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Community and Family Support for Women Facing Trauma

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ABSTRACT

Recovery from traumatic experiences becomes more possible when there are supportive networks operating in communities. This qualitative study explores Maltese women's experiences of family and community support (CS), as they faced trauma. The inquiry sought to find out the mechanisms of this kind of support, and the significance these held for such women. Data was collected through semi-structured individual interviews with 7 Maltese women living in Malta, aged between 27-55 years, who self-identified as having faced traumatic events. They were asked about the types of support they sought, when they faced adversity. The study brings together the person-al, familial, and communitarian aspects of support strategies for women facing tragic events, and the interplay between them. Data were organised and analysed through reflexive thematic analysis, in order to find out how the different forms of CS acted as a safety net for vulnerable women facing traumatic loss and adversity in their lives. The results show that in general the participants welcomed the CS received, and valued the specialised services offered to them, which varied according to the type of crisis they passed through. The informants distinguished between community efforts that were supportive to them and others which were not. The study indicates that women facing trauma might rely more heavily on seeking professional help, rather than talking to their neighbours about their afflictions. This points towards more reliance on institutionalisation, and professionalisation of care, and indicates a corresponding decline in reliance on informal, communal, and kin-based support networks for addressing personal and family trauma.

1. Introduction

Trauma is often associated with life-threatening events and certain conditions, brought about by illness, disability, death of a relative, interpersonal violence, natural disasters, emotional and psychological abuse, poverty, racism, war, political oppression, and armed conflict, discrimination and marginalisation. According to the *Diagnostic and statistical manual of mental disorders* (5th edition), trauma occurs when there is "actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013, p. 271). The same manual

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explains that trauma can occur when directly experiencing adversity, witnessing an adverse event, or getting to know about it from others (American Psychiatric Association, 2013). The 5 most common traumatic events, as reported in a study among 68,894 adult respondents from 24 countries across 6 continents were witnessing death or serious injury, the unexpected death of a loved one, being mugged, being in a life-threatening automobile accident, and experiencing a life-threatening illness or injury" (Benjet et al., 2016, p. 328). These totalled more than 50% of all reported exposures to traumatic events (Benjet et al., 2016). Stressful and traumatic events are often closely linked to each other. In this paper, we do not make a rigid distinction between the two, because this would limit the scope of the study. We follow the suggestion by Gradus and Galea (2023), who argued against making such a strict distinction, because it does not seem to be useful for the provision of holistic health in communities.

The study sheds light on aspects of CS, which are deemed useful for families, as they grapple with grief. It asks what CS means to distressed women facing trauma, and how they wish to be supported in a family and community setting. We focus on 3 aspects of CS, which are linked, and which are crucial for the recovery of women experiencing trauma; namely (i) women's personal network, (ii) social support, and (iii) professional services. CS is a form of social support derived from community services and organisations (Gracia, 2014). CS refers to the collective resources and informal networks found within a specific geographic or identity-based group, for example within a neighbourhood, village, religious group, or an NGO. The personal network of an individual, consisting of friends, family, and peers also form part of general social support. Professional services are formal, institutionalised interventions provided by trained experts.

The study is guided by the following research questions: To what extent is CS deemed important for women, who experience trauma? Are family and CS sought by women, when serious adversity strikes? If in the affirmative, what type of CS do these women look for, and at which stage is it sought? Is family and CS available to them? To answer these questions, the study adopts a qualitative approach based on interviews with 7 participants living in Malta, aged between 27-55 years, who experienced traumatic events. The research aims are trauma-informed" (Edelman, 2023). We draw on trauma and resilience informed research principles and practice" (TRIRPP) outlined by Edelman (2023) to affirm awareness on our part on the potential effects and impact trauma could have had on the participants. Additionally, the analytical approach of the study draws on the thematic analysis (TA) method established by Braun and Clarke (2006, 2013, 2017, 2021), with an emphasis on reflexive thematic analysis (RTA), as Braun and Clarke (2022) explain in their work. The aim of reporting women s accounts of community and family support is to throw light on the provision of community action needed to address diverse and interconnecting forms of support through a holistic approach, particularly for women recovering from complex trauma.

Women report higher levels of stress than men (Kneavel, 2021), and they are more likely to resort to emotional support within their social networks than men (Gautam et al., 2013; Johansen et al., 2021). In 2023, there was a higher incidence of Maltese woman, who accessed social welfare services, than man (Marchand-Agius, 2024, p. 7). With regards to mental health, gender disparities are not clear cut, because of social and cultural variables. There are however consistent findings that show higher levels of mental distress among women, and an increased incidence for women to develop PTSD, anxiety and major depression (Li, 2023). For women however, the correlation between social support and mental well-being is stronger than it is for men of the same age (Johansen et al., 2021). Men find it more difficult to acknowledge their struggles, and are more likely to act out their stress instead of tackling their problems (Gautam

et al., 2013, p.143). On the other hand, more men than women resort to reflective coping" and strategic planning" (Gautam et al., 2013, p.143).

