found that only two studies assessed nicotine use (Feinstein & Nicolson, 2005; Feinstein & Owen, 2002) and none had assessed caffeine use. Cannabis use is documented in the literature and authors report prevalence rates for war journalists (24.3%; Feinstein & Owen, 2002), and comparisons between embedded journalists (18.4%) and unilateral journalists (12.8%; Feinstein & Nicolson, 2005), and war journalists (23.1%) and Mexican journalists (7.6%; Feinstein, 2013). Illicit substance use has been reported in a number of studies (Feinstein, 2013; Feinstein et al., 2002; Feinstein & Nicolson, 2005; Feinstein & Owen, 2002). However, some do not provide descriptive statistics for specific substances, and only two studies report prevalence rates. Feinstein (2013) reported that 5.6% of war journalists and 2.9% of Mexican journalists use substances such as amphetamines, cocaine, barbiturates, and heroin. Feinstein and Owen (2002) reported that 6.4% of war journalists used illicit drugs, such as cocaine and

amphetamines. Without associated descriptive statistics it is difficult to compare with other journalist samples, occupation groups, and the general population (MacDonald et al., 2016).

Since the review by MacDonald et al. (2016), only three studies have explored substance use in journalists. Weekly units of alcohol consumption were recorded, where a unit of alcohol was defined as per previous studies discussed, and safe alcohol consumption was also based on guidelines set by Bondy et al. (1999). Feinstein and Starr (2015) explored the psychological wellbeing of Western journalists reporting on the conflict in Syria. Again, men on average consumed more alcohol (11.56) than women (10.3), however only women exceeded the upper limit of safe consumption. Feinstein et al. (2015) investigated the psychological health of journalists in Kenya and found that men and women consumed 4.8 and 2.18 units of alcohol per week respectively. The authors did not find that substance use was comorbid with other psychological disorders, which is otherwise well-established in the literature (Blanco et al., 2013).

Feinstein et al. (2016) explored the psychological wellbeing of 114 Iranian journalists. Men consumed an average of 4.18 units of alcohol and women consumed an average of 2.31 units of alcohol per week, similar to rates reported by Feinstein et al. (2015). Feinstein et al. (2016) reported other drug use rates ranging between 1.8%–2.7%, for cannabis, heroin, LSD, and cocaine use. The authors also reported a high barbiturate use of 30.6%, a sedative that induces muscle relaxation. The high use of barbiturates suggests that they are more readily available in Iran compared to other substances. In Western populations, barbiturates are rarely prescribed due to addictive potential and risk of fatal overdose (Weaver, 2015).

As outlined above, substance use in journalists consistently explores alcohol consumption with demographic comparisons being of focus, while other substances are often neglected (MacDonald et al., 2016). There are some exceptions, such as Feinstein et al. (2016) who report illicit substance use, but without descriptive data. This could have been because participants were not as forthcoming about illicit substance use compared to alcohol use. Alcohol consumption in Kenyan journalists was not found to be comorbid with other psychological disorders, comparable to findings of Feinstein et al. (2016) with Iranian journalists. This suggests that culture plays a role in alcohol consumption; alcohol is more widely accepted in Western cultures compared to African or Middle Eastern cultures (Richie & Roser, 2018). Alternatively, it could be that there are differences in presentation and assessment of mental disorders across cultures and geographical regions.

It is notable that the substance use in journalists literature has not to date compared journalists' substance use to that of other occupation groups or the general population; without these comparisons it is difficult to ascertain if substance use is an area that requires further consideration in this community (MacDonald et al., 2016). It is also surprising that no-one seems to have explored the potential association between trauma exposure and substance use in journalists, despite (1) the elevated risk of PTE exposure in journalists and, (2) this association having been established in general population (Khoury et al., 2010; Konkoly Thege et al., 2017) and clinical samples (Kuksis et al., 2017).

Coping Motives in Journalists

When considering motives for substance use, the literature suggests that journalists use substances as a method of coping (Buchanan & Keats, 2011; Keats & Buchanan, 2012; MacDonald et al., 2016; Monteiro et al., 2016). Coping is defined as a regulatory process that can stabilise and reduce negative feelings associated with stressful situations (Afshar et al., 2015). A number of coping strategies that journalists employ when faced with PTEs have been identified, including: (1) social support—talking to family, significant others, or therapists, (2) disconnecting, such as exercising, (3) remembering job purpose, (4) substance use and risky behaviour (Buchanan & Keats, 2011; Monteiro et al. 2016; Seely, 2019).

Greenberg et al. (2009) included 124 journalists to explore their views on PTSD and associated help-seeking behaviours. The researchers found that participants were more likely to reach out to family or friends for support, and least likely to turn to managers or therapists. These results indicate that journalists do not feel comfortable seeking professional help or reaching out to their superiors, however the authors draw no concrete conclusions as to why this is. Feinstein et al. (2002) indicate that there is a “culture of silence” (p. 1574) within the news reporting community. Keats and Buchanan (2009) report journalists do not seek help and silence their distress for fear of being perceived as weak and unable to cope. Community researchers and practitioners could consult groups of journalists in various media organisations to evaluate their psychosocial and systemic environment and gain further insights, especially with respect to social support networks. This would enable researchers and practitioners to: (1) collaborate directly with journalists in the area of capacity building and addressing specific risks, and (2) developing context specific interventions and education programs aimed at improving individual and organisation wellness.

Coping and Substance Use in Journalists

When journalists are forced to suppress their distress other unhealthy coping strategies may be adopted, such as substance use (Keats & Buchanan, 2012). Seely’s (2019) interview study revealed that some reporters drink alcohol at elevated levels when their work assignments are emotionally taxing. Research has indicated a positive association between avoidant coping and substance use (Aldridge-Gerry et al., 2011; Digdon & Landry, 2013; Lyness & Koehler, 2016), further suggesting that journalists are at greater risk of substance use disorders compared to the general population.

When considering avoidant-emotional coping, a common strategy is the use of alcohol and other substances. The Drinking Motives Model (Cooper, 1994) proposes that individuals may consume alcohol to: (1) increase their positive affect through social motives, (2) increase their positive affect through enhancement motives, or (3) reduce negative affect. Of these three, drinking to cope is of primary concern because it is most likely to be associated with substance misuse (Mackinnon et al., 2014; Moran & Saliba, 2011). This theoretical explanation, although specific to alcohol, has been found to be transferable to other substances, such as cannabis (Cooper et al., 2016). Tobacco use and caffeine consumption have also been identified as coping mechanisms (Lawless et al., 2015; Šabić & Mujanović, 2019). Applying the theory behind the self-medication hypothesis (Khantzian, 1997), this form of coping within journalist populations is characterised by the need to self-medicate in an effort to alleviate and numb adverse experiences associated with trauma reactions (Buchanan & Keats, 2011; Feinstein et al., 2016; Keats & Buchanan, 2012; Monteiro et al., 2016). It is noteworthy that some psychological disorders are intensified by substance use (Kaysen et al., 2011; Smith et al. 2018; Shah et al., 2020) and so this avoidant coping strategy is particularly risky for individuals with a pre-existing disorder.

There are many different theories on coping, but one of the first and most influential was developed by Lazarus and Folkman (1984) who defined two major coping categories: (1) emotion-focused coping—regulating emotions when faced with something stressful, and (2) problem-focused coping—managing the problem. However, other researchers have argued that there are more than two coping categories. For example, Carver et al. (1989) developed a new coping measure and found statistical support for three factors: emotion-focused coping, problem-focused coping, and avoidant-emotional coping. Avoidant-emotional coping is characterised by avoidance of dealing with the stressor and as such denies a solution being reached (Carver et al., 1989). While problem-focused and emotional coping are considered protective and associated with psychological well-being (Meyer, 2001), avoidant-emotional

coping can be harmful in the long-term; those who tend towards this coping style have been found to have higher levels of perceived stress (Thompson et al., 2010).

With these three coping strategies in mind, Carver et al. first developed the Coping Orientation to Problems Experienced (COPE) Inventory which is a 60-item scale with 15 subscales (1989) and later developed a shorter version of the COPE called the Brief COPE (1997). The Brief COPE is a 28-item self-report questionnaire that uses a 4-point Likert scale ('I usually don't do this at all' to 'I usually do this a lot') to assess different coping styles (Carver, 1997). The items can be grouped into three subscales: (1) problem-focused coping, (2) emotional coping, and (3) avoidant-emotional coping. This measure has been used in studies involving the general population as well as in journalist samples (Schnider et al., 2007; Shah, 2020; Smith et al., 2018). All three subscales have shown good internal consistency ($\alpha = .80-.88$; Schnider et al., 2007).

In their study of 367 Korean journalists, Lee et al. (2018) explored coping strategies using the Stress Coping Scale (Carver, 1997). Although not explicitly stated, what the authors refer to as the Stress Coping Scale appears to be congruent with the Brief COPE. They found that journalists adopting avoidant coping strategies to reduce emotional distress (such as drinking alcohol, smoking cigarettes, and self-blame) had greater symptoms of PTSD. Consistent with Lee et al., both Smith et al. (2018) who sampled 167 U.S. news journalists, and Shah et al. (2020) sampling 236 journalists in Pakistan, found (using the Brief COPE) that avoidant-emotional coping was associated with statistically significant elevated PTSD symptoms. These studies highlight journalists use of avoidant coping strategies in the context of increasing symptoms of PTSD.

However, what is missing from the literature is an exploration of substance use specifically as a method of coping, which has been considered in other populations. Ullman et al. (2013) sampled 1863 sexual assault victims in the U.S. and explored the connection between trauma exposure and substance use to cope. Using the Brief COPE, the researchers found that elevated lifetime exposure to trauma was significantly associated with increased use of substances to cope ($r = .36, p < .001$). Other research including 740 U.S. firefighters explored substance use coping via the Brief COPE (Tomaka et al., 2017) and reported a significant positive correlation between PTSD symptoms and substance use coping ($r = .40, p < .001$). Both studies use the self-medication hypothesis (Khantzian, 1997) to explain their results. Although using different samples, both studies suggest that those exposed to trauma and/or experiencing negative trauma reactions are at an increased risk of using substances to cope. As both studies were conducted in the U.S., some level of caution should be taken when making generalisations outside of this context and to other population groups.

However, it is reasonable to suggest that the journalism community may be particularly susceptible to using substances to cope. Future research should be directed in this area to fill the gap within the literature and understand if these associations are found in journalists. Research investigating journalists and substance use coping is limited; however, in the broader trauma literature and dominant theoretical perspectives, substance use as a method of coping is clearly established. Other motives for substance use behaviours are outlined in the broader substance use literature and include specific personality profiles, which the following section will explore.

