

CROSS-CULTURAL RELATIONSHIPS
BETWEEN PERSONAL CHILDHOOD
TRAUMA AND COMMUNAL
CHILDHOOD TRAUMA

by

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ABSTRACT

There is little literature examining trauma both within and separate from a community, even though both are crucial to understanding a person's development. Current studies attempting to expand this research do not focus on cultural differences in relationship to examining reflections on past trauma. The current study examines the relationships between an individual's personal childhood trauma, communal childhood trauma, and the reflections upon that trauma as an adult. This study included 77 adult participants who worked in helping professions and were recruited from the United States, Latin America, and Eastern Europe. These individuals previously worked with the Karyn Purvis Institute of Child Development (KPICD), completed the Adult Attachment Interview (AAI), and were invited to participate in this study by completing two additional surveys. Individual and communal trauma were measured using the Adverse Childhood Experiences (ACEs) Questionnaire and the Community Experiences Questionnaire (CEQ). The reflection on an individual's childhood was analyzed through qualitative analysis of the AAI transcripts. This study found a moderate correlation between the amount of personal childhood trauma experienced and the amount of communal childhood trauma experienced. Further, individuals who underwent more communal trauma than others were more open, certain, and resolved in their reflections about childhood trauma. Finally, this study found a link between strong individualistic ideals and more revealing, detailed, uncomfortable, and uncertain reflection patterns while discussing trauma. These results are crucial to consider in future clinical settings and Practitioner Trainings as trauma intervention expands across the globe.

Cross-Cultural Relationships Between Personal Childhood Trauma and Communal Childhood Trauma

Trauma is truly a hidden pandemic in society; a general population survey in 24 countries found that over 70% of respondents had experienced a traumatic event in their lifetime (Benjet, Bromet, Karam, et al, 2016). The U.S. Center for Substance Abuse Treatment (2014) described trauma as “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being” (p. xix). This definition of trauma is specific to the level of trauma most often studied: the individual level. Studies of individual childhood experiences within the household have supported the idea that trauma has medical, psychosocial, emotional, and physical effects on individuals (Bellis & Zisk, 2014). For example, histories of severe child abuse and/or neglect within individuals can lead to biological changes and altered brain development, making these individuals more likely to commit homicide than those without traumatic childhoods and histories (Heide & Solomon, 2006). Also, undergoing trauma has been shown to increase the probability of encountering later traumatic events (Benjet, Bromet, Karam, et al, 2016).

A Comprehensive View of Trauma. Although harmful enough on its own, just addressing trauma within domestic upbringing examines only one aspect of an individual’s experience with trauma. To specify, trauma affects an individual both inside and outside of the four walls surrounding a home. Current research, however, has often missed the mark in examining multiple components of these tribulations. An extensive perspective would require research to holistically examine the effects of trauma in all conditions in order to better understand a person’s development and improve coping mechanisms.

Therefore, in order to study trauma effectively, one must recognize and discern the varying systems that are examined within society. According to Urie Bronfenbrenner's Ecological Systems Theory, all systems affect how a child develops. The microsystem consists of a child's immediate environment, including their family unit (e.g., parents and siblings) and school (e.g., teachers, classmates). These are the smallest and most consistent environments that have a direct impact on a child (Bronfenbrenner, 1986). Individual trauma, such as domestic abuse and neglect, typically occurs within the microsystem.

Even so, Bronfenbrenner recognized that larger environments impact the child as well. More specifically, he acknowledged the mesosystem (where different parts of the microsystem intermingle), the exosystem (which consists of a child's indirect environment such as neighbors, media, and family), and the macrosystem (which is comprised of social and cultural values). Communal trauma like neighborhood violence and crime rates typically occur in the larger systems surrounding the home life. Present political tensions have demonstrated how these three larger systems may impact an individual. For example, for a Ukrainian child in 2022, the macrosystem of a country preparing for war cascades into each smaller system. Neighbors may become less friendly and more defensive, leading to a hostile macrosystem. As parents prioritize safety and isolation, school may become less of a priority, creating an unstable exosystem. Thus, how the child's surrounding exosystem and macrosystem react to and deal with trauma ultimately influences the child.

Individual Level. In considering and understanding the complex sources and impacts of trauma, one must not only acknowledge the effect all levels of the ecological systems have on an individual but also measure them. By applying this Ecological Systems Theory to different facets of trauma, one can argue that the home life lies within the microsystem and that the events that

happen here affect us most profoundly. Therefore, direct trauma within the home is known as individual trauma. In terms of research, the primary measure of early trauma used has been the Adverse Childhood Experiences (ACEs) instrument, which is comprised of 10-questions in which the participant indicates if they have experienced certain adversities within the home during their first 18 years of life (Felitti et al., 1998). Studies have repeatedly shown that whether or not one exposes themselves to high-risk behavior, they are more likely to have health issues as the number of ACEs increase (Harris, 2015). More specifically, experiencing four or more ACEs as a child is a major risk factor for problematic drug use, heavy alcohol use, minimal self-care, cancer, heart issues, and respiratory disease (Hughes et al., 2017). Likewise, the more ACEs an individual has endured, the more unresolved guilt, shame, and trauma will linger in their lifetime (Thomson & Jacque, 2017). Since the ACEs questionnaire measures the most direct and personal impact of trauma, research has focused on this microsystem alone without acknowledging the larger systems.