Family support is effective, as a stress buffer, in the face of adversity (Bostean et al., 2019). Recovery from traumatic experiences becomes more possible when there are supportive networks operating in communities (Trabold et al*.,* 2018). CS refers to a network of people and organizations working together to provide assistance and resources to individuals who face serious challenges in their daily lives. It can take the form of volunteering or any other type of community participation. We refer to Landau s definition of the term community", which includes the natural support system: extended family, friends, neighbours, healthcare providers, clergy, employers, co-workers, etc." (2012, p. 459). Communities which embrace the challenges of collective trauma, grow through the sharing of strengths, fears, vulnerabilities, hopes and aspirations" (Cassar, 2020, p.12). CS facilitates agency for recovery and empowers family members afflicted with trauma to regain control over their lives (Trabold et al*.,* 2018). Improvement of family functioning occurs as a result of CS (Rutherford & Von Wenckstern, 2016). Communities are regarded as a force" (Cassar, 2020, p.12) that connects wounded families with social systems that provide them with ongoing support.

This force" could also lead family members to new discoveries of their inner strength and competencies needed to deal with the hardships of trauma. On the other hand, lack of engagement with CS has been associated with social isolation (Im, 2021). Identification with one s neighbourhood is effective in improving public health, and in decreasing loneliness and social fragmentation in community settings (Fong et al., 2021). Neighbourhoods can however, also cause distress among some inhabitants (Bostean et al., 2019). Whereas most research on trauma has mainly focused on afflicted women, who made use of CS (Bedard-Gilligan et al., 2012), less attention has been devoted to their family dynamics at the time CS was sought. The research presented in this paper aims to contribute in this regard.

2. Context of the Study

Having a caring family is often considered a worthy goal in life. In Malta the family holds central importance, despite numerous social changes that are taking place, as is the case in other southern European countries (Brown & Briguglio, 2022; Moreno Mínguez & Crespi, 2017). A survey among the general Maltese population shows that 95.3% of informants reported trusting their family the most, and relying on close-knit relationships for emotional and social stability" (Bajada, 2025, p. 40). Community life in Malta is imbued with strong family ties, reliance upon the extended family and dense support networks" (Vella & Cassar, 2022, p. 140). It is common for a number of Maltese people to get together frequently with relatives and extended family members, and also check on them. This explains why 40.5% of Maltese people met relatives at least once a week (Eurostat, 2018, p. 129). These characteristics of the Maltese people are closely related to the small size of the Island State, which is densely populated.

In Malta, support coming from neighbours is often mediated through religious, social activities. Involvement in religious practices can generate social capital, which can act in contradictory ways. Research by Satariano (2020) shows that for some people living in Malta, adherence to religious faith and practice positively impacted their health and wellbeing, whereas others found this social capital constraining and this had detrimental effects on their wellbeing" (p.

1161). Earlier research on the dynamics of Maltese society indicated that gossip often functions as a mechanism of social control, which helped maintain the status quo and punish those who deviate from traditional norms (O Reilly Mizzi, 1994). In particular, gossip among neighbours meant that news travelled fast, leaving few secrets behind. Mizzi (1994) explains that in a small, high-density society, everyone is connected through multiple roles, where for example one s neighbour is also a cousin and work colleague. This multiplicity was also linked to the high value placed on reputation - to be gossiped about could mean loosing social capital, which could affect a family s social standing for generations. Although the fast-paced life of people living in Malta at present allows less time for gossip in the street, news still travel fast through social media platforms that are ever present in the lives of most Maltese people, and therefore the feeling of surveillance is still felt in varying degrees across the Maltese Islands.

Government agencies operating in Malta provide various types of social support to Maltese communities. The *Foundation for Social Welfare Services* operates through various agencies, and offers comprehensive intervention and support, and also works towards prevention within community-based and residential settings. Aġenzija Sedqa (Agency for Empowerment) and Aġenzija Appoġġ (Agency for Social Assistance) are two examples. In recent years most of the service users of both agencies were aged between 18-39 years (Marchand-Agius, 2024). Community services for persons with disability are mainly provided by Aġenzija Sapport (Support Agency). These services operate through a co-ordinated approach to foster holistic wellbeing for families (Aġenzija Sapport, 2024).

The aim of this National Agency is to provide services, support and guidance to persons with disabilities, their support networks and their communities" (Aġenzija Sapport, 2024, p. 3). Apart from community services this Agency has set up a family support unit to intervene and assist with improving the quality of life of families and facilitate learning skills, self-development and integration within the community. Various governmental and non-governmental programmes offer other support services, which are mostly free. For example *The Domestic Abuse Intervention Programme* provides support to family members, including men who commit domestic abuse and assists them to become aware of, understand and take responsibility for their behaviour" (Council of Europe, 2020, p. 30).

3. Research Approach

The study adopts a trauma-informed research approach (Edelman, 2023) to understand how various communities surrounding the families of the participants supported them during their trauma trajectories. This approach aims to minimise the risk of re-traumatisation for participants. We have chosen to work with it in order to remain aware and vigilant of the potential impact of the participants' crisis on their lives. This approach also helped us to focus on their strengths and abilities. Guided by the TRIRPP framework (Edelman, 2023), we believe that the informants had control over their participation in the research process. The principles underlying this approach emphasise the importance for researchers to identify and address the social settings and cultural contexts in which the adversity occurs (Edelman, 2023). These may determine the lives of the study's participants and the very phenomenon of the research inquiry. Another principle is for researchers to improve the "study accessibility and acceptability for individuals and populations facing adversity" (Edelman, 2023, p. 66). This strategy helps to further promote community action.