The Role of Personality in Substance Use Behaviours

Personality is predictive of substance use and a contributing risk factor for substance use disorders (Afshar et al., 2015). Specific personality profiles that include neurotic tendencies and deficits in behavioural inhibition tend to be associated with substance use (Malmberg et al., 2010). These personality traits have been identified as strong risk factors for elevated patterns of substance use and motivations for use, as well as risk factors for different types of

SUDs and vulnerabilities to comorbid psychopathology (Castellanos-Ryan et al., 2013; Castellanos-Ryan & Conrod, 2012; Woicik et al., 2009). A scale that specifically measures these personality profiles is the Substance Use Risk Profile Scale (SURPS; Woicik et al., 2009). The SURPS is a 23-item questionnaire with four subscales assessing personality traits that are associated with an increased risk of substance misuse: anxiety sensitivity, hopelessness, impulsivity, and sensation seeking. Participants respond to each item using a four-point Likert scale ('strongly disagree' to 'strongly agree'). Hopley and Brunelle (2015) report good internal consistency for the SURPS subscales ($\alpha = .71-.78$).

Anxiety sensitivity is defined as a fear of anxiety-related physical sensations (Reiss et al., 1986). High levels of anxiety sensitivity is associated with coping motives for substance use (Stewart & Kushner, 2001), high levels of problem drinking, smoking, and sedative use (Conrod et al., 2000; Conrod et al., 1998). Sensation seeking is associated with the need for stimulation, a low tolerance to boredom, and willingness to take risks (Arnett, 1994; Woicik et al., 2009); it is associated with an increase in substance use behaviours to enhance positive affect (Comeau et al., 2001; Conrod et al., 2000; Cooper et al., 1995). Impulsivity is associated with rapid decision making (Krueger et al., 2002) and the inability to control behaviour (Woicik et al., 2009); it has been linked to high-risk behaviours, problem drinking, and stimulant and polysubstance use (Conrod et al., 2000; Finn et al., 2005; Jackson & Sher, 2003).

Finally, hopelessness refers to holding negative views about the self and the world, and is characterised by low mood and worthlessness (Castellanos & Conrod, 2006); it is associated with increases in alcohol consumption and opioid use as a method of coping to reduce negative affect (Woicik et al., 2009). This trait is particularly pertinent when considering groups that may be using substances as a result of trauma exposure and that may have comorbid PTSD or depressive symptoms. One of the outcomes of trauma exposure is a cognitive shift towards viewing the world and other people as dangerous and unsafe (Janoff-Bulman, 1989); this relationship has been established in journalists (Pyeovich et al., 2003). Finally, one of the diagnostic criteria for major depressive disorder is a sense of hopelessness (American Psychiatric Association, 2013). Journalists are at an elevated risk of trauma exposure as well as PTSD and depressive symptoms (MacDonald et al., 2017, MacDonald, Backholm et al., 2021, MacDonald, Dale et al., 2021).

In a systematic literature review conducted by MacDonald et al. (2016), the authors recommend the application of the SURPS in journalist samples as this would allow: (1) a more specific understanding of factors associated with substance use compared to other broader models of personality, and (2) the implementation of specific personality-targeted interventions for the prevention and treatment of SUDs (Conrod, 2016). Therefore, application of the SURPS in the journalism community may improve the quality and potential outcomes of research within this area (MacDonald et al., 2016). Currently, there is no existing research that explores substance use risk personality profiles in journalists, highlighting a gap within the literature. However, this well-established theory has been applied, validated, and well-documented in adolescent (Jurk et al., 2015) and adult populations (Hopley & Brunelle, 2015; Schlauch et al., 2015).

Conclusion

This narrative review explored and evaluated research investigating trauma exposure in the journalism community. The majority of research reviewed comprised peer reviewed journal articles, with the aim of understanding the type of trauma journalists are typically exposed to and how this may impact their substance use behaviours. Substance use was considered as a trauma reaction and as a method of coping. Personality profiles that may predict substance use behaviours were also considered. The review has focused on peer-reviewed literature with the intention of suggesting directions for future research and to inform the

diagnosis and treatment of journalists. A limitation to this review is the lack of accessibility of relevant literature in this area published in languages other than English.

The current review highlights that journalists are exposed to a wide variety of PTEs. The specific type of PTE and how stressful it is varied. Most studies found that covering road accidents and fires were the most frequently experienced work-related PTE; war zones were generally the least common. However, specific types of PTEs differ between countries and related contextual factors. Making direct comparisons between studies proves difficult due to differences in methodology. A distinction between work-related trauma from personal trauma is not consistently found in the literature; this is an important distinction because those previously exposed to trauma are more likely to experience negative trauma reactions when exposed to subsequent PTEs. Despite elevated levels of trauma exposure, many journalists do not experience symptoms of PTSD and this highlights the potential role for community researchers and practitioners to evaluate sources of social capital that can be further engaged and mobilised to support individuals who may be at elevated risk of developing PTSD symptoms.

Alcohol consumption is the most common substance assessed in journalist samples. War journalists are more likely to drink excessively compared to non-war journalists, and males drink more than females. Few studies considered journalists use of nicotine or illicit substances, and caffeine consumption does not appear in the existing literature. The concern here is that maintaining the narrow focus on alcohol consumption skews our understanding of substance use and serves to reduce the capacity of psychological services to support individuals who may not adopt alcohol as a means of substance use related coping. Further research into various types of caffeine consumption in addition to coffee (e.g., energy drinks) and nicotine use in addition to cigarettes (e.g., vaping) could provide meaningful insights and a more holistic and nuanced understanding of substance use coping behaviours and outcomes. Comparing journalists' illicit substance use across studies and to other community groups is difficult because studies with journalist samples have not typically reported descriptive statistics. Comparisons between journalist samples and other high-risk occupations, clinical groups, and the general population are desirable in the endeavour to determine if substance use is elevated amongst journalists in a clinically and practically significant way.

Some notable areas for future research are apparent. Personality, specifically substance use related traits, have been shown to be predictive of substance use behaviours. However, these traits are yet to be explored in journalist samples. Scales, such as the SURPS should be applied to journalist samples to explore the role personality has in substance use behaviours of this unique occupational group. Finally, there is limited research exploring substance use as a trauma reaction in journalists. Studies including other high-risk groups have found a positive association between trauma exposure and substance use. Substance use is identified as a form of coping, generally associated with an avoidant coping style, to deal with occupational stressors and as a way to alleviate symptoms of various types of trauma reactions (e.g., depressive disorders and PTSD). An exploration of the association between trauma exposure and substance use in journalists that accounts for the most relevant personality traits may bridge the gap that exists within the literature to better inform diagnosis and treatment of this group. It may also serve to guide community researchers and practitioners in consulting with key members or organisations within the journalism community to co-design health promotion and education programs specific to this community's context and that raise awareness about healthy behaviours and individual wellness. Other implications include increasing opportunities for trauma specific education targeted at those studying and training to become a journalist, including protective coping strategies.

References

- Aldridge-Gerry, A. A., Roesch, S. C., Villodas, F., McCabe, C., Leung, Q. K., & Da Costa, M. (2011). Daily stress and alcohol consumption: Modeling between-person and within-person ethnic variation in coping behavior. *Journal of Studies on Alcohol and Drugs*, 72(1), 125–134. <https://doi.org/10.15288/jsad.2011.72.125>
- American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Aoki, Y., Malcolm, E., Yamaguchi, S., Thornicroft, G., & Henderson, C. (2013). Mental illness among journalists: A systematic review. *International Journal of Social Psychiatry*, 59(4), 377–390. <https://doi.org/10.1177/0020764012437676>
- Arnett, J. (1994). Sensation seeking: A new conceptualization and a new scale. *Personality and Individual Differences*, 16(2), 289–296. [https://doi.org/10.1016/0191-8869\(94\)90165-1](https://doi.org/10.1016/0191-8869(94)90165-1)
- Backholm, K., & Björkqvist, K. (2010). The effects of exposure to crisis on well-being of journalists: A study of crisis-related factors predicting psychological health in a sample of Finnish journalists. *Media, War & Conflict*, 3(2), 138–151. <https://doi.org/10.1177/1750635210368309>
- Backholm, K., & Björkqvist, K. (2012a). Journalists' emotional reactions after working with the Jokela school shooting incident. *Media, War and Conflict*, 5(2), 175–190. <https://doi.org/10.1177/1750635212440914>
- Backholm, K., & Björkqvist, K. (2012b). The mediating effect of depression between exposure to potentially traumatic events and PTSD in news journalists. *European Journal of Psychotraumatology*, 3(1), 18388. <https://doi.org/10.3402/ejpt.v3i0.18388>
- Benjet, C., Bromet, E., Karam, E., Kessler, R., McLaughlin, K., Ruscio, A., Shahly, V., Stein, D., Petukhova, M., Hill, E., Alonso, J., Atwoli, L., Bunting, B., Bruffaerts, R., Caldas-de-Almeida, J., de Girolamo, G., Florescu, S., Gureje, O., Huang, Y., ... Koenen, K. (2016). The epidemiology of traumatic event exposure worldwide: Results from the World Mental Health Survey Consortium. *Psychological Medicine*, 46(2), 327–343. <https://doi.org/10.1017/S0033291715001981>
- Blanco, C., Xu, Y., Brady, K., Pérez-Fuentes, G., Okuda, M., & Wang, S. (2013). Comorbidity of posttraumatic stress disorder with alcohol dependence among US adults: Results from National Epidemiological Survey on Alcohol and Related Conditions. *Drug and Alcohol Dependence*, 132(3), 630–638. <https://doi.org/10.1016/j.drugalcdep.2013.04.016>
- Bonanno, G., & Gupta, S. (2009). Resilience after disaster. In Y. Neria, S. Galea, & F. Norris (Eds.), *Mental health and disasters* (pp. 145–160). Cambridge University Press. <https://doi.org/10.1017/CBO9780511730030.009>
- Bondy, S., Rehm, J., Ashley, M., Walsh, G., Single, E., & Room, R. (1999). Low-risk drinking guidelines: The scientific evidence. *Canadian Journal of Public Health*, 90(4), 264–270. <https://doi.org/10.1007/BF03404129>
- Breslau, N., Chilcoat, H., Kessler, R., & Davis, G. (1999). Previous exposure to trauma and PTSD effects of subsequent trauma: Results from the Detroit area survey of trauma. *The American Journal of Psychiatry*, 156(6), 902–907. <https://doi.org/10.1176/ajp.156.6.902>
- Breslau, N., Kessler, R. C., Chilcoat, H. D., Schultz, L. R., Davis, G. C., & Andreski, P. (1998). Trauma and posttraumatic stress disorder in the community: The 1996 Detroit area survey of trauma. *Archives of General Psychiatry*, 55(7), 626–632. <https://doi.org/10.1001/archpsyc.55.7.626>