Communal Level. The importance of one system, however, does not detract from the influence of the others. Research broadening the scope of trauma to the communal level has not been widely studied or acknowledged thus far in literature. A Ukrainian child's home life, as previously mentioned, cannot be fully understood without looking at the larger areas surrounding it, including a neighborhood environment and safety levels. Hirschberger explains that what differentiates individual trauma from collective trauma is the presence of an identity threat that challenges social life and relationships rather than the individual (Hirschberger, 2018). Therefore, communal trauma would assess interactions of both the mesosystem and exosystem, such as neighborhood violence and police surveillance. Longitudinal studies show that direct experience with violence outside of the home is associated with increased sadness

and anxiety long-term (Dyregoc, Gjestad, & Raundalen, 2005). Yet research on community trauma is limited, making the need to study its effects even more pressing. One verified and reliable way to quantitatively collect this data has been the Community Experiences Questionnaire (CEQ), which is a 25-question survey developed and validated in previous research (Schwartz & Proctor, 2000). By using both the ACEs and CEQ questionnaires in a study, trauma can be studied both individually within the microsystem/home and communally within the mesosystem and exosystem.

The CEQ and ACEs are quantitative measures that assess exposure to traumatic experiences from birth to age 18. Without further analysis, it is unclear if the individual who has been exposed to traumatic experiences has come to terms with the difficulties of trauma as well. Bowlby, a leading researcher in childhood attachment, suggested that a mental representation of the world formed through one's early childhood experiences with their caregiver forms what is known as an internal working model (Bowlby, 1969/1982). Therefore, a human's reflection, or the internal working models one has to explain why and how the world works, showcase how and if an individual has coped with their trauma. The Adult Attachment Interview (AAI) has been used to explore how certain patterns of reflection are linked to different attachment styles, or categories of child/ caregiver interaction (George, Kaplan, Main, 1996). Thus, the AAI, with 20 open-ended questions, provides a window into a person's internal working models regarding attachment, relationships, and healthy functioning in times of stress. For example, individuals classified by trained observers as "secure-autonomous," those who had present parents providing a dependable childhood, were more likely to use healthier emotional language when compared to those classified as "preoccupied," a strong and confused relationship, style (Hesse, 2008). The power of healthy relationships and attachment

security assists individuals in coping with trauma. Specifically, studies have shown that over half of the individuals with four or more ACEs were secure in their relationships with their parents (Thomson & Jacque, 2017). Thus, these internal working models developed at a young age directly impact how one copes with and reflects upon, traumatic experiences.

Language. Reflections on childhood experiences are crucial to the longitudinal research of trauma, as reflections can indicate if the perspective of childhood is one of healing or hurt. Self-expression, trusting relationships, and resolution with past grief all affect one's perception of their childhood and evidenced further in reflection patterns. How and if an individual has come to terms with their experiences can be indicated and examined by the ways in which someone describes events in their childhood. The language utilized within those descriptions thus reflects how traumas and personal experiences are understood by the person. Consistent linguistic patterns, during procedures such as the previously mentioned AAI, reveal further insights about the individuals. These lengthy interviews contain nuances of language, elaboration patterns, and individual mannerisms. For example, one study used Linguistic Inquiry Word Count software to demonstrate differences in language between individuals with different attachment styles. Individuals who were classified as insecurely attached in their relationships consistently used the present tense and anxious language, whereas people who were independent and cut-off from their parents used more negative and certain language (Call, Razuri, Howard, DeLuna, Ito-Jaegar, & Cross, 2019). Likewise, another study revealed that the more reliable the relationship with their caregiver, the more comfortable individuals felt to use affect words and explore their emotions (Borelli, Rifkin-Graboi, Sbarra, Mehl, & Mayes, 2012). These studies corroborated the idea that different attitudes about past experiences are reflected in language. Although the present study did not code attachment styles specifically, the

language used by individuals during the AAI was examined for individual reflection patterns on childhood trauma.

Culture. Language-based analysis can be tricky as research attempts to move internationally. While discussing this cross-cultural expansion of research, Amanda Purvis, a Training Specialist at the Karyn Purvis Institute of Child Development, stated that “ACEs are a first world problem.”¹ This was said not to make light of trauma, but to suggest how this body of research is specific to Western cultures (Quinn, M., et al, 2017). Current studies do not always account for cultural differences in relation to both language and reflections of trauma. One critique from Cambridge University, for example, stated that present ACEs research lacks “evidence for population-based actions” leading to “temptations that consist in translating, in simplistic, erroneous, stigmatizing, and counterproductive ways” (Kelley-Irving & Delpierre, 2019). In other words, merely translating an individual’s personal reflection can exclude the nuances that come with understanding cultural implications, traditions, and language.