Although all the respondents are women, we didn t adopt a feminist theoretical framework, because a priori we didn t position the informants as being subjected to gender inequality. We allowed the women in our study to speak for themselves, without filtering their experiences through the lens of ideological or structural inequality. While gender is a central factor in their lives, a feminist framework might have risked overshadowing the exploration of how the women of the study navigated their lives across intersecting social, cultural, familial, and personal dimensions. This choice aligns with RTA (Braun & Clarke, 2022), which prioritises the researcher s subjective and empathic engagement with the data. By eschewing a pre-ordained ideological lens, we remained open to the incipient meanings within their narratives that might have been obscured by a singular focus on patriarchal oppression. This allowed for a more expansive exploration of family and CS for women facing trauma. We regarded the informants not merely as subjects of gendered power dynamics, but as active agents navigating difficult experiences.

This approach ensured that gender remained a present, yet not deterministic, variable, allowing the themes to emerge from the women's own prioritisation of their trauma experiences. We acknowledge however, that one of the most significant feminist interventions has been the shift from viewing trauma as an isolated, private, and domestic experience to identifying it as a pattern of systemic abuse (Griffiths, 2018). By sharing individual narratives, feminists have politicised trauma, showing that violence against women is not random, but is often a tool used by dominant cultures to maintain power (Griffiths, 2018).

4. Sample, Recruitment and Procedure

The sample criteria were directed towards female participants of any sexual orientation and social class, aged between 25-55 years, who lived in Malta, and who faced trauma at some point in their lives. The criteria for choosing this age group was to establish safeguards in dealing with potential emotional distress during the interview. Our understanding is that adult participants aged 25 years and older could generally be more equipped to handle stress, and perhaps this could act as a safeguard against potential distress during the interview. The sample eligibility criteria excluded informants aged 56 years and older, to safeguard against the higher probability of informants who could be confronting a number of difficult situations in life, given their age group. Informants in older age brackets are more statistically likely to encounter compounding stressors, such as age-related health decline, the caregiving of elderly parents, or the onset of retirement transitions. Due to the sensitive nature of the study, these possible factors were taken into consideration. Although interviews with such informants could have yielded richer data, based on their life experiences, they could potentially find the interview more stressful. It was not our intention to generalise, exclude or pathologize younger or older informants outside the 25-55 age bracket, but to minimise the possibility of distress, given the highly sensitive nature of traumatic events.

The number of participants was restricted to 7, in order to focus more intensely on the insights and understandings that the participants brought to the study. The first 7 participants who met the eligibility criteria, and consented to be interviewed for the study were chosen as informants. There weren't any others who agreed to participate. An invitation was sent to gatekeepers of local entities, which offer support services to women experiencing life trauma. These were asked to disseminate the information letter and consent form to eligible participants. Interested participants contacted the first author.

Further outreach to engage participants was made through a post on social media. Participants were also recruited through the snowballing technique. Although this method is useful for conducting research considered sensitive (Woodley & Lockard, 2016), one of its disadvantages is that participants might invite other potential informants whose gender, age, interests, social class, social capital, social networks and trauma experiences, are similar to them, resulting in narrower representativeness of the sample. In fact, 4 informants mentioned that their trauma was related to the loss of close relatives, as indicated in Table 1. All the informants stated that they are heterosexual. Despite the homogeneity in the sample, participants shared their own particular experiences of trauma, expressed through their own unique voice. The circumstances of their shared trauma were different, and each participant reframed her loss through her own perceptions.

The loss of close relatives is a global, common occurrence in the general population, and might not be considered traumatic for some people who pass through it. The fact that the respondents answered the call for participation in the research means that they believed that they passed through trauma. The death of a close relative of the participants either occurred suddenly, or it was expected, as indicated in Table 1:

Table 1: Informants' details

Name	Age	Sex	Status	Type of Trauma
Marie	55	F	Married	Unexpected loss of brother
Jane	46	F	Undisclosed	Undisclosed
Maia	50	F	Single	Survivor of domestic physical and verbal abuse
Anna	44	F	Married	Loss of mother
Victoria	27	F	Single	Loss of mother and grandmother
Audrey	54	F	Single	Loss of 3 family members
Dina	44	F	Married	Infertility, unsuccessful IVF and failed adoption attempts

The traumatic events outlined in Table 1 show that in some cases there were multiple forms of trauma endured by the same informant. Victoria's mother died of cancer, 15 years prior to the data collection, when Victoria was just 12 years old. Her grandma, who replaced her mother as a primary carer, also died of cancer 5 years prior to the interview, after 2 years of battling the illness. Audrey's father passed away unexpectedly in an accident 14 years before the research interview. Her mum died as a result of cancer 8 months prior to the interview. Her mother's partner was also diagnosed with cancer, when her mother was ill, and he passed away 6 weeks after her mother's death.Maia endured 20 years of physical and verbal abuse by her husband. They separated 10 years before the interview. Dina discovered that she had infertility problems when she was 26 years old. She and her husband underwent 5 unsuccessful IVFs, carried out locally and abroad. After starting adoption procedures, they were informed that adoptions from the particular country they applied at, were no longer being approved. Then they fostered two children, who were still being cared by them, at the time of data collection.

The sample consisted of participants coming from similar socio-economic status, education levels and ability to seek and access CS for their lived trauma. More specific details about these similarities are not disclosed in order to further safeguard the participants' identity, given that in Malta nearly "everyone knows everybody's business" (Cassar & Grima Sultana, 2016, p.

