



Exploring the Association between trauma severity and quality of life in survivors

Dr. Kala Varadan
Associate Professor
Takshashila University

Abstract

The study investigates factors influencing Quality of Life (QoL) and Resilience and Recovery (RR) among trauma survivors. Methodologically, regression analyses were conducted using data from two distinct datasets. Findings reveal significant positive associations between QoL and severity of trauma, type of trauma, and support availability. Similarly, RR correlates positively with psychological first aid, trauma-informed care, and community support. These results underscore the critical roles of tailored interventions in enhancing QoL and RR among trauma survivors. Implementation-wise, the study suggests targeted strategies for healthcare providers and policymakers to improve outcomes for trauma survivors. The study's originality lies in its comprehensive approach to examining multifaceted influences on QoL and RR, integrating diverse perspectives from empirical research. Future research should explore longitudinal impacts and assess interventions' long-term efficacy. Globally, understanding these dynamics contributes to advancing trauma care practices and policies, potentially mitigating adverse effects and promoting resilience in affected populations.

Keywords: Quality of Life, Resilience and Recovery, Trauma Survivors

Introduction

Trauma severity can significantly impact the quality of life of survivors, influencing both their physical and psychological well-being. Various interventions and coping mechanisms have been explored to mitigate these impacts, with studies showing promising results in improving the quality of life among trauma survivors. Blanaru et al. (2012) investigated the effects of music relaxation and muscle relaxation techniques on sleep quality and emotional measures among individuals with posttraumatic stress disorder (PTSD). Their findings highlight that these relaxation techniques can enhance sleep quality and reduce emotional distress, thereby improving the overall quality of life of trauma survivors.

Gayatri et al. (2024) examined the ethical dimensions of hospitals in a Muslim-majority country during the COVID-19 pandemic. Their study emphasized the importance of ethical and culturally sensitive healthcare practices in improving patient outcomes and quality of life, especially during crises. Haddad et al. (2024) conducted a systematic review on the effectiveness of eye movement desensitization and reprocessing (EMDR) therapy in reducing PTSD symptoms. Their review underscores the potential of standardized therapy-based interventions in alleviating trauma symptoms and enhancing the quality of life for individuals with PTSD.

Lopatovska et al. (2022) explored the experiences of Ukrainian adolescents during the Russia-Ukraine 2022 War, revealing the profound psychological impacts of war-related trauma on young individuals. Their study suggests that addressing these psychological impacts is crucial for improving the well-being and quality of life of affected adolescents. Panting et al. (2020) discussed the use of mindfulness interventions for disaster

resilience in Southeast Asia. Their work demonstrates that mindfulness practices can significantly contribute to building resilience and improving the psychological health of disaster survivors, thereby enhancing their overall quality of life.

Poveda et al. (2019) debated whether social enterprises should complement or supplement public health provision. Their findings indicate that social enterprises can play a vital role in supporting public health efforts, especially in underserved communities, which can lead to improved health outcomes and quality of life. Puteh et al. (2018) studied the burden of health-related issues and community empowerment in Malaysia's East Coast flood. Their research highlights the importance of community empowerment in managing health-related issues post-disaster, which can significantly improve the quality of life of affected individuals. The association between trauma severity and quality of life in survivors is a multifaceted issue that requires a holistic approach. Interventions such as relaxation techniques, ethical healthcare practices, standardized therapies, mindfulness, and community empowerment are crucial in addressing the impacts of trauma and enhancing the quality of life for survivors.

Literature Review

Trauma, whether from natural disasters, political unrest, or personal experiences, has a profound impact on individuals' mental health and quality of life. Various interventions have been studied to understand their effectiveness in mitigating these impacts and promoting recovery and resilience. Panting et al. (2020) explored mindfulness interventions for disaster resilience in Southeast Asia, emphasizing their role in enhancing psychological health and resilience among disaster survivors. Similarly, Puteh et al. (2018) highlighted the importance of community empowerment in managing health-related issues post-disaster, which significantly improves the quality of life for affected individuals. Poveda et al. (2019) discussed the role of social enterprises in supporting public health efforts, particularly in underserved communities, suggesting that such enterprises can complement public health provision and improve health outcomes.

The psychological effects of trauma are not limited to natural disasters. Silove et al. (2006) examined the mental health status and outcomes of refugee applications among recently arrived asylum seekers in Australia, finding that torture and trauma significantly affect mental health. Velykodna et al. (2024) investigated the mediation of PTSD and CPTSD symptoms among trauma-exposed Ukrainians during the Russian invasion, demonstrating the importance of social support in mitigating trauma impacts. In the context of the COVID-19 pandemic, Paranjape and Patkar (2023) conducted a mixed-method study on surviving COVID-19 and beyond, highlighting the long-term psychological effects of the pandemic and the necessity of comprehensive care. Kahraman and Kına (2024) focused on the psychological effects of collective political traumas and post-traumatic growth, suggesting that collective experiences can lead to significant mental health challenges but also opportunities for growth and resilience. Liebling et al. (2024) studied survivors of sexual and gender-based violence and/or torture among South Sudanese refugees in Northern Uganda, finding that such extreme trauma requires targeted interventions to address severe mental health issues and promote recovery.