Research must not only recognize culture but be sensitive enough to detect and highlight the subtle differences this understanding provides. Therefore, culture must be both considered and examined when investigating linguistic patterns. One well-researched phenomenon in characterizing culture is the idea of collectivistic societies (people groups focused on the common good) and individualistic societies (people groups focused on individuality and uniqueness; Iyengar & DeVoe, 2003). Individuals from a more individualistic country may process their pain in a different manner than individuals from a more collectivistic society. In Hofstede’s research of individualistic and collectivistic cultures (1980), countries were given a score out of 100 on an individualism index to accurately compare countries. With this measure in

¹ Amanda Purvis (personal communication with the author, March 12, 2021).

mind, a link between individuals diagnosed with Post-Traumatic Stress Disorder and linguistic patterns was found: “people from individualistic culture tend to rate their autobiographical memories more highly than do people from collectivistic cultures,” thus confirming the idea of being a unique entity (Jobson, Moradi, Rahimi-Movaghar, Conway, & Dangleish, 2014, page 702). This research also suggested that autobiographical recollections in individualistic cultures are more lengthy, revealing, and personal, further demonstrating that various cultures and ideologies may have links to distinctive reflection patterns.

The Current Study. Previous research has made advancements on understanding individual trauma. However, trauma outside of the home can potentially impact the individual as well as trauma inside the home. In an attempt to offer a distinctive perspective on childhood trauma, this study examines both personal childhood trauma and communal childhood trauma. With both classifications of trauma in mind, a more holistic understanding of trauma can be captured. Moreover, the linguistic reflection patterns within recollections of childhood were studied to offer insight into how both facets of trauma influenced the individual. Those reflections were analyzed with cultural differences in mind to further understand why an individual described their experiences in a specific way. In brief, the current study explores the complexities of trauma in different cultures and its factors by looking at the relationships between personal childhood trauma, communal childhood trauma, and individual reflections on those experiences. Research questions and hypotheses are as follows:

Question 1: Is the amount of personal trauma correlated with the amount of communal trauma experienced in an individuals’ upbringing?

Hypothesis 1: As the amount of communal trauma increases, the amount of personal trauma is expected to increase.

Question 2: How does having experienced communal trauma relate to an individual's reflections on their upbringing?

Hypothesis 2: People who have experiences with more communal trauma will talk more openly, consistently, and analytically about their trauma than people who have experiences with less communal trauma.

Question 3: Are there cultural differences between individual reflections on upbringing when describing trauma?

Hypothesis 3: Individuals from more individualistic cultures, like the U.S., will talk about trauma more emotionally, at greater length, and more extensively than people from collectivistic societies.

METHODS

Participants

The participants consisted of individuals in helping professions who completed the Trust-Based Relational Intervention® (TBRI) Practitioner Training, delivered by the Karyn Purvis Institute of Child Development (KPICD), in the United States of America, Latin America, or Eastern Europe. Emails were sent to 374 training participants (139 from Eastern Europe, 124 from Latin America, 111 from the United States), inviting them to complete two additional surveys for further research. Criteria for inclusion consisted of prior consent given for their interpersonal interview (a required component of training) as well as being at least 18 years of age. The response rate overall was 19.8% (29.5% from Eastern Europe, 14.5% from Latin America, and 16.2% from the United States). To specify, 41 quantitative responses were from Eastern Europe, 18 were from Latin America, and 18 were from the United States (71 female, 6 males; age range 22-67 years; $M_{\text{age}} = 41$, $SD=10$). The most responsive countries per

region consisted of the United States (18), Latvia (10), and Colombia (8). Of the nine participants selected for further qualitative study (9 female; age range 25-66 years; $M_{\text{age}} = 43.67$, $SD=14$), three were from Eastern Europe, three were from Latin America, and three were from the United States.

Procedures

This research comprised a naturalistic study examining the patterns between childhood trauma of individuals in three different regions. Prior to recruitment for this study, participants completed the TBRI training requirements, including the AAI. These interviews were recorded and stored for future research purposes. Participants who completed training and provided written consent for further AAI analysis were invited to participate in an internet-based questionnaire on Qualtrics.

The survey included general demographic questions, two quantitative measures, and two additional questions. The original survey in English was translated three times for cross-cultural accessibility (receiving 42 English responses, 14 Russian, 4 Polish, and 17 Spanish). Participants were given three weeks to complete the Qualtrics survey and received a digital download of the TBRI Playbook for compensation.

