

# Traumatic Bereavement, Community Violence, & PTSD Among Guatemalan Aid Workers

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## Abstract

Research suggests national aid workers are at risk for exposure to traumatic life experiences such as community violence exposure and the traumatic death of people close to them. Traumatic bereavement and community violence exposure have been linked to subsequent development to PTSD. Because Guatemala is a post-conflict, developing nation, indigenous aid workers there are likely to have encountered traumatic events during the course of their lives. However, prevalence rates of these events have not been studied. The present study investigated prevalence rates of community violence, traumatic bereavement and PTSD among 41 indigenous Guatemalan non-governmental aid workers. Exposure to community violence was measured using the Survey of Exposure to Community Violence (SECV). Traumatic bereavement was measured using a survey currently under development. Posttraumatic stress symptoms were measured using the PTSD subscale of the Los Angeles Symptom Checklist (LASC). Preliminary analysis reveals that 36% of participants who experienced the traumatic death of someone close to them reported at least one symptom of traumatic bereavement. Among participants, 26.8% experienced clinically significant symptoms of posttraumatic stress, and 14.6% met criteria for PTSD. Out of a possible 37 items, participants reported an average of 13.9 experiences of community violence during their lifetime. Implications for training programs with similar populations are discussed.

## Purpose of Study

In post-conflict settings, traumatic bereavement, community violence exposure and posttraumatic symptoms are significant difficulties faced by national aid workers<sup>1,2,3,4</sup>. The NGO studied in this current research requested consultation to examine the difficulties faced by individuals who work with impoverished children and families in the dump community of Guatemala City. Specifically, the study investigated the prevalence of traumatic bereavement, exposure to community violence, and posttraumatic stress symptoms among the aid workers. Findings were intended to contribute to the aid agency's understanding of the experiences and needs of its personnel. This information will inform future trainings and support systems developed to benefit the workers.

## Method

### Procedure

- The measures were modified to include pictorial representations of Likert scale responses to accommodate for differing levels of literacy, and the translation was checked for accuracy by Guatemalan consultants.
- The sample consisted of administrative staff, teachers, and dump community volunteers from the aid organization (N = 41).
- Measures were administered in four small groups, were projected on a screen and read aloud to accommodate for varying levels of literacy. Two subjects were administered the tests individually via interview due to need for additional assistance.

### Measures

- Traumatic Bereavement Measure (Currently being developed), Spanish version
- Survey of Exposure to Community Violence (SECV), Spanish version<sup>5</sup>
- Los Angeles Symptom Checklist (LASC), PTSD subscale, Spanish version<sup>6</sup>

### Participants

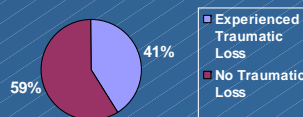
- Gender: 59% Women (n = 24); 41% Men (n = 17)
- Age: m = 32, SD = 10; range: 17-56
- Ethnicity: 80.5% Ladino/a (n = 33); 19.5% Indigena (n = 8)
- Length of service: m = 4.06, SD = 4.71; range: .5 - 20
- Positions of service: 51% Administrative Staff (n = 21), 22% Teachers (n = 9).

## Results

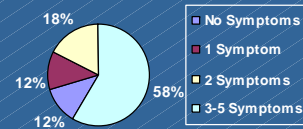
### Traumatic Bereavement

- Seventeen out of 41 participants (41%) reported at least one traumatic loss
- Five questions inquire about experiences related to the symptoms that occurred after the traumatic death of a loved one
- Scores on each item range from 0 (no experience) to 4 (frequent experience) for a total possible score of 20
- Among the seventeen participants who reported a traumatic loss:
  - Scores on the measure ranged from 0 to 14
  - M = 6.18, SD = 4.07
- Fifteen participants (37%) reported at least one symptom related to a traumatic death, thirteen reported two or more symptoms (32%), and ten reported 3 or more symptoms (24%)