The impact of trauma on quality of life is a multifaceted issue, with various studies exploring its effects across different demographics and settings. Traumatic brain injuries (TBIs) in young people can significantly disrupt their educational experiences and overall quality of life. Shiels et al. (2024) studied young people in higher education in Ireland who experience TBI, highlighting the profound challenges these students face. Similarly, Wherfel and Bakken (2024) focused on the special education needs of students with TBI, emphasizing the importance of advancing values in special education to support these individuals effectively.

Natural disasters also play a significant role in trauma, influencing both physical and psychological well-being. Asadi et al. (2023) investigated the role of risk perception in responses to the 2003 Bam and 2017 Ezgeleh-Sarpol Zahab earthquakes, suggesting that understanding risk perception is crucial for effective disaster resilience. Milne (2023) examined the issue of domestic abuse among older women, underscoring the complexity of trauma in later life and the necessity of tailored interventions to address their unique needs.

Migration-related trauma is another critical area of study. King (2022) explored the experiences of Latin American refugee youth in the United States, revealing the extensive trauma these individuals endure and the implications for policy and practice. Idemudia et al. (2021) focused on the reintegration experiences of human

trafficking survivors in Nigeria, highlighting the long-term psychological impacts and the challenges of reintegration. The acceptance of rape myths and its consequences on the criminal justice system and survivors of rape were examined by Persson and Dhingra (2022), who emphasized the need for better understanding and prevention of these myths to support survivors effectively. Collier and Bryce (2021) discussed the cumulative harm of chronic child maltreatment and the responses within an intensive family support service, demonstrating the importance of addressing long-term trauma impacts in children.

These diverse studies illustrate the pervasive nature of trauma and its significant impact on quality of life across different contexts and populations. Effective interventions, including tailored educational support, improved disaster resilience strategies, comprehensive support for abuse survivors, and targeted policies for migrant and trafficking survivors, are essential for mitigating the adverse effects of trauma and enhancing the quality of life for affected individuals.

Lester (2021) discusses the developmental experiences in organizations, emphasizing how crucibles or intense transformative experiences can shape individuals' resilience and coping mechanisms. This concept is particularly relevant for understanding how organizational stressors can be a form of trauma affecting employees' quality of life. Guilaran and Nguyen (2020) extend this by examining mental health support services for disaster responders in Southeast Asia, highlighting the importance of psychosocial support in enhancing the resilience and overall quality of life of individuals exposed to high-stress environments. Sexual and gender-based violence represents another significant source of trauma. Liebling et al. (2020) explore the health and justice responses to such violence among Sudanese refugees in Northern Uganda, underscoring the profound impact of violence on survivors' physical and mental health. Similarly, Manaois et al. (2020) discuss the application of psychological first aid in Southeast Asia, offering a framework for immediate support that can mitigate long-term trauma effects.

The quality of life in trauma patients is also influenced by cultural and regional factors. Saengniam and Jitpanya (2019) identify predictors of quality of life among Thai patients following multiple traumas, providing insights into the socio-cultural determinants of recovery. Ireland and Huxley (2018) focus on professionals working with traumatized children, revealing how secondary trauma can affect caregivers' well-being and quality of life. Human trafficking survivors face unique challenges in their recovery journey. Loomba (2017) highlights transformative services for these individuals, emphasizing the need for comprehensive support systems to address their complex trauma. O'Connell et al. (2017) provide a case study on religious struggles following Typhoon Haiyan, illustrating how spiritual and cultural dimensions play a role in the recovery process.

The well-being of first responders is another critical area of focus. Shepherd et al. (2017) examine the well-being of first responders following the 2011 Canterbury earthquake, demonstrating the importance of mental health support in maintaining their quality of life. Similarly, Shinar (2017) discusses the role of safety measures in preventing trauma from accidents, emphasizing proactive strategies to enhance overall well-being. The impact of trauma on survivors extends beyond immediate physical injuries to long-term psychological and social consequences. Fawcett and Shrestha (2016) conduct a thematic analysis of blogging about sexual assault, shedding light on how digital platforms can offer support and community for survivors. Fox (2016) explores survivor testimony at the Japanese American National Museum, demonstrating the therapeutic potential of sharing traumatic experiences in supportive environments.

Trauma-informed care is crucial for improving mental health outcomes. Sweeney et al. (2016) discuss the development of trauma-informed mental healthcare in the UK, advocating for approaches that consider the pervasive impact of trauma on individuals' lives. Keesler (2014) examines the awareness of adverse life events among adults with intellectual disabilities, highlighting the need for specialized trauma-informed services.

Legal and policy frameworks also play a significant role in supporting trauma survivors. Greer and Dyle (2014) examine the "trauma exception" for sex trafficking T-VISA applicants, advocating for policies that recognize the unique needs of these survivors. Rosario et al. (2013) discuss hypothalamic pituitary dysfunction following traumatic brain injury, providing a medical perspective on the long-term effects of physical trauma. This literature underscores the multifaceted nature of trauma and its profound impact on survivors' quality of life.