After responses were collected and translated, three individuals from each region, or nine participants in total, were selected for further qualitative analysis of their previously recorded AAI transcripts. The primary criteria for selection consisted of experiencing four or more ACEs **and** experiencing four or more communal traumatic events in at least one of the CEQ subscales. Three Latin American participants, two U.S. participants, and thirteen Eastern Europe participants (linguistically, 7 Russian, 0 Polish, 6 English responses) fulfilled the primary criteria. Due to the limited number of U.S. survey responses meeting the primary

criteria, secondary criteria for further analysis were considered: experiencing four or more ACEs **or** experiencing four or more communal traumatic events in at least one of the CEQ subscales. From the pool of seven U.S. participants fulfilling the secondary criteria, a random number generator was used to select the third U.S. participant. One of the three Latin American transcripts was unavailable (due to an unretrievable format). Therefore, the two available participants fulfilling the primary criteria were automatically selected. Of the nine Latin American participants fulfilling the secondary criteria, a random number generator was used to select the third. Of the thirteen Eastern Europe participant interview transcripts fulfilling the primary criteria, only three were available (the others were in an unretrievable format or contained expired links). Therefore, those three transcripts were automatically selected.

To compare the amount of communal trauma experienced, the total number of communally traumatic events was calculated for each qualitatively analyzed interview. Although all individuals selected for further analysis experienced more communal childhood trauma than their regional averages, the sum of traumatic communal events had a wide variation (*lowest total CEQ score = 5, highest total CEQ score = 24 out of a possible 25*). The four interviews with the lowest total CEQ scores ($M = 9, SD = 3.2$) were marked as experiencing less communal trauma than the four interviews with the highest total CEQ scores ($M = 18, SD = 4.1$). The interview with the median score was not placed in either category.

Measures

Demographic Questions. The demographic questions consisted of age, gender, ethnicity, education, and licensure status of each participant.

Individual Trauma. The Adverse Childhood Experiences, or ACEs, is a 10-question instrument designed to measure an individual's personal trauma. The ACEs questionnaire was

previously identified as a valid and reliable measure with an alpha coefficient usually between 0.80 and 0.90 (Hardt & Rutter, 2004). Questions (e.g., “Prior to your 18th Birthday, did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?”) were answered “Yes” or “No” and assigned the respective score of 1 or 0. At the end of the survey, the total score was calculated as the sum of all answers. The additional free response question asked, “Is there anything else you would like to share about your experience with trauma?”

Communal Trauma. The Community Experiences Questionnaire, or CEQ, is a 25-question instrument completed to measure an individual’s childhood communal trauma. The CEQ was previously identified as a valid and reliable measure with an alpha coefficient of 0.92 (Styla & Makoveychuk, 2018). The questionnaire contains two subscales: direct victimization (e.g., “While you were growing up, during the first 18 years of your life, how many times has somebody threatened to hurt you really badly?”) and exposure to community violence through witnessing (e.g., “While you were growing up, during the first 18 years of your life, how many times have you seen somebody get hit, punched, or slapped?”). Each question was scaled according to one of four options (Never = 1, Once = 2, A Few Times = 3, Lots of Times = 4). Any answer of two or above was marked as one communal traumatic event, with a score of 1. Any answer marked as one, or never, was assigned a score of 0. Then, the sums of both subscales were calculated to determine the number of communal traumatic events an individual had experienced.

For the purpose of this study, two open-ended questions were added, including (1) “In your culture, how often do people talk about community experiences of trauma?” and (2) “In your culture, how often do people talk about personal experiences of trauma?” These questions were added and scored along with the CEQ for further understanding of cultural awareness of

trauma.

Reflections on Upbringing. The AAI is a 20-question semi-structured interview designed to capture an individual's retrospective perception of their relationship with their caregiver, for the purpose of determining their attachment style (e.g., "In general, how do you think your overall experiences with your parents have affected your adult personality?"). AAIs can only be scored for attachment classification by trained coders who have successfully completed AAI training and have passed three rounds of reliability checks (a process that takes approximately 18 months). Thus in the current project, interviews were analyzed for linguistic patterns but not coded for attachment style.

Analysis Plan

Quantitative Data. The sum, means, and standard deviations of individual and communal traumatic events were calculated using Microsoft Excel (see Table 1). The correlations and t-test values between these two variables were also calculated using Microsoft Excel. The P-values were then calculated using an online calculator ("P value from Pearson (R) calculator," 2022).

Qualitative Data. Atlas.ti (1993) was utilized for qualitative coding. Once the nine transcripts were selected for further analysis and translated into English (when necessary), a codebook (available in the Appendix) was created using an inductive research approach (DeCuir-Gunby, Marshall, & McCulloch, 2010). Each interview was read before any codes were created. From the initial read of all interviews, the primary coder identified patterns organized into three behavioral anchors: *coping mechanisms*, *elaborations*, and *mannerisms*. Anchors were then expanded into specific codes with operational definitions. The primary coder trained a secondary and tertiary coder, who independently read and coded data segments

(i.e., signal sentences separated by punctuation) within each transcript. Primary and secondary coders compared their selections for each data segment, disagreements were resolved by consensus, and new codes that emerged were added to the codebook. In instances when consensus between the primary and secondary coder could not be reached, the tertiary coder determined the final code. Coding was supervised by an honors advisor. Only segments where the individual directly responded to the interviewer were coded. See Table 2 and Table 3 for qualitative code counts.