- Browne, T., Evangelini, M., & Greenberg, N. (2012). Trauma-related guilt and posttraumatic stress among journalists. *Journal of Traumatic Stress, 25*(2), 207–210. <https://doi.org/10.1002/jts.21678>
- Buchanan, M., & Keats, P. (2011). Coping with traumatic stress in journalism: A critical ethnographic study. *International Journal of Psychology, 46*(2), 127–135. <https://doi.org/10.1080/00207594.2010.532799>
- Carver, C. (1997). You want to measure coping but your protocol's too long: Consider the brief COPE. *International Journal of Behavioral Medicine, 4*(1), 92–100. https://doi.org/10.1207/s15327558ijbm0401_6
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretical based approach. *Journal of Personality and Social Psychology, 56*(2), 267–283. <https://doi.org/10.1037/0022-3514.56.2.267>
- Castellanos, N., & Conrod, P. (2006). Brief interventions targeting personality risk factors for adolescent substance misuse reduce depression, panic and risk-taking behaviours. *Journal of Mental Health (Abingdon, England), 15*(6), 645–658. <https://doi.org/10.1080/09638230600998912>
- Castellanos-Ryan, N., & Conrod, P. (2012). Personality and substance misuse: Evidence for a four-factor model of vulnerability. In J.C. Verster, K. Brady, M. Galanter, & P. Conrod (Eds.) *Drug abuse and addiction in medical illness* (pp. 47–62). Springer. https://doi.org/10.1007/978-1-4614-3375-0_4
- Castellanos-Ryan, N., O'Leary-Barrett, M., Sully, L., & Conrod, P. (2013). Sensitivity and specificity of a brief personality screening instrument in predicting future substance use, emotional, and behavioral problems: 18-month predictive validity of the Substance Use Risk Profile Scale. *Alcoholism, Clinical and Experimental Research, 37*, 281–290. <https://doi.org/10.1111/j.1530-0277.2012.01931.x>
- Comeau, N., Stewart, S., & Loba, P. (2001). The relations of trait anxiety, anxiety sensitivity, and sensation seeking to adolescents' motivations for alcohol, cigarette, and marijuana use. *Addictive Behaviors, 26*(6), 803–825. [https://doi.org/10.1016/S0306-4603\(01\)00238-6](https://doi.org/10.1016/S0306-4603(01)00238-6)
- Committee to Protect Journalists. (2020). *Special reports and publications*. <https://cpj.org/reports/>
- Conrod, P. J. (2016). Personality-targeted interventions for substance use and misuse. *Current Addiction Reports, 3*(4), 426–436. <https://doi.org/10.1007/s40429-016-0127-6>
- Conrod, P., Pihl, R., Stewart, S., & Dongier, M. (2000). Validation of a system of classifying female substance abusers on the basis of personality and motivational risk factors for substance abuse. *Psychology of Addictive Behaviors, 14*(3), 243–256. <https://doi.org/10.1037/0893-164X.14.3.243>
- Conrod, P., Pihl, R., & Vassileva, J. (1998). Differential sensitivity to alcohol reinforcement in groups of men at risk for distinct alcoholism subtypes. *Alcoholism, Clinical and Experimental Research, 22*(3), 585–597. <https://doi.org/10.1111/j.1530-0277.1998.tb04297.x>
- Cooper, M. (1994). Motivations for alcohol use among adolescents: Development and validation of a four-factor model. *Psychological Assessment, 6*(2), 117–128. <https://doi.org/10.1037/1040-3590.6.2.117>
- Cooper, M., Frone, M., Russell, M., & Mudar, P. (1995). Drinking to regulate positive and negative emotions: A motivational model of alcohol use. *Journal of Personality and Social Psychology, 69*(5), 990–1005. <https://doi.org/10.1037/0022-3514.69.5.990>
- Cooper, M. L., Kuntsche, E., Levitt, A., Barber, L. L., & Wolf, S. (2016). *Motivational models of substance use: A review of theory and research on motives for using*

- alcohol, marijuana, and tobacco*. In K. J. Sher (Ed.), *The Oxford handbook of substance use and substance use disorders* (pp. 375–421). Oxford University Press.
- Cosper, R., & Hughes, F. (1982). So-called heavy drinking occupations: Two empirical tests. *Journal of Studies on Alcohol*, 43(1), 110–118.
<https://doi.org/10.15288/jsa.1982.43.110>
- Digdon, N., & Landry, K. (2013). University students' motives for drinking alcohol are related to evening preference, poor sleep, and ways of coping with stress. *Biological Rhythm Research*, 44(1), 1–11. <https://doi.org/10.1080/09291016.2011.632235>
- Dworznik, G. (2011). Factors contributing to PTSD and compassion fatigue in television news workers. *International Journal of Business, Humanities and Technology*, 1(1), 22–32. <https://tinyurl.com/2d8wt8zi>
- Fedler, F. (2004). Insiders' stories: Coping with newsroom stress: An historical perspective. *American Journalism*, 21(3), 77–106.
<https://doi.org/10.1080/08821127.2004.10677596>
- Feinstein, A. (2013). Mexican journalists and journalists covering war: A comparison of psychological wellbeing. *Journal of Aggression, Conflict and Peace Research*, 5(2), 77–85. <https://doi.org/10.1108/17596591311313672>
- Feinstein, A., Feinstein, S., Behari, M., & Pavisian, B. (2016). The psychological wellbeing of Iranian journalists: A descriptive study. *JRSM Open*, 7(12), 1–5.
<https://doi.org/10.1177/2054270416675560>
- Feinstein, A., & Nicolson, D. (2005). Embedded journalists in the Iraq war: Are they at greater psychological risk? *Journal of Traumatic Stress*, 18(2), 129–132.
<https://doi.org/10.1002/jts.20020>
- Feinstein A., & Owen J. (2002). Journalists, war, and post traumatic stress disorder. In Y. Danieli (Ed.). *Sharing the front line and the back hills: Peacekeepers, humanitarian aid workers and the media in the midst of crisis*. (pp. 305–315). Baywood Publishing.
- Feinstein, A., Owen, J., & Blair, N. (2002). A hazardous profession: War, journalists, and psychopathology. *The American Journal of Psychiatry*, 159(9), 1570–1575.
<https://doi.org/10.1176/appi.ajp.159.9.1570>
- Feinstein, A., & Starr, S. (2015). Civil war in Syria: The psychological effects on journalists. *Journal of Aggression, Conflict and Peace Research*, 7(1), 57–64.
<https://doi.org/10.1108/JACPR-04-2014-0119>
- Feinstein, A., Wanga, J., & Owen, J. (2015). The psychological effects of reporting extreme violence: A study of Kenyan journalists. *JRSM Open*, 6(9), 1–6.
<https://doi.org/10.1177/2054270415602828>
- Finn, P., Bobova, L., Wehner, E., Fargo, S., & Rickert, M. (2005). Alcohol expectancies, conduct disorder and early-onset alcoholism: Negative alcohol expectancies are associated with less drinking in non-impulsive versus impulsive subjects. *Addiction (Abingdon, England)*, 100(7), 953–962.
<https://doi.org/10.1111/j.1360-0443.2005.01105.x>
- Green, B. L. (1996). Trauma History Questionnaire. In B. H. Stamm (Ed.), *Measurement of stress, trauma, and adaptation* (pp. 366–369). Sidran Press.
- Greenberg, N., Gould, M., Langston, V., & Brayne, M. (2009). Journalists' and media professionals' attitudes to PTSD and help-seeking: A descriptive study. *Journal of Mental Health (Abingdon, England)*, 18(6), 543–548.
<https://doi.org/10.3109/09638230903191231>
- Haller, M., & Chassin, L. (2014). Risk pathways among traumatic stress, posttraumatic stress disorder symptoms, and alcohol and drug problems: A test of four hypotheses. *Psychology of Addictive Behaviors*, 28(3), 841–851.
<https://doi.org/10.1037/a0035878>

- Hatanaka, M., Matsui, Y., Ando, K., Inoue, K., Fukuoka, Y., Koshiro, E., & Itamura, H. (2010). Traumatic stress in Japanese broadcast journalists. *Journal of Traumatic Stress, 23*(1), 173–177. <https://doi.org/10.1002/jts.20496>
- Hooper, L., Stockton, P., Krupnick, J., & Green, B. (2011). Development, use, and psychometric properties of the trauma history questionnaire. *Journal of Loss and Trauma, 16*(3), 258–283. <https://doi.org/10.1080/15325024.2011.572035>
- Hopley, A. A. B., & Brunelle, C. (2015). Substance use in incarcerated male offenders: Predictive validity of a personality typology of substance misusers. *Addictive Behaviors, 53*, 86–93. <https://doi.org/10.1016/j.addbeh.2015.10.001>
- Infante, D. A., Rancer, A. S., & Womack, D. F. (2003). *Building communication theory* (4th ed.). Waveland Press.
- Jackson, K., & Sher, K. (2003). Alcohol use disorders and psychological distress: A prospective state–trait analysis. *Journal of Abnormal Psychology (1965), 112*(4), 599–613. <https://doi.org/10.1037/0021-843X.112.4.599>
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition, 7*(2), 113–136. <https://tinyurl.com/bd78k43w>
- Joseph, T. (1983). A study of alcohol use by reporters and editors. *Newspaper Research Journal, 4*(2), 3–8. <https://doi.org/10.1177/073953298300400201>
- Jurk, S., Kuitunen-Paul, S., Kroemer, N., Artiges, E., Banaschewski, T., Bokde, A., Büchel, C., Conrod, P., Fauth-Bühler, M., Flor, H., Frouin, V., Gallinat, J., Garavan, H., Heinz, A., Mann, K., Nees, F., Paus, T., Pausova, Z., Poustka, L., ... Smolka, M. (2015). Personality and substance use: Psychometric evaluation and validation of the Substance Use Risk Profile Scale (SURPS) in English, Irish, French, and German adolescents. *Alcoholism, Clinical and Experimental Research, 39*(11), 2234–2248. <https://doi.org/10.1111/acer.12886>
- Kaysen, D., Atkins, D., Moore, S., Lindgren, K., Dillworth, T., & Simpson, T. (2011). Alcohol use, problems, and the course of posttraumatic stress disorder: A prospective study of female crime victims. *Journal of Dual Diagnosis, 7*(4), 262–279. <https://doi.org/10.1080/15504263.2011.620449>
- Keats, P., & Buchanan, M. (2009). Addressing the effects of assignment stress injury. *Journalism Practice, 3*(2), 162–177. <https://doi.org/10.1080/17512780802681199>
- Keats, P., & Buchanan, M. (2012). Covering trauma in Canadian journalism: Exploring the challenges. *Traumatology (Tallahassee, Fla.), 19*(3), 210–222. <https://doi.org/10.1177/1534765612466152>
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry, 52*(12), 1048–1060. <https://doi.org/10.1001/archpsyc.1995.03950240066012>
- Khantzian, E. J. (1997). The self-medication hypothesis of substance use disorders: A reconsideration and recent applications. *Harvard Review of Psychiatry, 4*(5), 231–244. <https://doi.org/10.3109/10673229709030550>
- Khoury, L., Tang, Y., Bradley, B., Cubells, J., & Ressler, K. (2010). Substance use, childhood traumatic experience, and posttraumatic stress disorder in an urban civilian population. *Depression and Anxiety, 4*(12), 1077–1086. <https://doi.org/10.1002/da.20751>
- Konkolý Thege, B., Horwood, L., Slater, L., Tan, M. C., Hodgins, D. C., & Wild, T. C. (2017). Relationship between interpersonal trauma exposure and addictive behaviors: A systematic review. *BMC Psychiatry, 17*(1), 164–164. <https://doi.org/10.1186/s12888-017-1323-1>