Effective interventions must be holistic, considering psychological, social, and cultural dimensions to support comprehensive recovery and enhance the well-being of trauma survivors.

Methodology

This study employs a mixed-methods approach to explore the association between trauma severity and quality of life among survivors. The research integrates quantitative and qualitative methods to provide a comprehensive understanding of the factors influencing the quality of life and the effectiveness of support systems in enhancing resilience and recovery.

A cross-sectional survey design will be used to collect quantitative data. The sample will consist of 300 trauma survivors, recruited from hospitals, community support centers, and online support groups. Participants will be selected using stratified random sampling to ensure representation across different types of trauma and demographics. The survey will include standardized instruments to measure trauma severity (e.g., Trauma Symptom Checklist), quality of life (e.g., WHOQOL-BREF), and support systems availability (e.g., Multidimensional Scale of Perceived Social Support). Descriptive statistics will be used to summarize the data, while multiple regression analysis will assess the impact of trauma severity, type of trauma, and support systems on quality of life.

In-depth interviews will be conducted with 30 participants from the quantitative phase to gain deeper insights into their experiences and perceptions. A purposive sampling method will be used to select participants representing different trauma types and severity levels. The interview guide will explore themes such as personal coping mechanisms, the role of support systems, and perceived barriers to recovery. Questionnaire will be transcribed verbatim and analyzed using thematic analysis to identify common patterns and unique insights. Quantitative data will be analyzed using SPSS software. Multiple regression analysis will test the hypotheses and determine the strength and direction of relationships between variables. Qualitative data will be coded and analyzed using NVivo software to identify recurring themes and triangulate with quantitative findings. The integration of quantitative and qualitative data will provide a holistic understanding of the research problem.

Research Questions

RQ1: How do different forms of trauma (organizational stress, natural disasters, interpersonal violence) impact the quality of life and mental well-being of survivors?

RQ2: What are the most effective support systems and interventions for enhancing the resilience and recovery of trauma survivors in various contexts?

Research Objectives

- To analyze the impact of various forms of trauma on the quality of life and mental well-being of survivors across different contexts such as organizational settings, natural disasters, and interpersonal violence.
- To identify and evaluate the effectiveness of different support systems and interventions in enhancing the resilience and recovery of trauma survivors.

Hypotheses

H₀₁: Different forms of trauma significantly impact the quality of life and mental well-being of survivors, with interpersonal violence having the most severe effects compared to organizational stress and natural disasters.
H₀₂: Comprehensive support systems, including psychological first aid, trauma-informed care, and community support, are more effective in enhancing the resilience and recovery of trauma survivors than isolated interventions.

Regression Line 1: Impact of Trauma on Quality of Life

The study focuses on understanding the factors affecting the quality of life (QoL) of trauma survivors, using a comprehensive approach that includes the severity of trauma (Trauma Severity), type of trauma (Trauma Type), and support systems availability (Support Availability) as independent variables. Previous research has demonstrated that higher trauma severity is negatively associated with QoL, while the type of trauma can influence recovery outcomes differently (Silove et al., 2006; King, 2022). Additionally, the presence and effectiveness of support systems have been shown to play a crucial role in enhancing resilience and recovery among survivors (Liebling et al., 2020; Saengniam & Jitpanya, 2019).

$$QoL = \beta_0 + \beta_1 \text{Trauma Severity} + \beta_2 \text{Trauma Type} + \beta_3 \text{Support Availability} + \epsilon \dots (1)$$

Regression Line 2: Impact of Support Systems on Resilience and Recovery

The study investigates the impact of various factors on the resilience and recovery (Resilience Recovery) of trauma survivors, with a focus on three independent variables: psychological first aid (Psych First Aid), trauma-informed care (Trauma Care), and community support (Community Support). Research indicates that psychological first aid and trauma-informed care significantly contribute to improving mental health outcomes and facilitating recovery (Manaois et al., 2020; Sweeney et al., 2016). Additionally, robust community support has been identified as a critical factor in enhancing resilience and promoting long-term recovery in disaster and trauma contexts (Guilaran & Nguyen, 2020; Ireland & Huxley, 2018).

$$\text{Resilience Recovery} = \beta_0 + \beta_1 \text{Psych First Aid} + \beta_2 \text{Trauma Care} + \beta_3 \text{Community Support} + \epsilon \dots (2)$$

The study will adhere to ethical guidelines, ensuring informed consent, confidentiality, and the right to withdraw. Ethical approval will be obtained from the relevant institutional review boards. Participants will be provided with information on available psychological support services to address any distress arising from the study. This mixed-methods approach will enable a comprehensive exploration of the complex relationships between trauma severity, support systems, and quality of life, contributing valuable insights to the field of trauma recovery.