RESULTS

Is the amount of personal trauma correlated with the amount of communal trauma experienced in an individuals' upbringing? Of the total 77 responses, the average sum of ACEs experienced in childhood was 2.7 ($SD = 2.1$). The average sum of communal traumatic events of “direct victimization” was 1.5 ($SD = 0.4$) and the average sum of communal traumatic events of “exposure to community violence through witnessing” was 1.6 ($SD = 0.5$). The results showed a moderate correlation (Akoglu, 2018) between the number of ACEs an individual experiences and the total CEQ score ($r = 0.59, p\text{-value} < 0.00001$). More personally traumatic events in an individual’s childhood were associated with more communal traumatic events in that same individual’s childhood. When considering CEQ subscores, there was a higher correlation between ACEs and “direct victimization” of community events subscale ($r = 0.63, p\text{-value} < 0.00001$) in comparison to ACEs and “exposure to community violence through witnessing” ($r = 0.49, p\text{-value} = 0.000017$). This finding suggested that witnessing dangerous events within the community is not as strongly related to personal, or in-home trauma, as experiencing the dangerous events of the community directly. However, both witnessing and experiencing dangerous events of the community were correlated with experiencing personal trauma.

How does having experienced communal trauma relate to an individual's reflections on their upbringing? As detailed in Table 1, differences existed between the participants who experienced less communal childhood trauma compared to those who experienced more communal childhood trauma. The sum of codes assigned for each theme revealed that individuals who experienced less communal trauma elaborated with a larger total of brief, objective, and withheld language overall. This finding supports that they were more restrained in their reflections. These individuals also utilized fewer interjections, unfinished sentences, repetition, and clarification, suggesting they were more certain in their reflections

Table 1

Code Frequencies in Transcripts (Less Communal Trauma vs. More Communal Trauma)

	Less Communal Trauma (n=4)	More Communal Trauma (n=4)	Total (n=8)
Coping Mechanisms			
Past_Household	9	7	16
Past_NonHousehold	4	10	14
Past_Isolation	11	20	31
<i>Past Total</i>	24	37	61
Present_Intrapersonal	7	13	20
Present_Interpersonal	6	9	15
Present_Spiritual	1	17	18
Present_Separation	2	5	7
<i>Present Total</i>	16	44	60

Elaborations

Restraint_Brief	38	38	76
Restraint_Withheld	15	18	33
Restraint_Objective	60	26	86
<i>Restraint Total</i>	113	82	195
Revealing_Expansion	51	51	102
Revealing_Lengthy	22	31	53
Revealing_Subjective	67	78	145
<i>Revealing Total</i>	140	160	300

Mannerisms

Relieve_Laughter	34	22	56
Relieve_Apology	6	7	13
Relieve_Buffer	350	324	674
Relieve_Satisfy	40	22	62
<i>Relieve Total</i>	430	375	805
Uncertainty_Affirmation	68	25	93
Uncertainty_Interjection	38	41	79
Uncertainty_Unfinished	99	126	225
Uncertainty_Repetition	235	306	541

Uncertainty_Doubt	72	70	142
Uncertainty_Clarification	11	30	41
<i>Uncertainty Total</i>	523	598	1121
Rationalization_Self-Focus	18	5	23
Rationalization_Empathy	18	30	48
Rationalization_Judgement	9	20	29
<i>Rationalization Total</i>	45	55	100

on trauma. When considering the overall themes, individuals who experienced more communal trauma were more subjective, revealing, and uncertain when describing their experiences. Lastly, individuals who experienced more communal trauma developed more past and present coping mechanisms, suggesting they were more resolved from their past traumas.

Are there cultural differences between individual reflections on upbringing when describing trauma? As shown in *Table 2*, individuals in Latin America experienced the most communal childhood trauma on average while individuals from Eastern Europe experienced the most individual childhood trauma on average. Participants from the United States experienced the least amounts of both communal and individual level trauma on average.

Table 2

Amount of Trauma Experienced by Global Region

Scale	Global Region			
	Eastern Europe (n=41)	Latin America (n=18)	United States of America (n=18)	Overall (n=77)
	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>
	<i>(SD)</i>	<i>(SD)</i>	<i>(SD)</i>	<i>(SD)</i>

ACEs	3.1 (1.8)	2.4 (2.1)	2.1 (2.7)	2.7 (2.1)
CEQ Subscale 1*	1.5 (0.4)	1.4 (0.3)	1.4 (0.5)	1.5 (0.4)
CEQ Subscale 2**	1.5 (0.4)	1.9 (0.6)	1.5 (0.6)	1.6 (0.5)

* Subscale 1 measured “direct victimization” (Questions 1-11)

**Subscale 2 measured “exposure to community violence through witnessing” (Questions 12-25)

The nine transcripts came from Eastern Europe (one from Latvia, one from Tajikistan, one from Ukraine), Latin America (one from Columbia, two from Peru), and the U.S. (three from the United States). According to Hofstede’s previously mentioned individualism index (1980), the United States scored the highest with a score of 91, Latvia scored a 70, Peru scored a 16, and Columbia scored a 13. An updated map including a collectivistic index (Hofstede, 2021) showcased the region of the United States as the most individualistic, the Eastern European region as more individualistic than Latin America, and Latin America as rather collectivistic. With this regional comparison in mind, some connections can be drawn between the quantitative codes and each region.