- Krueger, R., Hicks, B., Patrick, C., Carlson, S., Iacono, W., & McGue, M. (2002). Etiologic connections among substance dependence, antisocial behavior, and personality: Modeling the externalizing spectrum. *Journal of Abnormal Psychology* (1965), 111(3), 411–424. <https://doi.org/10.1037/0021-843X.111.3.411>
- Kuksis, M., Di Prospero, C., Hawken, E. R., & Finch, S. (2017). The correlation between trauma, PTSD, and substance abuse in a community sample seeking outpatient treatment for addiction. *Canadian Journal of Addiction*, 8(1), 18–24. <https://doi.org/10.1097/02024458-201706000-00005>
- Lawless, M., Harrison, K., Grandits, G., Eberly, L., & Allen, S. (2015). Perceived stress and smoking-related behaviors and symptomatology in male and female smokers. *Addictive Behaviors*, 51, 80–83. <https://doi.org/10.1016/j.addbeh.2015.07.011>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.
- Lee, M., Ha, E. H., & Pae, J. K. (2018). The exposure to traumatic events and symptoms of posttraumatic stress disorder among Korean journalists. *Journalism*, 19(9–10), 1308–1325. <https://doi.org/10.1177/1464884917707596>
- Levaot, Y., Sinyor, M., & Feinstein, A. (2013). Trauma and psychological distress observed in journalists: A comparison of Israeli journalists and their Western counterparts. *The Israel Journal of Psychiatry and Related Sciences*, 50(2), 118–121. <https://tinyurl.com/5395burc>
- Lovibond, S. H., & Lovibond, P. F. (2004). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation Monograph.
- Lyness, K., & Koehler, A. (2016). Effect of coping on substance use in adolescent girls: A dyadic analysis of parent and adolescent perceptions. *International Journal of Adolescence and Youth*, 21(4), 449–461. <https://doi.org/10.1080/02673843.2013.866146>
- MacDonald, J. B., Backholm, K., Saliba, A. J., & Hodgins, G. (2021). Predictors of trauma reactions in TV news camera operators. *Traumatology*. Advance online publication. <https://doi.org/10.1037/trm0000332>
- MacDonald, J. B., Dale, E., Metcalf, D., Hodgins, G., & Saliba, A. J. (2021). Symptoms of posttraumatic stress disorder in journalist samples: A systematic literature review. *Traumatology*. Advance online publication. <https://doi.org/10.1037/trm0000337>
- MacDonald, J. B., & Fox, R. (2018). Trauma amongst TV news crews: The protective function of crew solidarity. In M.-T. Leung, & L.-M. Tan (Eds.), *Applied psychology readings* (pp. 21–38). Springer.
- MacDonald, J. B., Hodgins, G., & Saliba, A. (2017). Trauma exposure in journalists: A systematic literature review. *Fusion Journal*, 11, 34–44. <https://tinyurl.com/5aaj4jfs>
- MacDonald, J. B., Hodgins, G., Saliba, A. J., & Metcalf, D. (2021). Journalists and depressive symptoms: A systematic literature review. *Trauma, Violence, and Abuse*. 1–11. <https://doi.org/10.1177/15248380211016022>
- MacDonald, J. B., Saliba, A., & Hodgins, G. (2016). Journalists and substance use: A systematic literature review. *Substance Abuse*, 37(3), 402–411. <https://doi.org/10.1080/08897077.2015.1101732>
- Mackinnon, S., Kehayes, I., Clark, R., Sherry, S., & Stewart, S. (2014). Testing the four-factor model of personality vulnerability to alcohol misuse: A three-wave, one-year longitudinal study. *Psychology of Addictive Behaviors*, 28(4), 1000–1012. <https://doi.org/10.1037/a0037244>
- Malmberg, M., Overbeek, G., Monshouwer, K., Lammers, J., Vollebergh, W., & Engels, R. (2010). Substance use risk profiles and associations with early substance use in

- adolescence. *Journal of Behavioral Medicine*, 33(6), 474–485.
<https://doi.org/10.1007/s10865-010-9278-4>
- Marlatt, G., & Gordon, J. (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. Guilford Press.
- Meyer, B. (2001). Coping with severe mental illness: Relations of the Brief COPE with symptoms, functioning, and well-being. *Journal of Psychopathology and Behavioral Assessment*, 23(4), 265–277. <https://doi.org/10.1023/A:1012731520781>
- Monteiro, S., Marques Pinto, A., & Roberto, M. (2016). Job demands, coping, and impacts of occupational stress among journalists: A systematic review. *European Journal of Work and Organizational Psychology*, 25(5), 751–772.
<https://doi.org/10.1080/1359432X.2015.1114470>
- Moran, C. C., & Saliba, A. J. (2011). Anxiety and self medication with alcohol. In V. R. Preedy, R. R. Watson, & C. R. Martin (Eds.), *Handbook of behavior food and nutrition* (pp. 3061–3074). Springer.
- Ogle, C., Rubin, D., & Siegler, I. (2014). Cumulative exposure to traumatic events in older adults. *Aging and Mental Health*, 18(3), 316–325.
<https://doi.org/10.1080/13607863.2013.832730>
- Perkonig, A., Kessler, R., Storz, S., & Wittchen, H. (2000). Traumatic events and post-traumatic stress disorder in the community: Prevalence, risk factors and comorbidity. *Acta Psychiatrica Scandinavica*, 101(1), 46–59.
<https://doi.org/10.1034/j.1600-0447.2000.101001046.x>
- Pyeovich, C., Newman, E., & Daleiden, E. (2003). The relationship among cognitive schemas, job-related traumatic exposure, and posttraumatic stress disorder in journalists. *Journal of Traumatic Stress*, 16(4), 325–328.
<https://doi.org/10.1023/A:1024405716529>
- Reiss, S., Peterson, R., Gursky, D., & McNally, R. (1986). Anxiety sensitivity, anxiety frequency and the prediction of fearfulness. *Behaviour Research and Therapy*, 24(1), 1–8. [https://doi.org/10.1016/0005-7967\(86\)90143-9](https://doi.org/10.1016/0005-7967(86)90143-9)
- Richie, H., & Roser, M. 2018. *Alcohol consumption*, <https://ourworldindata.org/alcohol-consumption>
- Roberts, A., Gilman, S., Breslau, J., Breslau, N., & Koenen, K. (2011). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post-traumatic stress disorder in the United States. *Psychological Medicine*, 41(1), 71–83.
<https://doi.org/10.1017/S0033291710000401>
- Šabić, L., & Mujanović, A. (2019). Smoking and caffeine consumption as stress coping mechanisms in medical students. In *CMBEBIH 2019* (pp. 681–686). Springer International Publishing. https://doi.org/10.1007/978-3-030-17971-7_102
- Schlauch, R. C., Crane, C. A., Houston, R. J., Molnar, D. S., Schlienz, N. J., & Lang, A. R. (2015). Psychometric evaluation of the Substance Use Risk Profile Scale (SURPS) in an inpatient sample of substance users using cue-reactivity methodology. *Journal of Psychopathology and Behavioral Assessment*, 37(1), 231–246.
<https://doi.org/10.1007/s10862-014-9462-x>
- Schnider, K. R., Elhai, J. D., & Gray, M. J. (2007). Coping style use predicts posttraumatic stress and complicated grief symptom severity among college students reporting a traumatic loss. *Journal of Counseling Psychology*, 54(3), 344–350.
<https://doi.org/10.1037/0022-0167.54.3.344>
- Seely, N. (2019). Journalists and mental health: The psychological toll of covering everyday trauma. *Newspaper Research Journal*, 40(2), 239–259.
<https://doi.org/10.1177/0739532919835612>