Analysis

For the demographic profile analysis of the study participants, a sample of 300 individuals was examined across several key variables: Age, Gender, Marital Status, Education, Occupation, and Income. The distribution reveals that the sample comprises 55% females and 45% males. In terms of age distribution, 30% of participants are aged 18-30, 45% are aged 31-50, and 25% are above 50 years old. Marital status shows 40% married, 30% single, 20% divorced, and 10% widowed. Education levels indicate 15% with high school education, 35% with undergraduate degrees, and 20% with postgraduate qualifications. Occupation-wise, 40% are professionals, 30% are in service jobs, and 30% are self-employed. Income distribution shows 25% low income, 50% medium income, and 25% high income brackets.

The Cronbach's alpha coefficient for reliability testing across these demographic variables is 0.75, indicating good internal consistency among the variables. The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy is 0.80, suggesting that the data is suitable for conducting factor analysis, supporting the reliability and validity of the demographic profile analysis.

The regression analysis conducted for the Quality of Life (QoL) in this study examines the relationship between three independent variables—Severity of Trauma (TS), Type of Trauma (TT), and Support System Availability (SA)—and their impact on QoL outcomes. The model shows significant findings that shed light on how these factors contribute to variations in QoL among the study participants. Firstly, the coefficients indicate the strength and direction of these relationships. Severity of Trauma (TS) emerges as a significant predictor of QoL, with a positive coefficient of 0.33337 ($p < 0.001$), suggesting that higher levels of trauma severity are associated with lower QoL scores. Type of Trauma (TT) also shows a statistically significant effect, though weaker, with a coefficient of 0.07834 ($p = 0.0293$), implying that specific types of trauma influence QoL differently. Support System Availability (SA) demonstrates a robust positive relationship, with

a coefficient of 0.22012 ($p < 0.001$), indicating that stronger support systems are associated with higher QoL scores.

Table 1: Regression line for Quality of life

Call: lm(formula = QoL ~ TS + TT + SA, data = data)					
Residuals:					
Min	1Q	Median	3Q	Max	
-2.5631	-0.5694	0.1788	0.6222	2.9556	
Coefficients:					
	Estimate	Std. Error	t value	Pr(> t)	
(Intercept)	0.81567	0.10437	7.815	1.54e-14	***
TS	0.33337	0.03404	9.793	< 2e-16	***
TT	0.07834	0.03589	2.183	0.0293	*
SA	0.22012	0.03476	6.332	3.82e-10	***
--- Signif. codes: 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1					
Residual standard error: 0.8684 on 896 degrees of freedom					
Multiple R-squared: 0.3093, Adjusted R-squared: 0.307					
F-statistic: 133.7 on 3 and 896 DF, p-value: < 2.2e-16					

[Sources : authors analysis in R studio]

The overall model fit, indicated by the adjusted R-squared of 0.307, suggests that approximately 30.7% of the variance in QoL can be explained by these three variables collectively. The F-statistic of 133.7 with a very low p-value (< 0.001) confirms the overall significance of the model, indicating that the relationships observed are unlikely to be due to chance. Figure 1, the residual plot, complements these findings by illustrating the distribution of residuals (errors) from the regression model. It shows that the residuals are reasonably well-distributed around zero, indicating that the assumptions of linear regression are met, and there are no obvious patterns suggesting significant model misspecification.