### Traumatic Loss



### Number of Symptoms



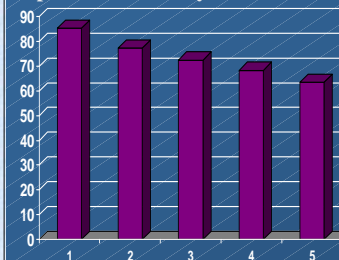
### Community Violence Exposure

- All participants reported exposure to at least one incident of community violence
- Out of a total of 37 possible events, participants reported:
  - M = 13.9, SD = 7.03
  - Range = 3 to 32

### Top 5 Community Violence Events Experienced:

- 85.4%- I have seen a dead body in part of the community, not including a wake or a funeral.
- 77.3%- I have been attacked or stabbed with a knife.
- 72.5%- I have been beaten up or mugged.
- 68.3%- I have seen someone I know have a serious accident where I thought they could be seriously injured or dead.
- 63.4%- I have seen someone I know get slapped, hit or punched by a member of my family.

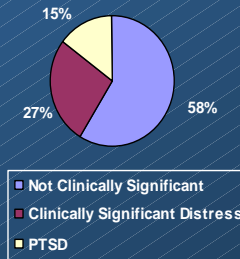
### Top Five Community Violence Events



### Post Traumatic Stress

- Levels of general distress were moderate to high:
  - Mean score of 8.66 (SD = 7.17) out of a possible 34.
- Scores had a wide range of variance, ranging from 0 to 34.
- Eleven participants (26.8%) had scores of 8-12, indicating clinically significant distress
- Six participants (14.6%) met criteria for a PTSD diagnosis, with scores at or above 13.

### Levels of Distress and PTSD



## Discussion/Implications

### Traumatic Bereavement

Given the prevalence of traumatic grief among the workers, actions can be taken to:

- Provide psychoeducation on matters of grief
- Include grief counseling as a part of worker support

### Community Violence

Given the high levels of community violence experienced by both the workers and the community, training programs should consider:

- Stress Coping Workshops
- Education about burnout and secondary traumatization
- Forum to talk about reactions to traumatization
- Organizational policies to prevent workers' exposure to violence (e.g. rides home from work or to a bus stop)

### Post Traumatic Stress

Given the moderate levels of PTSD symptoms, workers would benefit from access to a number of different resources.

#### Psychological Resources:

- Access to affordable, confidential, individual counseling
- Consultation on managing resources vs. demands (goal-attainment scaling)

#### Recommended Organizational Support:

- Reasonable work schedules supported by management
- Vacation time for employees
- Adequate health benefits for employees
- Employee support/appreciation at regular intervals such as retreats, staff appreciation days, honorary luncheons and parties.
- Thorough training for new employees (particularly teachers) on positive ways to manage work-related stress

#### Implications for Similar Populations and Settings

- Staff training on coping with job related and personal stress
- Implement structures to aid workers' perceived and actual support
- Future research should include more qualitative research to inform the development of truly emic measures

#### Limitations of the Study:

- Despite having cultural consultants and multiple reviews of transcripts by interpreters, the survey measures were not fully emic and may not have captured some nuanced constructs related to trauma that were culturally specific
- The traumatic grief measure has not yet been normed in this context

## References

Cardozo, B. L., Holtz, T. H., Kaiser, R., Gorway, F. G., Toomey, E., & Salama, P. (2005). The mental health of expatriate and Kosovar Albanian aid workers. *Disasters*, 29, 152-170.

de Jong, J. T. V. M., Komproe, I. H., VanOmmeren, M., Masri, M. E., Khaled, N., van de Put, W., & Somasundaram, D. (2001). Lifetime events and posttraumatic stress disorder in 4 post conflict settings. *Journal of the American Medical Association*, 286, 555-562.

Russeau, C., & Drapeau, A. (1998). The impact of culture on the transmission of trauma: Refugee's stories and silence embodied in their children's lives. In Y. Danielli (Ed.) *International handbook of multigenerational legacies of trauma* (pp. 465-486). New York, Plenum Press.

Richters, J. E. (1990). *Screening survey of exposure to community violence: Self-report version*. Rockville, MD: National Institute of Mental Health.

King, L., King, D., Leskin, G., & Foy, D. (1995). The Los Angeles symptom checklist: A self-report measure of posttraumatic stress disorder. *Assessment*, 2, 1-17.