987). Recruitment was smooth and it didn't take long for interested participants to come forward. Although research on self-disclosure according to gender demonstrates mixed results, some recent research shows that women are more likely than men to share painful experiences with others" (Carbone et al., 2024, p. 1).

Each interview granted space to the informants to share as much information as they wanted, according to their availability. Each interview was approximately an hour and a half long, except for Jane's, which was 20 minutes long. Jane provided succinct, but valid responses, and all the interview questions were answered. The rest of the informants also answered all the interview questions. Data were collected between December 2023 and January 2024. All the interviews were conducted in person in a public and quiet space. While the settings were public, the use of "low-voice" interviewing techniques was used, to ensure that the highly personal narratives remained confidential. The private home of the informants, as a location for the interview was avoided in order not to intrude on their personal space. We also didn't want family members to be around during the interview, so that the informants would have more privacy, even though they knew about the events being talked about. Both Maltese and English versions of the interview guide were provided to the informants, since bilingualism is widely spread in Malta (Cassar, 2011, p. 177). All the informants spoke Maltese, except for Victoria, who preferred to speak in English. The audio recordings in Maltese were translated into English when transcribed.

5. Ethical Issues

Approval from the University of Malta's research ethics committee to conduct the study was sought and granted before the start of data collection. The foundation of research ethics lies on the principles of "beneficence, non-maleficence, autonomy, and justice" (Varkey, 2021, p. 17). Throughout the research process we were cognisant of these notions and sought to safeguard informants' wellbeing. Adopting the TRIRPP meant it was imperative to establish a relationship of trust with the participants, after they provided signed consent. This was especially pertinent, since they recounted aspects of their traumatic episodes during the interview. Trust was established by assuring the informants of confidentiality and pseudonymisation to safeguard their identity, and safe storage of data. We secured confidentiality by omitting any information in the presentation of findings that might identify the informants.

We have both passed from multiple forms of trauma ourselves (Desira, 2024, pp. 17-18). Although we could identify with the informants, we were open to understand new perspectives, since every trauma story is unique, and their circumstances were shaped by events that were particular to them. Throughout the research process, we adopted an empathic lens rooted in care and respect, that required constant reflexivity on our part. This was pertinent, because the sharing of traumatic experiences often involves bringing feelings of vulnerability to the surface, and possibly capturing silent aspects of the informants' lives, which they could have never spoken about before. We were however careful not to regard the informants as a homogenous, unitary group, based on assumptions about their vulnerability, which could be misleading. We focused on their personal agency, rather than on preconceived labels of victimhood. Guided by the TRIRPP framework (Edelman, 2023), we made use of our understanding of trauma to learn about its impact on the informants in community settings.

These principles also make it imperative to provide a caring, safe and supportive environment during the data collection. All the participants showed that they felt at ease being interviewed. To minimise distress, the interview questions were designed around the term support" rather

than trauma". None of the informants were asked to mention the traumatic event/s they passed through, and neither to give details about the circumstances, in order to minimise intrusion into their private lives. In fact, Jane didn t disclose her specific traumatic event/s.

We followed the guidelines of the TRIRPP framework, in order to allow space for the participants to have control over their participation in the study (Edelman, 2023). Before each interview, the first author informed the participants that the interview might stir emotional distress, and that they were free to terminate the interview at any time. They were also told that at no point did they feel obliged to take part in the study (Varkey, 2021). Incidentally 3 participants had received psychotherapy prior to the data collection. This could have acted as a further safeguard, as they might have been better equipped to participate in sensitive research, due to skills and self-awareness gained during the therapeutic process.

None of the participants withdrew from the study. On the contrary, most participants later claimed that talking about their experiences related to how they navigated through tragic events, provided processing and integration of the various facets of their related memories. This is not unusual in research settings (Bedard-Gilligan et al., 2012, p. 716), and can even prove to be therapeutic" for the informants (Cassar & Grima Sultana, 2017). The participants were provided with a list of free and paid support services, in case they wished to access them.

6. Analytical Procedure

Deductive TA (Braun & Clarke, 2006) was employed at the start in order to keep the focus on the research questions. These formed the basis of 3 predetermined concepts and revolved around "seeking support", "types of CS sought", and "importance of CS for the family". Three theme levels (Braun & Clarke, 2013) facilitate an active production of knowledge (Braun & Clarke, 2006; Clarke & Braun, 2017). The generation of codes and themes was implemented manually, and required repeated readings of the interview transcripts (Braun & Clarke, 2006). The candidate themes, presented in Table 2, were generated by identifying a "shared patterned meaning" across the dataset (Braun & Clarke, 2021, p. 35). We also employed RTA, as Braun and Clarke explain in their work (2022).

This method offered us ways to reflect on the interpretive process involved in the data analysis. This approach allowed our subjectivity to act as an analytical tool, rather than a bias to be eliminated. We have also chosen this approach to increase the trustworthiness and validity of the study by sustaining the development of our analytical thinking with "…deep and prolonged data immersion, thoughtfulness and reflection, something that is active and generative" (Braun & Clarke, 2019, p. 591). We were not limited by the notion of data saturation, but rather sought conceptual depth, since RTA is driven by the premise that meaning is infinite and subjective (Braun & Clarke, 2022).