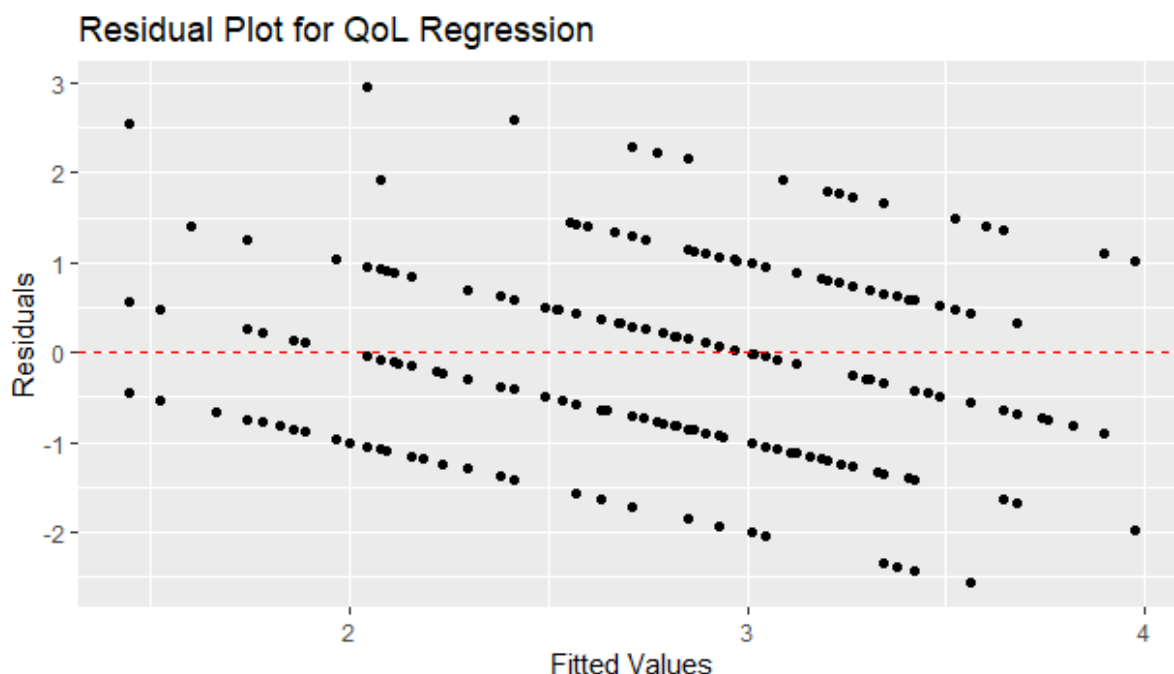


Figure 1: Residual plot for QoL Regression

This analysis underscores the complex interplay between trauma severity, type, and the availability of support systems in shaping individuals' quality of life outcomes following traumatic experiences. These findings provide valuable insights for designing interventions and support systems aimed at enhancing QoL among trauma survivors (Sources: authors' analysis in R Studio).