As Table 3 illustrates, the number of codes per region were quite different, with the U.S. having almost double the number of codes within Latin America overall. The overall length of the transcripts may provide a primary explanation for this repeated pattern. For most of the themes, the participants from the United States had the most codes, followed by those from Latin America, and then Eastern Europe. Interestingly, participants from Latin America had the median number of codes for each theme except restrained elaborations, where they had the

fewest. The United States participants utilized the most expansive, lengthy, and subjective elaborations in total, making it a revealing and detailed population. Likewise, the American participants used three times as many relieving patterns than Latin American participants and nineteen times more relieving patterns than Eastern European participants, supporting the hypothesis that individuals from strong individualistic societies were more uncomfortable when discussing past trauma. Similarly, American participants were the most uncertain, showing patterns of doubt, repetition, unfinished sentences, and affirmations. Lastly, participants from the U.S. demonstrated more unresolved patterns, with many more codes of judgment against their caregiver and self-blame against themselves.

Table 3

Frequencies (n) Per Region

	Eastern	Latin	United States
Code Count	Europe	America	of America
Coping Mechanisms			
Past_Household	5	7	4
Past_NonHousehold	7	6	6
Past_Isolation	13	9	12
<i>Past Total</i>	25	22	22
Present_Intrapersonal	2	7	12
Present_Interpersonal	8	4	8
Present_Spiritual	1	13	4
Present_Separation	6	2	3

<i>Present Total</i>	17	26	27
Elaborations			
Restraint_Brief	36	22	26
Restraint_Withheld	14	9	11
Restraint_Objective	34	20	44
<i>Restraint Total</i>	84	51	81
Revealing_Expansion	17	20	15
Revealing_Lengthy	9	19	28
Revealing_Subjective	33	50	74
<i>Revealing Total</i>	49	89	117
Mannerisms			
Relieve_Laughter	1	15	40
Relieve_Apology	0	8	5
Relieve_Buffer	22	148	510
Relieve_Satisfy	8	22	33
<i>Relieve Total</i>	31	193	588
Uncertainty_Affirmation	0	8	85
Uncertainty_Interjection	11	26	46
Uncertainty_Unfinished	4	69	154
Uncertainty_Repetition	126	171	279
Uncertainty_Doubt	19	56	74

Uncertainty_Clarification	1	26	15
<i>Uncertainty Total</i>	161	356	653
Rationalization_Self-Focus	6	7	15
Rationalization_Empathy	17	20	15
Rationalization_Judgement	9	4	23
<i>Rationalization Total</i>	32	31	53
Total Codes	399	768	1541

Surprisingly, the most collectivistic region, Latin America, did not often rival the United States. Instead, Eastern Europe, the region sharing both collectivistic and individualistic values, differed from the United States in almost every theme. Eastern European participants were the most restrained and succinct, utilizing brief syntax, objective language, and patterns of withholding. Finally, the scarce number of buffers, laughter, clarifications, unfinished sentences, and doubt, suggest that these participants were the most comfortable and certain while discussing their childhood trauma.

DISCUSSION

The moderate correlation between the amount of personal childhood trauma and communal childhood trauma calls attention to a lacuna within research. If the increase of one type of trauma is connected to the increase of another type of trauma, research should consider focusing on populations with high scores of communal trauma because they may have more personal trauma and vice versa. Not only could the existence of one type of trauma signal high occurrences of other types of trauma, but the cumulative nature of trauma puts these

individuals at particularly high risk for poor outcomes. Therefore, trauma experienced by at-risk populations could be more quickly identified and addressed, as the external factors outside of the home may signal additional or undisclosed personal trauma.

Similarly, the more communal trauma an individual experiences, the more open they may be in discussing trauma. This may be due to the shared experience of communal trauma as opposed to the isolation of individual trauma. Thus, in a clinical setting, individuals with lower amounts of communal trauma may not initiate detailed, expansive, and emotional reflections. This awareness is crucial to therapeutic settings as counselors may have to ask more intentional questions to bring healing to a patient with a lesser amount of communal trauma. These counseling settings should also be open to individuals with both high and low levels of communal trauma, as less resolution may be found in individuals who experienced “less” trauma.