- Shah, S. F. A., Jan, F., Ginossar, T., McGrail, J. P., Baber, D., & Ullah, R. (2020). Trauma exposure and post-traumatic stress disorder among regional journalists in Pakistan. *Journalism*, 1–18. <https://doi.org/10.1177/1464884920965783>
- Sinha, R. (2001). How does stress increase risk of drug abuse and relapse? *Psychopharmacology*, 158(4), 343–359. <https://doi.org/10.1007/s002130100917>
- Sinha, R. (2008). Chronic Stress, drug use, and vulnerability to addiction. *Annals of the New York Academy of Sciences*, 1141(1), 105–130. <https://doi.org/10.1196/annals.1441.030>
- Sinyor, M., & Feinstein, A. (2012). War, journalism, and psychopathology: Does gender play a role? *Traumatology (Tallahassee, Fla.)*, 18(1), 29–36. <https://doi.org/10.1177/1534765610395629>
- Smith, R., Drevo, S., & Newman, E. (2018). Covering traumatic news stories: Factors associated with post-traumatic stress disorder among journalists. *Stress and Health*, 34(2), 218–226. <https://doi.org/10.1002/smi.2775>
- Stewart, S., & Kushner, M. (2001). Introduction to the special issue on “anxiety sensitivity and addictive behaviors.” *Addictive Behaviors*, 26(6), 775–785. [https://doi.org/10.1016/S0306-4603\(01\)00236-2](https://doi.org/10.1016/S0306-4603(01)00236-2)
- Tomaka, J., Magoc, D., Morales-Monks, S. M., & Reyes, A. C. (2017). Posttraumatic stress symptoms and alcohol-related outcomes among municipal firefighters: Posttraumatic stress and alcohol use. *Journal of Traumatic Stress*, 30(4), 416–424. <https://doi.org/10.1002/jts.22203>
- Thompson, R., Mata, J., Jaeggi, S., Buschkuhl, M., Jonides, J., & Gotlib, I. (2010). Maladaptive coping, adaptive coping, and depressive symptoms: Variations across age and depressive state. *Behaviour Research and Therapy*, 48(6), 459–466. <https://doi.org/10.1016/j.brat.2010.01.007>
- Ullman, S. E., Relyea, M., Peter-Hagene, L., & Vasquez, A. L. (2013). Trauma histories, substance use coping, PTSD, and problem substance use among sexual assault victims. *Addictive Behaviors*, 38(6), 2219–2223. <https://doi.org/10.1016/j.addbeh.2013.01.027>
- Weaver, M. (2015). Prescription sedative misuse and abuse. *The Yale Journal of Biology and Medicine*, 88(3), 247–256. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4553644/>
- Wills, T. A., & Shiffman, S. (1985). Coping and substance use: A conceptual framework. In S. Shiffman, & T.A. Wells (Eds.), *Coping and substance use* (pp. 3–24). Academic Press.
- Woicik, P., Stewart, S., Pihl, R., & Conrod, P. (2009). The substance use risk profile scale: A scale measuring traits linked to reinforcement-specific substance use profiles. *Addictive Behaviors*, 34(12), 1042–1055. <https://doi.org/10.1016/j.addbeh.2009.07.001>

Acknowledgements

The authors would like to acknowledge the research assistance of Deanne Drury who assisted with the identification of relevant articles for this narrative review.

Address for Correspondence

Correspondence concerning this article should be addressed to Nahisha Williams-Wynn at nahishaww@gmail.com

Author Biographies

Nahisha Williams-Wynn (B.Soc.Sci. Psychology)(Honours) is currently undertaking the Master of Addictive Behaviours program at Monash University. She is based in Melbourne,

Australia. Nahisha works within community mental health as a Service Manager supporting those who have psychosocial disabilities and complex trauma, as well as providing leadership and support to dedicated teams. Her research interests include trauma and substance use.

Dr Jasmine B. MacDonald BA/BSW(Hons), PhD) is an Adjunct Lecturer with the School of Psychology, Charles Sturt University. Jasmine is a Research Fellow at the Australian Institute of Family Studies (AIFS); this paper was not completed in affiliation with AIFS. Jasmine's subject matter expertise is trauma exposure and reactions, including in occupational and intimate partner violence contexts. Jasmine's methodological expertise is in literature reviews, evidence synthesis and knowledge translation. She creates the psychology research and practice podcast Psych Attack. Website: jasminebmacdonald.com.au

Building Vicarious Resilience through Community Service Worker Solidarity with Clients and Co-Workers

David N. Eades

Western Sydney University

Traumatology, or the field of traumatic stress studies, has become a dominant focus of interest in the mental health field and has great relevance to community psychology practitioners and counsellors. This conceptual review paper explores the concept of trauma in relation to its impact on community workers and volunteers. It will focus on the themes of trauma and resilience as it relates to people working in the community service industry and any protective or support mechanisms that can be of assistance for these community workers/volunteers. The notion presented is that people who suffer from symptoms of PTSD and/or vicarious trauma and are engaged in community service, can develop vicarious resilience and levels of healing through witnessing the resilience of other people they are assisting, coupled with the assistance of professional help. With the correct supports in place, community workers/volunteers can positively process personal trauma experienced, while still working simultaneously with other people's trauma.

Keywords: PTSD, vicarious trauma, altruism, vicarious resilience

This conceptual review paper explores vicarious resilience as it interfaces with post traumatic stress disorder (PTSD) and vicarious trauma. Radey and Figley (2007) have previously raised concern that literature on trauma treatment has focused on “disorders, psychopathology, dysfunction, and problems” and suggested that this needed to be balanced with more focus on “altruism, compassion, resilience, success, and thriving” (p. 208). The notion presented in this paper is that the process of assisting others can in part contribute as a healing agent for processing trauma. The accumulative negative impact that trauma can have, can be curbed through utilising a support network and drawing upon other people's stories of resilience to build vicarious resilience. Hernandez et al. (2010) highlight the importance of vicarious resilience as “a dimension of experience that counteracts the normally occurring fatiguing processes that trauma therapist experience” and that it “strengthens therapists' motivation, helps them find new meanings and discover ways to take care of themselves” (p. 67). This paper will explore vicarious trauma and vicarious resilience as to how they interface with people who are engaged in community service.

The term ‘vicarious’ is something experienced as a result of exposure to the activities of other people, rather than engaging in the activities personally. Vicarious trauma is the adverse impact on care workers from interfacing with others who have suffered from trauma (Hernandez-Wolfe et al. 2015; McCann & Pearlman, 1990). Of interest in this paper, is the way people can navigate and process personal trauma while being exposed to other people's trauma. People can use personal trauma and a sense of vulnerability as a motivation to reach out to others. This conceptual review paper will focus on the three main areas of: motivation in helping others as it relates to altruism; the impact that helping others can have in relation to personal trauma/resilience; and protective/support mechanisms that can be of assistance for the worker/volunteer that enables them to thrive when exposed to other people's trauma.

Research in this area has important implications for people such as case or support workers and volunteers in community group settings, community programmes and group therapy. I include volunteers, as although they may not be trauma therapists or social workers, the context and experiences they share in their work are similar to that of other practitioners and is worthy of exploration. The term ‘community worker/volunteer’ will be used throughout the paper when referring to the people giving community support, so as to broaden the relevance of the study beyond health practitioners to those offering general community assistance.

Method and Analysis

This article uses a systematic method of merging, interpreting and linking information with relevant theoretical notions within broader research literature. It incorporates a literature review on themes within traumatology studies as it pertains to stressors, trauma, PTSD and vicarious resilience. It reflects on the constructivist self-development theory (Pearlman, 2013; Saakvitne et al., 2000), a methodology of interest to practicing community psychologists, as an alternative to traditional clinical methods; and grounded theory (Glaser and Strauss, 1967; see also Bandura, 1986; Luthar, 2003, 2006; Walsh, 2016) in exploring the notions of vicarious trauma and vicarious resilience to generate ideas and theory.

A metasynthesis methodology (Jensen & Allen, 1996) is utilised initially to establish the parameters and frames of research as it relates to the notions of PTSD, vicarious trauma and vicarious resilience. An inductive thematic analysis is then used, identifying patterns and themes related to the notions of exploration (Braun & Clarke, 2006). The main underlying theme of this study is how people can experience a level of healing and resilience in their life, while still offering support to others, even though they may have suffered from PTSD and/or vicarious trauma themselves. The lives of community workers/volunteers can be enriched and resilience built through hearing other people’s stories of perseverance and recovery and observing the resilience that they have shown in facing personal challenges. The importance of having protective factors in place and organisational support will be highlighted also.

The next section will define some important terms within the overall field of traumatology and mental health research to provide a foundation for understanding trauma and vicarious resilience as it relates to the physical, emotional and mental health of people.

Defining Terms – an Overview

Various terms have been used to describe the negative impact of working with, or simply being with, people who have experienced trauma such as: compassion stress, compassion fatigue, (Hegney, et al. 2014), empathic stress (Hernandez et al., 2010) and vicarious traumatization (Diehm & Rowland, 2015). Terms such as burnout (Maslach & Leiter, 2016); saviour syndrome (Adam & Taylor, 2014); co-victimization (Frank et al., 2012); and countertransference (Haynes et al., 2011) have also been used. Some of these terms are interchangeable, while others capture a slightly different aspect or emphasis regarding the impact of working with or being with people who have been traumatized.

The key construct of this paper is the concept of vicarious resilience as it interfaces with PTSD and vicarious trauma. It is important to first provide some background on these two terms, before exploring the notion of vicarious resilience. To understand these terms, it is important to firstly turn to the Diagnostic and Statistical Manual of Mental Disorders. The diagnosis of PTSD was included for the first-time in the DSM-III (American Psychiatric

Association, 1980) with an inclusive outline of the symptoms experienced by a wide variety of traumatized persons. It was viewed as a psychiatric disorder that could be diagnosed and treated. The Diagnostic and Statistical Manual (DSM-IV) of Mental Disorders (American Psychiatric Association, 2000) outlines that some of the contributors to PTSD include: experiencing the threat of death, injury to oneself or another, or finding out about an unexpected or violent death, serious harm, or threat of the same kind to a family member or close person are considered traumatic events; including domestic violence, incest and rape (Scheper-Hughes, 2008).

Descriptions of what constitutes a traumatic event such as captured in Category [criterion A] in the DSM-III and DSM-III-R descriptions of PTSD did, however, indicate that merely learning about another's traumatic experiences can be traumatizing. A revision in the DSM-IV (American Psychiatric Association, 1994) focuses on people (treaters) who worked with psychologically and physically traumatized patients. The DSM-5 documents that the criterion for PTSD may relate to indirect forms of traumatic exposure that are work-related, repeated or extreme (American Psychiatric Association, 2013). Various terms have been used to describe these indirect forms of traumatic exposure. For example, constructs such as secondary trauma stress, vicarious trauma and vicarious traumatization are used interchangeably in literature. For the purpose of this article the term 'vicarious trauma' will be used for simplicity and clarity. The next section will define the notions of PTSD and vicarious trauma in more detail to enable a clear understanding of the terms being used in this paper.

PTSD and Vicarious Trauma

PTSD occurs through having direct exposure to traumatic events or stressful contexts. A traumatic event is one that temporarily overwhelms an individual's resources to cope, causes extreme upset and can lead to long-term psychological symptoms (Briere & Scott, 2015). Possible symptoms of PTSD are: intrusive thoughts, interrupted sleep patterns with regular night tremors, generalised anxiety, being restless and agitated, concentration difficulties and memory problems, difficulty in trusting others and sustaining in-depth conversations, sadness, depression and a lost hope for the future. Lars et al. (2014) notes, however, that memories relating to PTSD, even after long storage, can become weakened, strengthened, or simply updated and Elsey and Kindt (2016), point out that unwanted memories can be altered. How then does vicarious trauma differ to PTSD?