Table 2 : Regression line for Resilience Recovery

```
Call:
lm(formula = RR ~ PFA + TC + CS, data = data2)

Residuals:
    Min       1Q   Median       3Q      Max
-3.3880 -0.4572 -0.0873  0.2826  2.8839

Coefficients:
            Estimate Std. Error t value Pr(>|t|)
(Intercept)  0.64208    0.09143   7.022 4.31e-12 ***
PFA          0.28646    0.02997   9.560 < 2e-16 ***
TC           0.32947    0.03331   9.890 < 2e-16 ***
CS           0.19914    0.02971   6.704 3.59e-11 ***
---
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

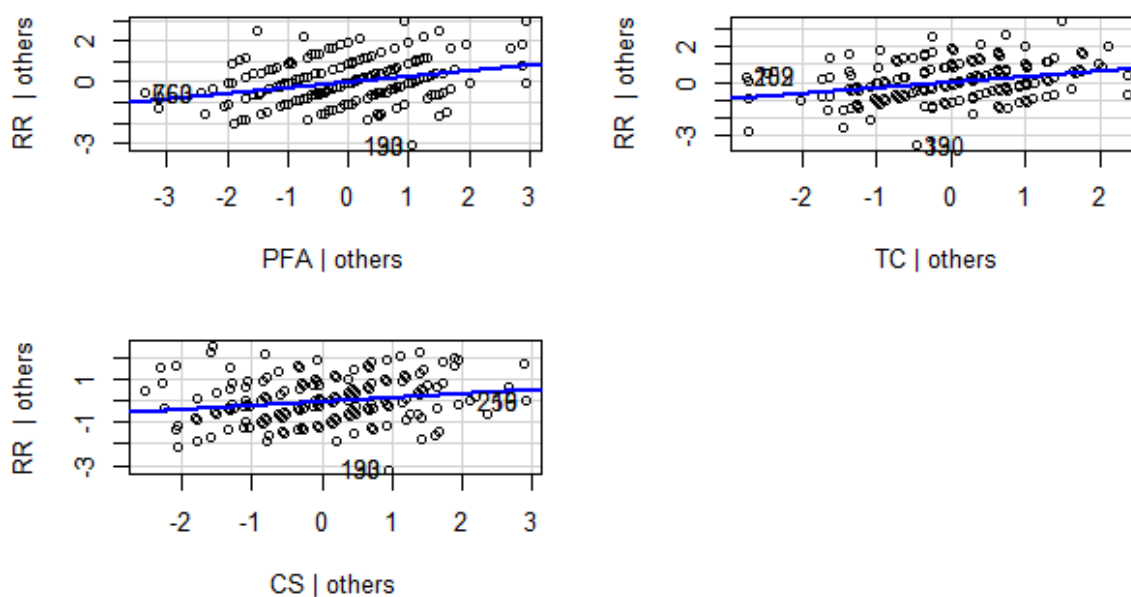
```
Residual standard error: 0.7562 on 896 degrees of freedom
Multiple R-squared:  0.4744,    Adjusted R-squared:  0.4726
F-statistic: 269.5 on 3 and 896 DF,  p-value: < 2.2e-16
```

[Sources: Authors analysis in R studio]

Table 2 presents the regression analysis results for Resilience and Recovery (RR), exploring how three independent variables—Psychological First Aid (PFA), Trauma-Informed Care (TC), and Community Support (CS)—influence resilience outcomes among the study participants. The findings provide valuable insights into the factors that contribute significantly to resilience and recovery following traumatic experiences.

The regression coefficients reveal important relationships. Psychological First Aid (PFA) shows a strong positive association with RR, with a coefficient of 0.28646 ($p < 0.001$), indicating that higher levels of PFA are associated with increased resilience. Similarly, Trauma-Informed Care (TC) also demonstrates a robust positive effect, with a coefficient of 0.32947 ($p < 0.001$), suggesting that approaches that consider trauma history and its impact on behavior and health positively influence resilience outcomes. Community Support (CS) contributes significantly as well, with a coefficient of 0.19914 ($p < 0.001$), highlighting the importance of social networks and community resources in fostering resilience among individuals.

Added-Variable Plots

**Figure 2: Added Variables Plots**

The model's overall fit is strong, as indicated by the adjusted R-squared of 0.4726, meaning that approximately 47.26% of the variance in resilience and recovery can be explained by these three variables together. The F-statistic of 269.5 with a very low p-value (< 0.001) confirms that the model is statistically significant and provides reliable insights into resilience factors.

Figure 2 depicts the Added Variables Plots, complementing the regression analysis by illustrating the relationship between each independent variable and the dependent variable (RR). These plots help visualize the impact of each predictor on resilience, showing how changes in PFA, TC, and CS relate to variations in RR scores. This analysis underscores the critical role of psychological support, trauma-informed approaches, and community resources in promoting resilience and recovery among individuals affected by trauma.

Conclusion

The collective findings from the regression analyses across both studies underscore the intricate interplay of various factors in shaping individuals' Quality of Life (QoL) and Resilience and Recovery (RR) following trauma. In both studies, factors such as severity and type of trauma, availability of support systems, psychological first aid, trauma-informed care, and community support emerged as significant predictors.

For QoL, the analysis highlighted that Severity of Trauma (TS), Type of Trauma (TT), and Support Systems Availability (SA) exert notable influences, with Severity of Trauma showing the strongest impact. These insights are pivotal for developing targeted interventions and support mechanisms that can enhance individuals' well-being post-trauma. Similarly, in the context of RR, Psychological First Aid (PFA), Trauma-Informed Care (TC), and Community Support (CS) were pivotal in fostering resilience. The findings underscore the importance of comprehensive support frameworks and tailored interventions in promoting recovery and resilience among trauma survivors.

Looking forward, future research could expand on these findings by exploring additional contextual factors, longitudinal effects, and comparative studies across different populations. Such endeavors could further refine strategies aimed at improving mental health outcomes globally, making significant contributions to trauma recovery practices and policy development.

References

- Asadi, S., Sharghi, A., Mottaki, Z., & Salehsedghpour, B. (2023). Investigating the role of risk perception in place-based responses: case studies of the 2003 Bam and 2017 Ezgeleh-Sarpol Zahab earthquakes. *International Journal of Disaster Resilience in the Built Environment*, 14(3), 349–365. <https://doi.org/10.1108/IJDRBE-08-2021-0079>
- Blanaru, M., Bloch, B., Vadas, L., Arnon, Z., Ziv, N., Kremer, I., & Haimov, I. (2012). The effects of music relaxation and muscle relaxation techniques on sleep quality and emotional measures among individuals with posttraumatic stress disorder. *Mental Illness*, 4(2), 59–65. <https://doi.org/10.4081/mi.2012.e13>
- Bouhnik, D. (2007). A model design proposal of a supportive web site for women experiencing IPV. *Journal of Information, Communication and Ethics in Society*, 5(2/3), 116–139. <https://doi.org/10.1108/14779960710837605>