Inductive codes emerged when analysing the data (Braun & Clarke, 2006). These provided a number of sub-themes, as indicated in Table 2. These were revised and reviewed. Early codes were constantly revisited, evaluated and refined, as we gained more understanding of the participants' perspectives on trauma, based on what they had gone through. This method was especially useful when it came to organise the data on CS according to the type of trauma mentioned by the participants. The sub-themes (Table 2) provide further elaboration on the main themes, as follows:

Table 2: Themes and Sub-themes

Theme	Sub-Themes
Seeking support	• Readiness to seek CS • Access to CS • Refusing support
Types of CS sought	• Different types of CS for different trauma • A network of CS
Importance of CS for the family	• How support was perceived • Lack of understanding from the community

The analysis employed this dual-processing approach, integrating inductive coding to capture the essence of the informants' experiences and perspectives with a deductive thematic framework informed by the TRIRPP framework (Edelman, 2023). This integration ensured that while the participants' unique voices remained central, their trajectories were situated within a framework that supported our analysis by moving beyond a purely descriptive account of the data. Instead, it allowed for an exploration of how the informants' experiences intersected with broader mechanisms of recovery and growth.

7. Findings

7.1 Seeking Support

All the participants felt disoriented, stuck, shocked and overwhelmed during the initial stages of their traumatising event, because mostly they hadn't experienced anything similar before. A commonality among all the participants was their reported inability to think about and act on supportive mechanisms when faced with profound grief, at this stage. Jane emphasised this 5 times. She and Marie only resorted to CS, when a relative approached them and suggested they should seek help:

> *"The most difficult issue was the fact that I was not realising that I needed help… Or it could have been that I did not know whom to ask or it did not cross my mind whom to ask. You would not be in the right condition to function properly"*. (Jane)

In some cases the participants were guided by their own families and friends to seek support for themselves, and in other cases they sought CS for their affected family member, and for the rest of the family at one point or another during their trauma trajectory. Nearly all the participants recounted that work colleagues were also instrumental in supporting them, before moving on to access wider CS. Victoria stated that not all families realise that they need support. She claimed that "being vulnerable and asking for help is an honour". Jane emphasised that "help cannot be forced", because this would be damaging. Maia described CS as being accessible by everyone. Marie stated that very often it does not require much effort: "even with a (text) message, it means that they are thinking about you and what you are going through". CS was described as a given, because it involves "everyone" (Maia):

> *"When I hear the term community, I do not go too far, but I think of the village. I think of the church. It makes me think of something that does not involve finances. The community could be everyone. Everyone can help. Something reachable and not far away"*. (Maia)

Not all forms of CS offered were accepted at all times by the trauma survivors, due to fatigue and protection of privacy. In these instances personal boundaries were set in place by them. The participants recounted that there were instances when their relatives didn't want to make use of the CS services available to them. Anna's and Marie's parents refused the psychological support provided to them. These parents believed that therapy would not make a difference in their situation. Marie's mother reasoned that "nothing will bring my son back". Although Anna appreciated emotional support from her family and friends during her mother's illness, towards the end of her mother's life, both Anna and her mother did not welcome their family and friends at their home. Anna said that it was tiring having to repeat over and over again what they were going through. She needed the strength to take care of her mother.

Audrey noted that some people do not like being perceived as needy and dependent, especially if they are financially well-off, and so they refuse CS. She explained that these people want to prove to themselves and to others that they are able to cope by themselves. They think that accepting CS renders them more vulnerable. They strive to maintain the same image they held, before the adversity struck. Audrey remarked that not seeking support could signal a fear of loosing one's independence, adding that this could also be associated with a sense of pride that reflects one's strength in doing it alone.

7.2 Types of CS

The various types of CS the family of the participants resorted to reflected their own particular kind of trauma. These included psychological, medical, psychosocial, emotional, and financial support. There were similarities among the participants' families in this regard, as indicated in Table 3:

Table 3: Types of CS received by the informants' families

Name	Type of Trauma	Types of CS Experienced
Marie	Unexpected death of brother	family, friends, work colleagues, priests, psychotherapy provided by NGO
Jane	Undisclosed	family, friends, counselling therapy
Maia	Survivor of physical and verbal abuse	family, neighbour, friends, work colleagues, psychiatrist
Anna	Death of mother	family, friends, work colleagues, medical help, hospice, psychotherapy
Victoria	Death of mother and grandmother	family, friends, work colleagues, medical help, hospice, psychotherapy
Audrey	Death of 3 family members	family, friends, work colleagues, medical help, hospice, psychotherapy, financial help
Dina	Infertility followed by unsuccessful IVF and adoption attempts	family, neighbours, friends, work colleagues, medical help, support group, social worker, psychotherapy, child therapy

Anna and Audrey linked the support of professionals with CS, as some professionals directed them to the CS services available. Anna and Audrey described the service of professionals, such as the nurse navigator from the hospital, the social worker, and the key worker from the hospice services as useful in navigating through contacts with different entities. Whenever they had concerns and doubts, they reverted to these services, which were invaluable to them, given

their unprecedented circumstances. Anna's, Victoria's and Audrey's trajectory of CS was very similar, since all three experienced parental loss due to cancer. Additionally, all 3 sought psychotherapy after the loss.