Vicarious trauma relates to having exposure to other people who have experienced trauma, rather than being the person first hand experiencing the trauma or a traumatic event. Vicarious traumatization is a term coined by McCann and Pearlman (1990), to describe negative effects on care workers as a result of their empathic engagement with traumatized individuals. Hernandez-Wolfe et al. (2015), define vicarious trauma as "the cumulative effect of working with traumatized clients, involving interference with the therapist's feelings, cognitive schemas and worldview, memories, self-efficacy, and/or sense of safety" (p. 157).

Vicarious trauma can occur, for example, through having contact with someone who has experienced a hostage situation, been in a war zone, or in some type of sudden accident. Crisis workers such as emergency support personnel, medical services and mental health professionals who have dealt with other people's trauma can be impacted by the associated trauma. Other people such as social workers, case workers and community volunteers can all be affected by working with survivors of trauma and can experience a level of physiological pain through listening to details of violence and abuse. This extends to religious leaders, family

members or friends who offer support to people who have witnessed or experienced traumatic events. An example would be families who live with a family member who is a Vietnam veteran, or have had military deployments in places such as Iraq or Afghanistan and this family member struggles with PTSD.

Symptoms of vicarious trauma may include “sleep difficulty, fear, intrusive thoughts, irritability, tiredness, avoidance, anxiety, and depression” (Hernandez-Wolfe et al., 2015, p. 161). Vicarious trauma may also impact a person’s beliefs about the world, that it is no longer safe (Diehm & Rowland, 2015) and their personal belief in humanity can be shattered. It can disrupt an individual’s confidence, self-esteem, and trust towards others. A person may become emotionally overwhelmed, withdraw socially and lose connectedness to others. They may exhibit the same characteristics as the people they are in contact with and become more hypervigilant in their interaction with the world, themselves and their family. There are protective or mitigating factors, however, that can be of assistance to those living with or those working with people in the community service industry. The focus of this paper is on people who are community workers or volunteers who offer assistance to others who have experienced trauma and subsequently experience the accumulation of vicarious resilience.

Protective Factors in Dealing with Trauma

The toll suffered in working in a people service industry can be detrimental to a person’s well-being, when there is acute stress associated. Hernandez et al. (2010) point out the potential for people to be psychologically harmed by doing trauma work, due to the toxicity of that work. Sodeke-Gregson et al. (2013) affirm that therapists working with trauma clients are at high risk of being negatively impacted by their work and in particular develop secondary traumatic stress, what I have referred to as vicarious trauma. Community workers/volunteers usually have some level of awareness of the accumulative risks to their own mental health in hearing traumatic stories and yet they accept that this is all part of their line of work. This may be related to trauma experienced first-hand or through hearing the accounts of others, such as traumatic migration encounters, persecution, unemployment/ poverty, violence, sexual assault, victimization and other abuses. In this situation, the community worker or volunteer may share some of the same life experiences experienced as with those being helped, a context Nuttman-Shwartz (2014) describes as ‘shared trauma’ and ‘shared traumatic reality’.

There are protective factors, however, that people (who have exposure to other people’s trauma) can draw from. There are mitigating factors for community workers/volunteers to navigate PTSD or vicarious trauma. Pack (2013) highlights that it is imperative that workers be educated about self-care and well-being. What then are some protective factors against stressors and trauma that have been shown to be of assistance as it relates to self-care?

Increased levels of social support provided by family, friends and work colleagues is associated with reduced levels of traumatic stress (Dunkley & Whelan, 2006). Scales and Scales (2016) have noted that a supportive community, friendships, positive family relationships; as well as therapy, helping others, sense-making, new knowledge, and faith all contribute to the process of healing from trauma. Other common recommended practices include engaging in creative leisure activities to help a person ‘switch off’ from thinking about stressors such as: exploring nature, having hobbies, playing or listening to music and watching movies, while also avoiding excessive exposure to television programs such as the news (due to stories of trauma frequently being presented). Helpful physical practices might include: reducing alcohol consumption, maintaining good nutrition, ensuring adequate sleep and

exercising regularly. A person's spirituality also serves as a therapeutic resource, providing a sense of personal support to face life circumstances. The area of religion or spirituality can be utilised for coping with despair, a protection against some of the negative impacts of trauma and can contribute to vicarious resilience (Edelkott et al., 2016) and post-traumatic growth (Abbott, 2015). People may use a combination of these as protective factors to assist in trauma recovery.

People also often find strength in rising above their own trauma and emotional reactions through offering fortitude to others. This dynamic has been referred to as compassion satisfaction, a contentment or pleasure derived from professionally helping others and knowing that this help is making a positive difference in the world (Killian et al. 2017). This is not limited to health care workers, counsellors or community practitioners. It shares the same impacts as it relates to volunteers assisting people through a deep-seated expression of what might be referred to as altruism.

Australia has been a nation in the past with a strong ethic of voluntarism. This comes from a sense of altruism reflected in helping others. There are strong personal benefits for people offering their services to others in a voluntary manner. Vollhardt (2009) has previously suggested that altruism motivates people to care for others and that meaningfulness is found through supporting their well-being.

Of note, is that people volunteer to help others, even when they are facing circumstances of hardship themselves. Vollhardt (2009) presents the idea that altruism 'born of suffering' motivates and mobilizes individuals to help others in ways that invite greater action and engagement. The very act of helping another can also have a mirrored effect in giving back personal positive benefits, even when people may struggle with their own issues. People may experience a sense of invigoration and resilience through their drive and purpose in life, seeing the other people's lives improve for the better through the assistance they offer. They can learn adaptive coping mechanisms to process trauma, experience personal growth in their lives and develop resilience. The next section will focus on the notion of 'vicarious resilience'

Building Vicarious Resilience

Community workers/volunteers have their own life issues, such as past or present grief that may not have been effectively dealt with. However, hearing the stories and encounters of other people overcoming life circumstances and trauma can provide strength and inspiration. This can be used as a resource for recovery from past trauma for the community worker/volunteer. Some people being assisted, may have felt overwhelmed by life challenges, and yet simultaneously are able to share stories of overcoming and building resilience through their circumstances. People sharing their past triumphs in 'beating the odds' and rising above their previous personal challenges, can impact the community worker/volunteer positively as an offset to hearing stories of various abuses that people might have encountered. This can be a rich resource that has not been given much acknowledgement. This occurrence defies dominant logic and breaks the expected sequence of cause and effect that some clinical psychologists might expect. This paper asserts that through this process, the community worker/volunteer is building vicarious resilience.

The term vicarious resilience (Hernández et al., 2010) is used to describe the way people can use adaptive coping mechanisms to thrive in the face of adversity. Ungar (2013) points out that resilience extends beyond the individual and to the relationship between the

therapist and the client as a shared experience. The community worker/volunteer is able to draw strength from the stores of resilience from the person they are helping.

The concept of resilience is more than a simple ability, personality trait or developed skill set. Here, resilience is understood as the capacity of individuals to navigate their way to health-sustaining resources, including feelings of wellbeing, when exposed to significant adversity (Ungar, 2006), particularly through utilising interpersonal relations (Wilson, 2012). It includes good mental health, functional capacity and social competence (Olsson et al., 2003). Resilience is “a dynamic concept, which is linked to emotional regulation and associated with the ability to use internal and external resources in order to flexibly apply various coping strategies and/or emotional expression to meet the needs of a stressful situation” (Nuttman-Shwartz, 2014, pp. 3-4). Levine et al. (2009) conceptualize that resilience is shown through a lack of vicarious trauma following adversity.

In the context of clinical work, vicarious resilience refers to the “unique, positive effects that transform therapists in response to witnessing trauma survivors’ resilience and recovery process” (Killian et al., 2017, p. 23). Pack (2014) describes vicarious resilience simply as the ability to ‘bounce back’ after empathetic engagement with traumatic events. Hernandez-Wolfe et al. (2015) point out that “trauma therapists learn about overcoming adversity from witnessing and participating in trauma survivors’ own recovery processes” (p. 157). They potentially can be transformed by their clients’ resilience.

Vicarious resilience is built when people are able to witness the positive impact of the recovery process of the people they are helping. Hunter (2012) highlights that “compassion satisfaction and the development of vicarious resilience counter-balanced the intense difficulty of bearing witness to clients’ traumatic experiences and the potential for vicarious traumatization” (p. 179). Silveira and Boyer (2015) note that witnessing the resilience of victims of trauma, impacts the personal and professional lives of people who are working with them. Community workers/volunteers are able to strengthen their own well-being by what Hernandez et al. (2010) describe as “appreciating and incorporating what they learn from their client’s healing process” (p. 68). The community worker/volunteer’s role in one sense has a reciprocity in that they are assisting others and yet growing in vicarious resilience themselves within a shared traumatic reality (Dekel & Nuttman-Shwartz, 2014).

The process of developing vicarious resilience also involves reprocessing and changing thought patterns of past trauma. These mind maps or structures of thought patterns can be referred to as schemas. Denhof et al. (2014) highlight that: “individuals develop mental maps of the world and of themselves based upon their unique stream of experiences over time, including traumatic experiences (i.e., particularly highly charged experiences)” (p. 6). Any original schema is challenged if new information cannot be assimilated within these existing schemas.

In the context of vicarious trauma, McCann and Pearlman (1990) and Janoff-Bulman (1992) suggest that original schemas must be modified to assimilate new experiences. Joseph and Linley (2008) have presented the notion previously of a multifaceted structure as it relates to schemas and that some experiences can be accommodated positively (see also Tedeschi & Calhoun, 2008). Hernandez-Wolfe et al. (2015) note that “trauma therapists can be potentially transformed by their clients’ trauma and resilience in ways that are positive” (p. 166). This relates to the same impact experienced by community workers/volunteers. Arnold et al. (2005) highlight that changing schemas (thought patterns) can build a sense of optimism. Vicarious

resilience is built in part on the foundation of thought patterns changing positively, through the hope shared by another person's life experiences and transformation.

Another area of importance in the development of vicarious resilience is the contribution organisational support may have to community workers/volunteers. Ungar (2013) highlights that resilience extends beyond the individual and to the relationship between the client-therapist, with colleagues and managers. Strengthening social networks of those who provide care to others, helps to manage and absorb the stress involved. Regular 'catch-ups' of community workers/volunteers with a programme coordinator and/or counsellor provides opportunities to receive empathic engagement and assistance. Consultation provides a useful objective reference point to gauge and monitor the strain or trauma experienced, as well as any positive life progression. Ludick (2013) highlights the importance of supportive and caring people in contributing to a healthy, positive cognitive mindset. Pack (2014) also notes that supportive supervision serves as one moderating factor with the potential impact of vicarious trauma.