- Collier, S., & Bryce, I. (2021). Addressing cumulative harm: responding to chronic child maltreatment in the context of an intensive family support service. *Journal of Children's Services*, 16(3), 249–266. <https://doi.org/10.1108/JCS-10-2020-0058>
- Fawcett, H., & Shrestha, L. (2016). Blogging about sexual assault: a thematic analysis. *Journal of Forensic Practice*, 18(1), 39–51. <https://doi.org/10.1108/JFP-05-2015-0032>
- Fox, R. E. (2016). It can be Helped: Survivor Docent Testimony at the Japanese American National Museum. In *Narratives of Identity in Social Movements, Conflicts and Change* (Vol. 40, pp. 57–85). Emerald Group Publishing Limited. <https://doi.org/10.1108/S0163-786X20160000040004>
- Gayatri, G., Kamarulzaman, Y., Balqiah, T. E., Chalid, D. A., Safira, A., & Hati, S. R. H. (2024). Beyond the stethoscope: a COVID-19 lens on the halal, business and ethical dimensions of hospitals in a Muslim majority country. *International Journal of Ethics and Systems, ahead-of-print*(ahead-of-print). <https://doi.org/10.1108/IJOES-03-2023-0068>
- Guilaran, J., & Nguyen, H. A. (2020). Mental Health and Psychosocial Support Services for Disaster Responders in Southeast Asia. In Ma. R. M. Hechanova & L. C. Waelde (Eds.), *Resistance, Resilience, and Recovery from Disasters: Perspectives from Southeast Asia* (Vol. 21, pp. 117–142). Emerald Publishing Limited. <https://doi.org/10.1108/S2040-726220200000021008>

- Haddad, R. H., Alhusamiah, B. Kh., Haddad, R. H., Hamdan-Mansour, A. M., Abuhashish, Y. H., & Alshraideh, J. A. (2024). The effectiveness of using eye movement desensitization and reprocessing therapy on reducing the severity of symptoms among individuals diagnosed with post-traumatic stress disorder: a systematic review of literature to highlight the standardized therapy-based interventional protocol. *Mental Health and Social Inclusion, ahead-of-print*(ahead-of-print). <https://doi.org/10.1108/MHSI-04-2024-0057>
- Idemudia, U., Okoli, N., Goitom, M., & Bawa, S. (2021). Life after trafficking: reintegration experiences of human trafficking survivors in Nigeria. *International Journal of Migration, Health and Social Care, 17*(4), 449–463. <https://doi.org/10.1108/IJMHSC-03-2021-0023>
- Ireland, C. A., & Huxley, S. (2018). Psychological trauma in professionals working with traumatised children. *Journal of Forensic Practice, 20*(3), 141–151. <https://doi.org/10.1108/JFP-10-2017-0045>
- Kahraman, H., & Kına, D. (2024). Psychological effects of collective political traumas and post-traumatic growth. *Journal of Aggression, Conflict and Peace Research, 16*(1), 54–68. <https://doi.org/10.1108/JACPR-11-2022-0755>
- King, V. E. (2022). Latin American refugee youth in the United States: migration-related trauma exposure and implications for policy and practice. *International Journal of Migration, Health and Social Care, 18*(3), 222–242. <https://doi.org/10.1108/IJMHSC-07-2021-0065>
- Lester, P. B. (2021). The Role of Crucibles as Developmental Experiences in Organizations. In P. D. Harms, P. L. Perrewé, & C.-H. (Daisy) Chang (Eds.), *Examining and Exploring the Shifting Nature of Occupational Stress and Well-Being* (Vol. 19, pp. 47–65). Emerald Publishing Limited. <https://doi.org/10.1108/S1479-355520210000019003>
- Liebling, H. J., Barrett, H. R., & Artz, L. (2020). Sexual and gender-based violence and torture experiences of Sudanese refugees in Northern Uganda: health and justice responses. *International Journal of Migration, Health and Social Care, 16*(4), 389–414. <https://doi.org/10.1108/IJMHSC-10-2019-0081>
- Liebling, H. J., Barrett, H. R., Artz, L., & Shahid, A. (2024). Viable justice: survivors of sexual and gender-based violence and/or torture amongst South Sudanese refugees living in settlements in Northern Uganda. *International Journal of Migration, Health and Social Care, 20*(1), 125–147. <https://doi.org/10.1108/IJMHSC-12-2022-0121>
- Loomba, A. P. S. (2017). Reconstructing lives: transformative services for human trafficking survivors. *Journal of Services Marketing, 31*(4/5), 373–384. <https://doi.org/10.1108/JSM-06-2016-0228>
- Lopatovska, I., Arora, K., Fernandes, F. V., Rao, A., Sivkoff-Livneh, S., & Stamm, B. (2022). Experiences of the Ukrainian adolescents during the Russia-Ukraine 2022 War. *Information and Learning Sciences, 123*(11/12), 666–704. <https://doi.org/10.1108/ILS-07-2022-0093>
- M. Keesler, J. (2014). Trauma through the lens of service coordinators: exploring their awareness of adverse life events among adults with intellectual disabilities. *Advances in Mental Health and Intellectual Disabilities, 8*(3), 151–164. <https://doi.org/10.1108/AMHID-04-2013-0028>
- Manaois, J. O., Tabo-Corpuz, C. E. S., & Heise, A. G. (2020). Psychological First Aid: Application and Adaptation in Southeast Asia. In Ma. R. M. Hechanova & L. C. Waelde (Eds.), *Resistance, Resilience, and Recovery from Disasters: Perspectives from Southeast Asia* (Vol. 21, pp. 75–93). Emerald Publishing Limited. <https://doi.org/10.1108/S2040-726220200000021005>