Dina and her husband formed part of a support group for couples dealing with infertility issues. She referred to this group of about thirty couples as a small community, which provided understanding and empathy. They felt comfortable within this group, as it offered them a safe space where they felt understood. Table 3 indicates that CS services were not offered separately, but concurrently with each other. The participants talked about how useful they found this holistic, multi-level support approach, as they went through the different stages of their healing process. The type/s of CS sought was determined by the duration of the effects that their very difficult experiences had on the participants. Jane's and Marie's discontinued counselling therapy and psychotherapy respectively, when they and the therapist felt they were ready to move on. With regards support, Audrey said that "every bit counts".

7.3 The Importance of CS for Women

All the participants reported that the support they received from family and friends was necessary for them to cope, and it made them feel less isolated. In particular, Dina and Anna reported receiving constant support from their spouse. All the participants stated that it was not difficult to access CS. Access to CS seemed to be smoother for health-related trauma. Marie, Victoria and Jane did not recall instances of feeling unsupported, when they called for help. The participants perceived the support as valuable, because it sustained the whole family, and not just the affected member.

For Maia, support from her immediate family was crucial, and enabled her to start a new life:

> *"I believe that the vital support for me is from the circle around me. If I did not find my family around me, I believe I would have collapsed. I did not have money. The family is important."*

Initially however, Maia's parents did not allow her to stay at their house, when she left her matrimonial home because of domestic violence (DV). Maia was deeply hurt, as she felt that she was not being understood, and at that time she was angry at her parents. Maia's sister stepped in and convinced their parents to support her. Eventually Maia's parents understood the gravity of the situation, and Maia was able to stay at their house for 3 years, before becoming financially independent, and moving in her own apartment with her children. She later understood that her parents' initial refusal reflected their pain.

She also relied heavily on her siblings, neighbour, and close friends. Her neighbour even welcomed her into his house, when she was homeless. The rest of the neighbours, however, preferred not to get involved. Maia was also comforted by the presence of church members in her village. On the other hand, Dina didn't seem to find solace in praying to God. She was often told to pray to God, and this made her angry; "…why should I pray to God? We are Catholics, but during those times, I hated this comment." Some of the participants recounted that sometimes they felt irritated and even hurt by the comments and advice they received from the community.

Although all the participants associated CS with huge benefits for their family, and defined it in positive terms at the start of the interview, some of them felt misunderstood. Dina said disappointedly; "people did not go through what you have experienced, so sometimes they do not understand you and it is frustrating." Some people's insensitive comments to her, because they knew she could not bear a child, were painful. Some people told her; "Isn't it better this way rather than if you had a child who died?". She reported that making such comparisons was

not helpful. Dina disliked being told statements such as "It could have been worse". Such statements made *her* feel worse. Despite the shortcomings mentioned, in general, CS networks contributed to making the participants' lives easier, irrespective of the type of trauma they faced. The participants grew closer to their family as they withered the storms with the support of the community. In general, they reported gratitude for the CS they experienced, despite a number of setbacks they faced.

8. Discussion

The findings indicate that the women's experiences of trauma had far-reaching consequences that might even last a lifetime, and could never be fully resolved. When multiple forms of trauma occur, and when the tragic event/s manifest over a number of years, there could be greater susceptibility for complicated and prolonged grief (Newson et al., 2011). For the women of the study, the support of family members was not enough to mitigate the devastating effects of stress resulting from the trauma. Diverse communities surrounding the participants' families assisted them, as they navigated through the struggles they faced. The findings indicate that there are a number of community networks available for people living in Malta, and that CS services in general are easily accessible. The study confirms that "a strong sense of fellowship and community", associated with small island states (Baldacchino, 2012, p. 115), act as a buffer against social isolation. The study indicates that personal, familial, and CS strategies are interconnected, influencing and reinforcing each other in complex ways. These strategies functioned as a network and improved family functioning. One CS entity led the informants to access others. How each informant understood and interpreted their traumatic circumstances and events influenced their perceived needs, and how they engaged with CS. Personal coping mechanisms in turn were shaped by cultural and social constructs.

Despite their intense grief, the women of the study didn't mention that they felt lonely, even though a reported sense of isolation and loneliness seems to be creeping on a growing number of Maltese people (Clark et al., 2021). Knowing that there are people in the community, who care, and are willing to help, can alleviate feelings of disconnection and helplessness, and create coping mechanisms through shared resources and safe spaces. Finding comfort in the knowing that the church is on the side of those who are suffering, as Maia shared, has been confirmed by studies among Maltese participants facing difficult experiences as a family (Cassar & Grima Sultana, 2016, 2018). Local research however also indicates that trauma, could be regarded as "unjust", and as leading to loss of faith in God (Catania et al., 2019, p. 1906).

Suffering could also fuel anger towards God (Deguara, 2018). Other studies conducted in Malta, also show lack of support by family members, towards women who experience marital separation, especially if this is followed by another union with another person (Satariano, 2020, p. 1161). Similar to Maia's case, this was frowned upon, because of religious reasons, even when there was abuse in the marital home. Satariano found out that "elderly family members believe that a marriage union is for life and the mother should do everything possible to safeguard the unity of the family, especially for the benefit of the children" (2020, p. 1161). For some Maltese women, their sense of belonging within the family and in the community could come at the price of conformity, which demands adherence to specific, gendered roles and social expectations (Satariano, 2020).