The findings from the United States suggest a correlation between strong individualism and more revealing, detailed, uncomfortable, uncertain, and unresolved reflection patterns when describing childhood trauma. Due to the larger number of codes from the Latin American sample, however, this study does not seem to suggest a correlation between strong collectivism and less revealing, detailed, uncomfortable, uncertain, and unresolved reflection patterns. Eastern Europe, however, provided insight into the region’s certainty and restraint when discussing trauma, showcasing differing reflection patterns around the world. Therefore, the tendency toward different reflection patterns may be tied to geographical location or culture as a whole instead of simply a score on the individualism index. After all, culture, like trauma, is a complex idea that must be evaluated on multiple levels.

Limitations

There are several limitations within the study that must be acknowledged. Participants represented a limited population: all chose careers helping children who have experienced trauma, all enrolled in training on TBRI (an attachment-based, trauma-informed intervention), and all were willing to discuss their own relationships and histories of trauma. Therefore, the sample may not represent a typical practitioner population. Due to the limited participant sample, the findings may not generalize beyond TBRI Practitioners. Also, respondent bias of participants may have led to responses that reflect individual perceptions or recollections rather than reality. The self-reporting measures also contain potential measurement limitations. For example, the ACEs questionnaire does not ask *how often* an individual experienced trauma but only if they had experienced trauma.

In addition, human error must always be accounted for in studies such as these. Due to the cross-cultural focus in this study, all questionnaires and transcripts for Latin America and Eastern Europe underwent translation to and from English (interviews were conducted in English and translated to native languages in real time). Due to cultural differences, linguistic structure, and words with multiple meanings, the original questions may not have been translated accurately and final transcripts may not be equivalent to the original language. For example, one translator during the interview used “sanity” while the translation company used “health.” These small differences, alongside the potential bias of coders, may lead to subjective interpretations of the AAI. Lastly, this study had a small sample size due to its time constraints. Future research in this area should select more interviews to be qualitatively coded.

The practical implications of this study, have important future applications such as identifying at-risk populations and people groups, influencing clinical counseling settings, and

diversifying KPICD Practitioner Training materials. Thus, trauma awareness, recovery, and intervention can be more effectively implemented around the world, helping to alleviate the hidden pandemic of society.

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APPENDIX**Codebook**

Anchors	Themes	Codes	Definition	Quotations
Coping	Past	Household	The interviewee found temporary remedies through discussing, sharing, and or addressing hardship with household members (any individual living within the household).	<i>“And we would often – this is the thing, we would often talk to our parents about – when we felt brave enough to.”</i>

Coping	Past	NonHousehold	The interviewee found temporary remedies through discussing, sharing, and or addressing hardship with non-household members (any individual not living in the same household as the interviewee).	<i>“I visited my grandparents very often and spent a lot of time in the house my grandfather built me.”</i>
Mechanisms				
Coping	Past	Isolation	The interviewee found temporary remedies through hiding emotionally, physically, or mentally from those around them.	<i>“That I would run to my room, I would throw myself on my bed and cry, that was a way for me to escape when I felt angry or sad, I did not talk about it with anyone I just went to my room and cry on my bed.”</i>
Mechanisms				
Coping	Present	Intrapersonal	The interviewee found long term healing through stress management, perspective	<i>“Yes, I went through many consultations and therapy sessions over those situations.”</i>
Mechanisms				

shifting, self-awareness,
and/or other introspective
techniques.

			The interviewee found long	<i>“And I have to recognize that that probably wasn't the</i>
			term healing through	<i>best or healthiest way to be, um, and my friends really</i>
			boundary setting,	<i>helped me with that.”</i>
			communication, and/or	
Coping			conflict resolution with	
Mechanisms	Present	Interpersonal	another individual.	

			The interviewee found long	<i>“I believe God has healed my heart in many ways and I</i>
			term healing through	<i>have learned a lot from all of this.”</i>
			meditation, prayer, religious	
Coping			truths, and/or religious	
Mechanisms	Present	Spiritual	communities.	

			The interviewee found long	<i>“After that moment the relationship changed completely</i>
			term healing through a	<i>and finally, she divorced him and that's the story.”</i>
Coping				
Mechanisms	Present	Separation		

			dissociation from the stressful person, situation, and/or environment.
Elaborations	Restraint	Brief	The interviewee responded to <i>“My dad passed away when I was fifteen. He was killed.”</i> a question with the simplest and shortest answer possible.
Elaborations	Restraint	Withheld	The interviewee audibly chose to not disclose information necessary to answer the question. <i>“I will not share in detail but, there was a very difficult situation for me as a child due to sexual abuse and well, it is not something I share much about.”</i>
Elaborations	Restraint	Objective	The interviewee provided an impartial and direct statement <i>choking her.</i> describing past childhood life or experiences. <i>“And I woke up in the middle of the night and he was choking her.”</i>
Elaborations	Revealing	Expansion	The interviewee provided excess information in <i>“I remember that... well, I remember the uniform, that the two of us went hand in hand with my dad, that he carried</i>

response to the question. For *the bag of school supplies and of course I... I remember* example, they provided *the feeling I had of nerves...* synonyms for the adjectives describing their parental relationships and/or they included detail beyond the gist of the story.