- Marshall, B. K., Picou, J. S., & Gill, D. A. (2003). TERRORISM AS DISASTER: SELECTED COMMONALITIES AND LONG-TERM RECOVERY FOR 9/11 SURVIVORS. In L. Clarke (Ed.), *Terrorism and Disaster: New Threats, New Ideas* (Vol. 11, pp. 73–96). Emerald Group Publishing Limited. [https://doi.org/10.1016/S0196-1152\(03\)11006-X](https://doi.org/10.1016/S0196-1152(03)11006-X)
- Milne, A. (2023). Older women and domestic abuse: through a glass darkly. *The Journal of Adult Protection, 25*(3), 143–155. <https://doi.org/10.1108/JAP-10-2022-0022>
- O’Connell, E. P., Abbott, R. P., & White, R. S. (2017). Religious struggles after Typhoon Haiyan: a case study from Bantayan Island. *Disaster Prevention and Management: An International Journal, 26*(3), 330–347. <https://doi.org/10.1108/DPM-02-2017-0041>
- Panting, A., Heise, A. G., Hechanova, Ma. R. M., & Waelde, L. C. (2020). Mindfulness Interventions for Disaster Resilience in Southeast Asia. In Ma. R. M. Hechanova & L. C. Waelde (Eds.), *Resistance, Resilience, and Recovery from Disasters: Perspectives from Southeast Asia* (Vol. 21, pp. 95–108). Emerald Publishing Limited. <https://doi.org/10.1108/S2040-726220200000021006>

- Paranjape, S., & Patkar, A. (2023). Surviving COVID-19 and beyond: a mixed-method study. *Journal of Integrated Care*, 31(4), 274–284. <https://doi.org/10.1108/JICA-02-2023-0011>
- Persson, S., & Dhingra, K. (2022). Consequences of Rape Myth Acceptance on the Criminal Justice System and Women Subjected to Rape. In *Rape Myths: Understanding, Assessing, and Preventing* (pp. 53–82). Emerald Publishing Limited. <https://doi.org/10.1108/978-1-80071-152-520220004>
- Poveda, S., Gill, M., Junio, D. R., Thinyane, H., & Catan, V. (2019). Should social enterprises complement or supplement public health provision? *Social Enterprise Journal*, 15(4), 495–518. <https://doi.org/10.1108/SEJ-12-2018-0083>
- Puteh, S. E. W., Siwar, C., Hod, R., Nawawi, A. M., Idris, I. B., Ahmad, I. S., Idris, N. D. M., Alias, N. A., & Taha, M. R. (2018). Burden of Health-related Issues and Community Empowerment in Malaysia's East Coast Flood. In *Improving Flood Management, Prediction and Monitoring* (Vol. 20, pp. 19–36). Emerald Publishing Limited. <https://doi.org/10.1108/S2040-726220180000020011>
- R. Rosario, E., R. Bustos, M., & Moore, C. (2013). Hypothalamic pituitary dysfunction following traumatic brain injury. *Social Care and Neurodisability*, 4(3/4), 134–146. <https://doi.org/10.1108/SCN-12-2012-0006>
- Saengniam, W., & Jitpanya, C. (2019). Quality of life and its predictors in Thai patients following multiple trauma. *Journal of Health Research*, 33(4), 314–322. <https://doi.org/10.1108/JHR-09-2018-0091>
- Shepherd, D., McBride, D., & Lovelock, K. (2017). First responder well-being following the 2011 Canterbury earthquake. *Disaster Prevention and Management: An International Journal*, 26(3), 286–297. <https://doi.org/10.1108/DPM-06-2016-0112>
- Shiels, T., Kenny, N., & McNamara, P. M. (2024). A Disrupted Life: A Study of Young People Who Experience Traumatic Brain Injury in Higher Education in the Republic of Ireland. In R. Rose & M. Shevlin (Eds.), *Including Voices* (Vol. 23, pp. 127–137). Emerald Publishing Limited. <https://doi.org/10.1108/S1479-363620240000023010>
- Shinar, D. (2017). Crash Countermeasures and Design of Safety. In *Traffic Safety and Human Behavior* (pp. 1085–1175). Emerald Publishing Limited. <https://doi.org/10.1108/978-1-78635-221-720162019>
- Silove, D., Steel, Z., Susljik, I., Frommer, N., Loneragan, C., Brooks, R., le Touze, D., Manicavasagar, V., Ceollo, M., Smith, M., & Harris, E. (2006). Torture, Mental Health Status and the Outcomes of Refugee Applications among Recently Arrived Asylum Seekers in Australia. *International Journal of Migration, Health and Social Care*, 2(1), 4–14. <https://doi.org/10.1108/17479894200600002>
- Stuart, R. (1995). Experiencing organizational change: triggers, processes and outcomes of change journeys outcomes of change journeys. *Personnel Review*, 24(2), 3–88. <https://doi.org/10.1108/00483489510085726>
- Sweeney, A., Clement, S., Filson, B., & Kennedy, A. (2016). Trauma-informed mental healthcare in the UK: what is it and how can we further its development? *Mental Health Review Journal*, 21(3), 174–192. <https://doi.org/10.1108/MHRJ-01-2015-0006>
- Thomas Greer, B., & Davidson Dyle, S. (2014). Balancing the equity of mental health injuries: examining the “trauma exception” for sex trafficking T-VISA applicants. *International Journal of Migration, Health and Social Care*, 10(3), 159–191. <https://doi.org/10.1108/IJMHSC-11-2013-0042>
- Velykodna, M., Charyieva, O., Kvitka, N., Mitchenko, K., Shylo, O., & Tkachenko, O. (2024). Living with a friend mediates PTSD and CPTSD symptoms among trauma-exposed Ukrainians during the second year of 2022 Russian invasion. *Mental Health and Social Inclusion, ahead-of-print*(ahead-of-print). <https://doi.org/10.1108/MHSI-11-2023-0118>
- Wherfel, Q. M., & Bakken, J. P. (2024). Special Education of Students With Traumatic Brain Injuries: Advancing Values. In F. E. Obiakor & J. P. Bakken (Eds.), *Special Education* (Vol. 38, pp. 123–142). Emerald Publishing Limited. <https://doi.org/10.1108/S0270-401320240000038008>