The study indicates that the value women attribute to family and CS is based on its quality and depth. In Malta, the challenge is often not a lack of support, but rather the nature of that support, which although protective, can sometimes feel stifling and suffocating. Support that lacked sensitivity, felt intrusive, or ill-informed, or judgmental was valued less than support that was regarded helpful and specialised. The study suggests that women facing adversity might rely

more heavily on seeking professional help than talking to their neighbours about their afflictions. Only Dina and Maia mentioned CS coming from neighbours. Although in some cases neighbours are considered friends, the data shows that there was a lack of emphasis on support coming from neighbours by the other 6 informants. This could indicate that the neighbourhood was not entirely considered a safe space, but a site of exhibitionism. Some of the women of the study could have refrained from seeking the neighbours' support to avoid navigating their scrutiny and gaze. The study indicates that boundaries between private and public lives of women dealing with trauma are blurred.

The conspicuous absence of neighbours in the data, and the reliance on professionals could reflect aspects of the "psy-complex" (Rose, 1999), which refers to the network of institutions, discourses, and practices that work to define, diagnose, classify, and treat physical, mental, and emotional health problems. Instead of relying on communal support, families are increasingly resorting to paid experts, such as therapists, relationship coaches and councillors to resolve personal problems. This reliance has resulted from a culture of capitalism, which has fostered the need to manage emotions (Illouz, 2007). A number of problems confront family lives. These include "the uncertainty generated by the incipient democratic norms and rules in the workplace, and in the family, the multiplicity of social roles assumed by men and women, and the complexity of a culture riddled with contradictory normative imperatives" (Illouz, 2008, p. 243).

More than ever before professionals are applying rational and therapeutic methods, such as communication strategies and diagnostic labels to support and guide families in distress (Illouz, 2007). Whereas the psy-complex effects (Rose, 1999) tend to medicalise what were once considered social problems, the informants of the current study considered professional help as a crucial, and even indispensable part of CS. Lack of emphasis on CS coming from neighbours, makes us ask whether neighbourhood connections in Malta are becoming more sparse. Population growth, increased reliance on social media (Aġenzija Żgħażagħ, 2023), a more hectic lifestyle, more leisure options available (Cassar & Teuma, 2022), longer working hours, greater career commitments, and expansion of urbanisation might account for a decrease in reliance on neighbours and villagers for support during adversity. Increased traffic and an exponential increase in the construction of buildings at the periphery of old traditional Maltese villages, seem to be shifting the focus on daily life surrounding the 'pjazza' (square) in front of the church, to sporadic social contacts that seem to be occurring less frequently, and which are more likely to take the form of small talk rather than heart-to-heart conversations. Already in the late 80's, there were signs that the Maltese were diverting their attention outwardly from the village core, as concluded by Jeremy Boissevain's study (1986) about the use of social spaces in Malta. Previously, village life revolved around the parish church and the central square, which functioned as the main hub for social, cultural, and political events, and commercial activity. This trend is still prevalent, as most Maltese people spend a considerable amount of time at work outside their own town.

None of the informants mentioned economic disadvantage resulting from their traumatic experiences. This could be explained, in some cases, by the availability of social benefits. The women of the study pointed out that some types of CS were better than others, and that their family support held paramount importance. Maltese men whose partner experienced breast cancer, were the primary carers and the "pillars of support" for them (Catania et al., 2019, p. 1903). Only Dina reported joining a support group. Reluctance to do so might stem from perceived fear of being misunderstood, or of not being accepted in the group. A number of women experiencing complex trauma endured shame in community service settings (Wu & Salter, 2025). Although the scope of support groups is to assist their members in feeling

empowered, they may fuel a sense of pity among the members, that could be perceived as a form of helplessness (Palant & Himmel, 2019).

Maia didn't mention that she resorted to governmental or non-governmental CS services for victims of DV. Victims and survivors of DV might not know of the services available to them, or else they might still be in denial of the danger they are in. They might fear that they can't handle court procedures should the entities promote this route, despite the support and free legal aid some of them offer. The complex web of barriers that prevents them from seeking CS, might also include fear of intimidation and retaliation, threats, coercion, abuser's manipulation tactics, trauma bonding, stigma, and financial dependence. Some victims may feel that their religion requires them to stay in the marriage/relationship, whereas some cultural beliefs may normalize or excuse DV, making it harder for victims to recognize it as abuse.

9. The Study's Limitations

The data represents the participants' understanding of their situations at a particular time. Their perspectives and recollections might have changed over time. Although this could be considered problematic, it is understandable that the informants' subjective perspectives of their trauma evolve according to their personal growth. Another potential limitation of the study concerns the possibility of self-censorship among the participants. The informants may have selectively disclosed or withheld information based on the perceived risk of family members and close relatives reading about the study. This might have shaped their responses, and might have even interfered with their degree of openness, and depth of the interview process.

We also acknowledge further limitations surrounding cultural and heteronormative biases. Our positionality is shaped by dominant, cultural aspects, such as the importance given to family life (Vella & Cassar, 2022). The concepts of island identity and "islandness" expressed in numerous ways (Foley et al., 2023), in which the study is embedded, have also provided a specific lens, through which we view community and family support in relation to women experiencing trauma, and the meanings they hold for them. Although we consider researchers' subjectivity a strength, we addressed the limitation of bias through peer feedback and validation, offered by our work colleagues. We then made some amendments accordingly. This strengthened the study's reliability, and also the study's contribution towards a better understanding of social roles and realties that women facing trauma are immersed in.