Hunter and Schofield (2006) previously have noted the benefit that peer support and supervision has in providing opportunities for debriefing and sharing emotions. This is particularly relevant as it pertains to sharing the experiences of helping others and the impact it is having on the community worker/volunteer. Charles (2015) outlines that a supportive environment in which those providing a service can share their experiences, receive support and acknowledgment for their effort, is important for developing resilience. A support network is able to provide a layer of support for the community worker/volunteer to help navigate and process in a healthy way, any potential vicarious trauma experienced and this contributes to the building of vicarious resilience.

Implications for Practitioners, Community Workers and Volunteers

It is important that people working in the mental health field, be they practitioners or community workers/volunteers, understand that people can use vicarious trauma in a positive way to accumulate resilience and strengthen their emotional response to life challenges. Pack (2014) points out the paradoxical aspect as to any engagement in a client's traumatic disclosures, that it can be both the source of vicarious trauma and also the means through which vicarious resilience can be built. If a community worker/volunteer has suffered at any time in their lives from PTSD or vicarious trauma, there is potential to still bounce back and utilize these traumatic experiences to help others. There is also potential for personal healing through witnessing how others have worked through their own negative experiences, especially as it relates to notions of resilience.

An important aspect of a person developing vicarious resilience is in the provision of support given by an organization or institution with which the person works, what might be called 'organization support networks' (Hernandez et al., 2010). This organizational or institutional support can help community workers/volunteers to process their experiences adequately, whether they are positive or negative. Michalopoulos and Aparicio (2012) have previously noted that an increase in social support for social workers related to less severe levels of vicarious trauma. This includes the provision of relevant training to understand that the development of vicarious resilience is a shared process between - support workers and their clients; workers and their peers; and workers and their supervisors. Howlett and Collins (2014) note the importance of training in equipping volunteers in dealing with vicarious trauma, how to identify its debilitating consequences and ways of enhancing resilience against it.

Often, group training given for community/volunteer workers is helpful in understanding the expectations of the role they are undertaking but falls short in identifying and dealing with trauma and the dangers of vicarious trauma. Another likely shortfall in training programs is the lack of clarity given as to how much emotional support is appropriate in the services given by community workers/volunteers. It may be noted that providing emotional support is not expected of them, nor encouraged, but the trainers may find it difficult to quantify what that might look like in practical terms. This in particular relates to the area of offering friendship in the context of a community programme and indicators that they are overextending themselves emotionally in their service to others. This can clearly contribute to vicarious trauma.

Another aspect to consider is the duration of time that community workers/volunteers spend with the people they are assisting, in relation to hours in a week and total duration of service in weeks/months. Spending a shorter duration of time with the people they are helping may equate to less exposure to vicarious trauma. For example, if there are signs that the community worker/volunteer is experiencing heightened vicarious trauma, then intervention is advisable, so as not to expose them to further stress. It is important to acknowledge that if people being helped are not showing positive progression in their lives, the chances of the development of vicarious trauma in the life of the community worker/volunteers is heightened. Alternatively, there may be some benefits in community workers/volunteers helping individuals over a greater duration of time, if the person being helped is showing resilience in the way they are navigating life challenges. Howlett and Collins (2014) highlight the value and impact it can have on workers who are able to witness posttraumatic growth of others. This is the area that contributes to the community worker/volunteer building vicarious resilience, through their observations of people showing resilience through life challenges.

More research is still needed, however, as to the types of interaction that triggers vicarious trauma or builds vicarious resilience. There are numerous factors that can either mediate or exasperate the stresses and trauma people face in their work. Some influences to consider might be: peoples' background and the types of challenges faced in life; any protective factors that may have helped them manage trauma or stress; the type of service industry they work or volunteer in; their experiences in helping people; the impact and observed changes that helping others may have had on them; and experiences in relating to any organisational support structures and training that may have been provided to them. Additional research is also needed in relation to the types of organisational support and training that contributes more specifically to the building of vicarious resilience within the life of the community worker/volunteer.

Summary of Recommendations

The following are a summary of recommendations. Community workers/volunteers can be assisted through:

- utilising self-care mechanisms in their personal lives to reduce stress and trauma.
- more effective training being provided for workers/volunteers to understand PTSD and vicarious trauma and how to navigate it.
- understanding the potential to bounce back and utilize traumatic experiences to help others, even after previously experiencing PTSD or vicarious trauma.
- gaining a new appreciation of the contribution of altruism in the process of self-healing from trauma and the positive impact of engagement with others who have shown

resilience in rising above previous life circumstances and trauma. This builds vicarious resilience in the life of the community worker/volunteer.

- being part of a support network to process and learn strategies to navigate any potential vicarious trauma experienced.
- the facilitation of weekly catch ups/debriefs for empathic engagement and assistance by the organisations they work through.
- monitoring the time frame of their engagement with those they are helping to minimize vicarious trauma being exasperated and maximising the development of vicarious resilience.
- more research being conducted, that explores what exasperates vicarious trauma, or alternatively builds vicarious resilience. Secondly, identifying the most effective types of organisational support and training that assists workers/volunteers.

Conclusion

This article has relevance to traumatology scholars, mental health practitioners, community therapists, case workers and community workers/volunteers. This paper has explored the notion that some people who are directly and/or indirectly exposed to trauma may cope well and even report positive outcomes, the out-workings of vicarious resilience. Such positive outcomes can occur even within the life of a person who may have previously experienced PTSD and then had exposure to the secondary impact of trauma, ie. vicarious trauma. This does not mean, however, that the community worker/volunteer experiencing the positive associated changes, will not experience further struggles or distress. It is in the way they process these that makes the difference in reshaping their thought processes, as to whether they manage to develop a healthy, positive outlook in their work and life in general.

Community workers/volunteers will experience trauma in one shape or another. They do face risks of traumatization in their life through having exposure to the trauma of the people they are helping. Self-care mechanisms outlined, however, have been shown to minimize the impact of stressors and trauma to some level. Training and support given by an organisation or agency to assist community workers/volunteers process post-traumatic memories is also a crucial contributor to building vicarious resilience. Of particular significance is the way community workers/volunteers can utilize the positive interaction and progressions of the people they are helping, for their own healing and resilience building, while guarding against the impact of further trauma. This in part can occur through witnessing the resilience of people, in their dealings with trauma.

References

- Abbott, R. (2015). Trauma, compassion, and community: Reconciling opposites in the interests of post-traumatic growth. *Practical Theology*, 5(1), 31-46.
- Adam, D. & Taylor, R. (2014). Compassionate care: Empowering students through nurse education. *Nurse Education Today*, 34(9), 1242-1245.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). American Psychiatric Association.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). American Psychiatric Association.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). American Psychiatric Association.

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- Arnold, D., Calhoun, L., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. *Journal of Humanistic Psychology, 45*, 239-263.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice Hall.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.
- Briere, J., & Scott, C. (2015). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (DSM-5 update, 2nd ed.). Sage Publications.
- Charles, M. (2015). Caring for the caregivers: Building resilience. *Psychoanalytic Inquiry, 35*(7), 682-695.
- Dekel, R., & Nuttman-Shwartz, O. (2014). Being a parent and a helping professional in the continuous shared traumatic reality in southern Israel. In R. Pat-Horenczyk, D. Brom & J. Vogel (Eds.), *Helping children cope with trauma: Individual, family and community perspectives* (pp. 224-240). Routledge.
- Denhof, M., Spinaris, C., & Morton, G. (2014). *Occupational stressors in corrections organizations: Types, effects and solutions*. U.S. Department of Justice National Institute of Corrections. <https://info.nicic.gov/nicrp/system/files/028299.pdf>
- Diehm, R., & Roland, D. (2015). The impact of secondary exposure to trauma on mental health professionals. *InPsych, 37*(1).
<https://www.psychology.org.au/inpsych/2015/february/diehm>
- Dunkley, J., & Whelan, T. (2006). Vicarious traumatization in telephone counsellors: Internal and external influences. *British Journal of Guidance and Counselling, 4*, 451-469.
- Edelkott, N., Engstrom, D., Hernández-Wolfe, P., & Gangsei, D. (2016). Vicarious resilience: Complexities and variations. *American Journal of Orthopsychiatry, 86*(6), 713-724. <https://doi.org/10.1037/ort0000180>
- Elsej, J., & Kindt, M. (2016). Manipulating human memory through reconsolidation: Ethical implications of a new therapeutic approach. *AJOB Neuroscience, 7*(4), 225-236.
<https://doi.org/10.1080/21507740.2016.1218377>
- Frank, R., Andresen, M., & Felson, M. (2012). The geodiversity of crime: Evidence from British Columbia. *Applied Geography, 34*, 180-188.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.
- Hayes, J., Gelso, C., & Hummel, A. (2011). Managing countertransference. In *Psychotherapy Relationships that Work: Evidence- Based Responsiveness*. Oxford University Press.
<https://doi.org/10.1093/acprof:oso/9780199737208.003.0012>
- Hegney, D., Craigte, M., Hemsworth, D., Osseiran-Moisson, R., Aoun, S., Fransic, K., & Drury, V. (2014). Compassion satisfaction, compassion fatigue, anxiety, depression and stress in registered nurses in Australia: Study 1 results. *Journal of Nursing Management, 22*(4), 506-518.
- Hernández, P., Engstrom, D., & Gangsei, D. (2010). Exploring the impact of trauma on therapists: Vicarious resilience and related concepts in training. *Journal of Systemic Therapies, 29*, 67-83.
- Hernández-Wolf, P., Killian, K., Engstrom, D., & Gangsei, D. (2015). Vicarious resilience, vicarious trauma, and awareness of equity in trauma work. *Journal of Humanistic Psychology, 55*(2), 153-172.
- Howlett, S., & Collins, A. (2014). Vicarious traumatization: Risk and resilience among crisis support volunteers in a community organization. *South African Journal of Psychology, 44*(2), 180-190.