The interviewee responded to “*Um, and everything was fine until, um, my kids got older* a question with an unusually *and-and we bought a, um – you know, we always had* long and exhaustive answer. *plans in what it was gonna be like when the kids got older.* *And then when they did get older and we bought a little, um, country store together, um, you know, that's when I began to realize that, um, uh, you know, he – it – all of our plans hadn't – he had not been really truthful, because, um, he actually quit work to sit up at the store and watch me, and was very suspicious of everybody I talked to and-*

Elaborations Revealing Lengthy

and everything I did. And, um, uh, just very jealous. He-he was even jealous when I would keep grandkids, when the kids would come over. We had family night once a week. Um, and then when my daughter graduated her and I were gonna go on a trip together. Uh, that's what she wanted. I had a daughter-in-law that was a flight attendant, and so this was pre 911 so we could travel for \$25.00 each. You know, \$50.00 round trip. And, uh, and my, uh, husband had always gone on hunting trips with our boys, you know, out West Texas and stuff like that. And, uh, so my daughter, when she graduated high school wanted her and I to go on a trip together. And that's when he threatened to kill me and then kill himself and – if I went on the trip, and just, um, you know, he got jealous if I wore a sleeveless shirt. Uh, I mean, just absurd things that, you know, there's really no response to. Uh.“

Elaborations	Revealing	Subjective	<p>The interviewee provided a “<i>And that was one of the first times I felt loved.</i>”</p> <p>provided a personal and emotional statement describing past childhood life or experiences.</p>
Mannerisms	Relieve	Laughter	<p>The interviewee audibly “<i>And I joke about it now when I do different training, like jail and hell, those are my fears, [laughs] but it’s true.</i>”</p> <p>(not including small talk outside of the questions).</p>
Mannerisms	Relieve	Apology	<p>The interviewee audibly “<i>Um... yes, um... it was like, oh, I’m sorry, I don’t know, well, um... It happened when I was about 17 years old, (voice shaking) oh... sorry (Interpreter’s name) ... really...</i>”</p> <p>apologized for sharing a heavy detail, an emotional response (ex - crying), or a jumbled thought.</p>

Mannerisms	Relieve	Buffer	The interviewee audibly used “ <i>And-and, um, my brother was, like, yelling at her to do something, that – you know, that I was in shock.</i> ” fill the silence.
Mannerisms	Relieve	Satisfy	The interviewee answered in “ <i>Well, more or less at that age, my mother sometimes an attempt to appease the interviewer and/ or gain their support.</i> ” <i>traveled for work, then, of course, for me it was sad that she left, but when she came back, let's just say the moments that I shared with her when she arrived, were very happy.</i> ”
Mannerisms	Uncertainty	Affirmation	The interviewee required “ <i>Does that make sense?</i> ” verbal confirmation that their answers were satisfactory the interviewer.
Mannerisms	Uncertainty	Interjection	The interviewee inserted “ <i>It seems that she liked holidays, or some kind of events.</i> ” unrelated answers, anecdotes, <i>But when we were face to face her attitude to me was very and/ or explanations to different.</i> ” unrelated topics while

			answering a question.
			The interviewee lost track and did not complete a specific thought, story, or sentence.
Mannerisms	Uncertainty	Unfinished	<i>“I think – okay, it does affect me every day – it's just part of me – but it's not something – I don't see myself as the victim anymore.”</i>
			The interviewee repeated the same sentence or phrase unnecessarily.
Mannerisms	Uncertainty	Repetition	<i>“Whenever the school year started it was difficult for me, it made me very nervous, I was very nervous and scared the first day, in fact I think I cried. I cried the first days in preschool.”</i>
			The interviewee was unsure of the truthfulness of their statements.
Mannerisms	Uncertainty	Doubt	<i>I guess we had been sleeping or playing, I don't know,</i>
			The interviewee sought clarification on the nature of the question.
Mannerisms	Uncertainty	Clarification	<i>“And this is before 11, right? Or 12?”</i>

Mannerisms	Rationalization	Self-Focus	<p>The interviewee explained past hurt through internally blaming or narrowing in on themselves or their character.</p> <p><i>“Everything depends on me, but sometimes there are situations that are outside of my control.”</i></p>
Mannerisms	Rationalization	Empathy	<p>The interviewee explained past hurt through an external sense of perspective and understanding of external circumstances.</p> <p><i>“I don’t think they couldn’t do it any other way. They knew no other way. They only knew how their parents parented them, and that is how they parented me.”</i></p>
Mannerisms	Rationalization	Judgement	<p>The interviewee explained past hurt through an externally angry or resentful lens.</p> <p><i>And that’s why we – you know, we just determined early on, well they’re just selfish.</i></p>