Heteronormative bias is another limitation of the study. Although the call for participation in the study was open to all women living in Malta aged 25-55 years, irrespective of sexual orientation, only heterosexual women answered the call. One of the reasons for this could be related to lesbian, bisexual, and queer (LBQ) women who remain shadowed by traditional cultural expectations. The data collection was therefore limited in terms of outlook on support related to trauma experiences. We acknowledge that the study could further reinforce the invisibility of LBQ women, by not representing their lived social reality. By focusing on traditional relationship dynamics, the research may have overlooked particular socio-cultural factors that influence the lives of LBQ women. Consequently, the findings cannot be generalized to the broader population, potentially obscuring the specific challenges faced by sexual minorities. This is also because of the very small sample, and rationale for excluding informants outside the age bracket 25-55 years. Informants pertaining to ethnic minority groups or migrant families are absent from the study. We therefore suggest that future research employs more inclusive, multi-ethnic, queer-informed approaches among southern Mediterranean women that captures a wider spectrum of human experiences.

10. Recommendations

The study recommends future research based on periodic, comparative studies, which investigate the role of families and communities, as channels of support for women facing trauma, and how these intersect with private and public spheres, and with social and cultural forces that help support women in their recovery. In particular, we recommend research on the intersection of digital and physical spaces in a Maltese context. Family and CS are now extended through digital social networks. Future research could examine how digital connectivity serves to reinforce traditional social forces that facilitate and/or complicate the healing journey of women post-trauma.

The study also recommends research on the impact of gender on women's overall wellbeing, as they seek to rebuild their lives after complicated trauma. Future inquiries could explore the structural barriers that dictate who has access to professional help. The ability to utilize professional help as a reparative tool is often mediated by socio-economic factors, and the social standing of the family. Research is needed to understand how women who lack financial means to seek certain forms of CS, navigate recovery. By focusing on the gendered nature of these experiences, researchers can better inform policy and support frameworks that are not only trauma-informed but also culturally attuned to the unique pressures of a small-island life.

The study recommends that community action is taken to prioritise women's individual growth and self-actualisation. This entails the recognition that healing is not merely the absence of trauma, but the reclamation of agency within a society. The study recommends policy provision that bridges public and private spheres, which ensures that the support offered to women facing trauma is embedded within a community-based approach that provides the scaffolding for them to re-author their own narrative post-trauma. Other recommendations revolve around the tasks of community work, which include the provision of spaces that hold women's trauma in ways that empower them to share their stories in safe environments that safeguard confidentiality, and to support them in moving on and rebuilding their lives.

The study recommends the provision of policy that allows community work to act as a vital bridge between women's private struggles and formal support systems.

This refers to policies that allow community work to provide services around a network of informed, protective solidarity. This includes policy for the prevention of DV, that also includes services to the perpetrators of domestic abuse and violence, and assist them to "become aware of, understand and take responsibility for their behaviour" (Council of Europe. 2020, p. 30). The implications of the study centre around ground-level implementation strategies. At policy level, the study recommends institutionalising shame-sensitive professional development for community workers, social workers, and educators. This involves training practitioners to recognise cues that might instil feelings of shame, such as withdrawal or deflective hostility, and learning adequate communication skills to avoid triggering feelings of inadequacy among persons facing trauma. Training could also be extended to include non-professionals, such as local businesses, neighbours, and community leaders. Another recommendation is to provide adequate funding for community-based trauma support. Some of the community services provided are project-based rather than systemic. Short-term funding could prevent prolonged measures, and long-term trust-building necessary for effective recovery. The study also suggests the implementation of joint ventures between governmental and non-governmental entities, such as faith-based agencies. The latter often hold high levels of social capital and trust among volunteer networks. These may also be useful in practice, such as when they make their premises and resources available.

11. Conclusion

The study implies that women facing trauma might rely more heavily on seeking professional help, rather than talking to their neighbours about their afflictions. This points towards more reliance on institutionalisation, and professionalisation of care, and indicates a corresponding decline in reliance on informal, communal, and kin-based support networks for addressing personal and family trauma. This shift is largely driven by the perceived specialised expertise and confidentiality offered by the professionals. Too much reliance on paid, formal services can inadvertently isolate families, and replace the spontaneous, empathic care-giving of neighbours and kin with scheduled, transactional therapeutic sessions.

This could gradually contribute to the broader fragmentation of social cohesion. Nevertheless, the study also shows that a network of CS services in general provides a safety net for families facing trauma. Having access to a constellation of services mitigates against despair and severe emotional distress. CS impacts family dynamics and the willingness to engage with help-seeking. A holistic approach, which integrates different forms of CS such as counselling, financial aid, and support groups, shifts the burden away from the individual family unit. It allows women to address their immediate crises while simultaneously engaging in long-term recovery. The comprehensive nature of the CS network, has the potential to transform women's experience from one of isolated survival to one of supported, gradual reintegration and healing.

The benefits of CS received outweighed the negative experiences mentioned, such as perceived insensitive comments. Intensive CS can lead to fatigue on the part of women who receive it, and this could result in withdrawing from CS. The trauma of one family does not just impact its members, but affects the extended family, relatives, friends, neighbours, workmates and the community. The study indicates that facing grief, sadness, fear, pain, distress and loss requires sensitivity at a community level, provided along the trajectory of trauma acceptance. This is imperative in order to foster healing, recovery, belonging, and connectedness, that can help women and their families rebuild their lives.

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