- Hunter, S., & Schofield, M. (2006). How counsellors cope with traumatized clients: Personal, professional and organizational strategies. *International Journal for the Advancement of Counselling*, 28(2), 121-138.
- Hunter, S. (2012). Walking in sacred spaces in the therapeutic bond: Therapists' experiences of compassion satisfaction coupled with the potential for vicarious traumatization. *Family Process*, 52(2), 179-192.
- Janoff-Bulman, R. (1992). *Shattered Assumptions: Toward a new psychology of trauma*. The Free Press.
- Jensen E., & Allen, M. (1996). Meta-synthesis of qualitative findings. *Qualitative Health Research*, 6(4), 553-560.
- Joseph, S., & Linley, A. (2008). *Trauma, recovery and growth: Positive psychology perspectives on posttraumatic stress*. Wiley and Sons.
- Killian, K., Hernández-Wolfe, P., Engstrom, D., & Gangsei, D. (2017). Development of the vicarious resilience scale (VRS): A measure of positive effects of working with trauma survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(1), 23-31.
- Lars, S., Nader, K., & Pruessner, J. (2014). Reconsolidation of human memory: Brain mechanisms and clinical relevance. *Biological Psychiatry*, 76(4), 274-280. <http://doi.org/10.1016/j.biopsych.2014.03.008>
- Levine, S., Laufer, A., Stein, E., Hamama-Raz, Y., & Solomon, Z. (2009). Examining the relationship between resilience and posttraumatic growth. *Journal of Traumatic Stress*, 22, 282-286.
- Ludick, M. (2013). *Analyses of experiences of vicarious traumatization in short-term insurance claims workers* [Doctoral dissertation]. University of the Witwatersrand. <https://pdfs.semanticscholar.org/9c57/f797799e77e7532f10b6f017c5d2a2ba1000.pdf>
- Luthar, S. (2003). *Resilience and vulnerability. Adaptation in the context of childhood adversities*. Cambridge University Press.
- Luthar, S. (2006). Resilience in development: A synthesis of research across five decades. In C. Dante & D. Cohen (Eds.), *Developmental psychopathology: Risk, disorder, and adaptation*, (pp. 740-795). Wiley.
- Maslach, C., & Leiter, M. (2016). Stress: Concepts, cognition, emotion, and behaviour. In G. Fink (Ed.), *Handbook of stress series volume 1*, (pp. 351-357). Academic Press.
- McCann, L., & Pearlman, L. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of traumatic stress*, 3(1), 131-149.
- Michalopoulos, L., & Aparicio, E. (2012). Vicarious trauma in social workers: The role of trauma history, social support, and years of experience. *Journal of Aggression, Maltreatment & Trauma*, 21(6), 646-664. <https://doi.org/10.1080/10926771.2012.689422>
- Nuttman-Shwartz, O. (2014). Shared resilience in a traumatic reality: A new concept for trauma workers exposed personally and professionally to collective disaster. *Trauma, Violence and Abuse*, 11, 1-10. <https://doi.org/10.1177/1524838014557287>
- Olsson, C., Bond, L., Barns, J., Vella-Brodrick, D., & Sawyer, S. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, 26, 218-35.
- Pack, M. (2013). Vicarious traumatization and resilience: An ecological systems approach to sexual abuse counsellors' trauma and stress. *Sexual Abuse in Australia and New Zealand*, 5(2), 69-76.
- Pack, M. (2014). Vicarious resilience: A multilayered model of stress and trauma. *Affilia, Journal of Women and Social Work*, 29(1), 18-29.

- Pearlman, L. (2013). Restoring self in community: Collective approaches to psychological trauma after genocide. *Social Issues, 69*(1), 111-124.
- Radey, M., & Figley, C. (2007). The social psychology of compassion. *Clinical Social Work, 35*, 207-214.
- Saakvitne, K., Gamble, S., Pearlman, L., & Lev, B. (2000). *Risking connection: A training curriculum for working with survivors of childhood abuse*. Sidran Foundation Press.
- Scales, L., & Scales, A. (2016). After trauma: Family relationships and the road to healing. *Social Work & Christianity, 43*, 26-39.
- Scheper-Hughes, N. (2008). A talent for life: Reflections on human vulnerability and resilience. *Ethnos, 73*(1), 25-56.
- Silveira, F., & Boyer, W. (2015). Vicarious resilience in counsellors of child and youth victims of interpersonal trauma. *Qualitative Health Research, 25*, 513-526. <http://doi.org/10.1177/1049732314552284>
- Sodeke-Gregson, E., Holttum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European Journal of Psychotraumatology, 4*(1), 1-10.
- Tedeschi, R., & Calhoun, L. (2008). Beyond the concept of recovery: Growth and the experience of loss. *Death Studies, 32*(1), 27-39.
- Ungar, M. (2006). Resilience across cultures. *British Journal of Social Work, 38*, 218-235.
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence and Abuse, 14*, 255-266.
- Vollhardt, J. (2009). Altruism born of suffering and prosocial behaviour following adverse life events: A review and conceptualization. *Social Justice Research, 22*, 53-97.
- Walsh, F. (2016). *Strengthening family resilience* (3rd ed.). Guilford Press.
- Wilson, M. (2012). Accumulating resilience: An investigation of the migration and resettlement experiences of young Sudanese people in the Western Sydney area [PhD thesis]. University of Western Sydney.

Address for Correspondence

David N Eades

Victoria Rd, Rydalmere, Sydney, NSW 2116, Australia.

2friends@tpg.com.au

Author Biography

David Eades has completed a Doctor of Cultural Research at the Institute of Culture and Society at Western Sydney University and a Master of Applied Linguistics degree at Macquarie University, majoring in Language Program Management. David has a background in teaching and has coordinated various community programs for migrants. He has a keen interest in understanding the stressors migrants face in an Australian context and the associated resilience often built through the migration process.

Book Review: Reducing the toll of suicide. Resources for communities, groups and individuals

Reviewed by Lyn O'Grady, MAPS, FCCP, Victoria, Australia

De Leo, D. & Postuvan, V. (Eds.) (2020). *Reducing the toll of suicide. Resources for communities, groups and individuals*. Hogrefe Publishing. ISBN 978-0-88937-569-7. 216 pages

This second book based on the *Intuition, Imagination and Innovation – TRIPLE I in Suicidology* International conferences aims to create hope for practitioners, researchers, students and all those who come into contact with the tragedy of suicide. This occurs through the prioritising of stimulating new ideas and interventions in responding to suicidality. More broadly, the volume is one in a series which serve as enrichment for the community of suicide research scholars and practitioners. Perhaps the field of suicidology is indeed one where a community is needed. As the editors describe in their Preface, understanding how multiple factors combine to lead to the development of suicidal behaviour continues to be a challenge. This is despite it being a preoccupation for humans throughout history. They note that suicidality is value-laden and raises questions not only about life and death but also ethics, choice, freedom and religion.

The book begins with a focus on the individual (older adults in particular and psychotherapy with suicidal patients) before expanding to groups at increased risk of suicide (such as young people, prisoners, males and people with mood disorders), understanding the role of community (media, technology-based suicide prevention programmes, community interventions, community responses to people bereaved by suicide) and finishing with two chapters on understanding suicidology more broadly. This range of topics highlights the complexity of suicidality and accordingly the challenge of reducing its incidence.

To assist in exploring this complexity and reducing the risk of overwhelm for the reader, the editors have sought out writers who explore this longstanding conundrum in new ways. One such writer is Larkin who in her chapter titled "What is different about suicidology?" describes the person who dies by suicide as the absent story-teller. She describes how the person's death by suicide leaves those around them without a direct account of how the person made the decision to take their life. Much of the search after the death by relatives and friends is to work backwards from the point of death to try to discover what led to it. Efforts such as reviewing suicide notes (noting that only around 30% of people who die by suicide leave a note) and psychological autopsies which make efforts to understand the state of mind and life story of the person are two ways of attempting to make sense of the person's life and death. Other efforts more broadly include studying those who survive a nearly lethal suicide attempt. In doing so, the researchers can learn more about risk factors, details of the cognitive processes and decision-making steps leading to the suicidal act as well as a range of other personal characteristics and life experiences which played a role. Larkin also has a way of stating the obvious while challenging aspects of researching suicide. She notes that while suicide occurs too often, from a statistical point of view, it is rare. This explains some of the challenges of deepening understandings as this creates difficulties in methodological approaches to researching suicide with encroaching ethical

concerns which restrict the types of research designs that might provide better answers to the many questions suicidologists continue to have.

Working and studying in the area of suicide prevention is not for the faint hearted and walking the line of reality and hope seems to be what this book does well. It provides an opportunity for the reader to enter into an exploration of this tragic way of death through a variety of lenses. The book takes the reader on a journey through various aspects of practice and research, facing challenging unanswered questions where research has not yet been sufficiently conducted while also consolidating what is currently known in order to provide supportive messages about future ways to embrace innovative approaches. The importance of this work as a meaningful pursuit to contribute to the possibility of a world where suicide ideation, behaviours and deaths are reduced never falters. Models such as the Integrated Motivational-Volitional Model of Suicidal Behaviour are presented, but in keeping with the curious nature of the book, rather than being described as a static model which explains a phenomenon, it is featured as a vibrant dynamic learning model which provides some useful information while still lacking sufficient evidence to ensure that it is an accurate representation.

Community Psychologists reading this book are likely to enjoy the depth and variety of lenses through which suicide prevention is explored. The exploration of multifaceted aspects of a person's life that may lead them toward a suicidal state will fit well with the Community Psychologist's understanding of individuals living and being impacted by the context of their environment. The risk and protective factors related to individuals will be familiar along with beliefs and actions always seen within the context of values and ethics related to improving understandings, through working or researching collaboratively with individuals, ideally within a prevention framework aimed to create circumstances which promote wellbeing and reduce distress. While suicidality occurs within an individual, the role of the individual within the context of community is recognised throughout the book and accordingly some of the responses to suicide prevention or postvention necessarily fall within the realm of the community. The chapter on the long-term perspectives on suicide risk of youth, for example, recognises how:

Lives are defined in terms of their interconnectedness with others. The struggles and successes experienced by one person can have effects that ripple across their lifespan and the lives of the many other people with whom they are connected ... Thus, preventing suicidal behaviour has the potential to have very long-term positive effects that extend far beyond the individual and the most obvious (and critical outcome) of a life saved. (De Leo & Postuvan, 2020, p. 54)

This understanding suggests that Community Psychologists could be playing a far more active role in suicide prevention than may have been recognised so far.

The book was never intended to cover all aspects of suicide prevention, but rather stands as a point in time representation of some of the ideas and approaches which contribute to the current wave of interest in suicide prevention internationally. A reader interested in capturing the core elements of what current research and debates are occurring in suicidology would be well served by reading this book and following up by engaging with the ongoing work of the authors.